



**Supplement 25-3 to the
Arizona Administrative Code**

The official compilation of Arizona Rules

Arizona Secretary of State's Office
Administrative Rules Division
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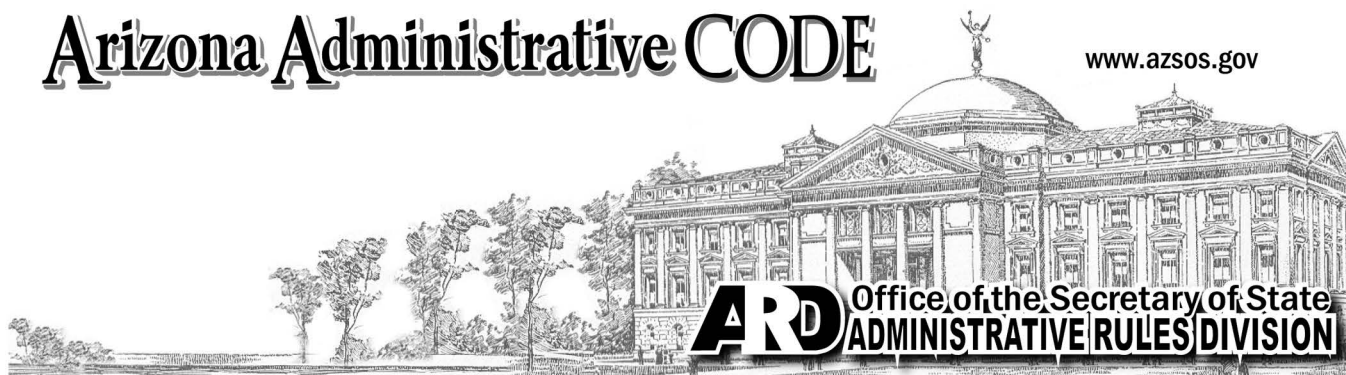
For rules filed in the third quarter
between July 1 - September 30, 2025

This pdf includes chapters from Arizona Administrative Code supplement 25-3. Supplement updates are codified and authenticated by full chapter. Rules updated in this supplement were filed in the third quarter between July 1 - September 30, 2025.

This supplement contains the following chapters:

Arizona Health Care Cost Containment System - Administration, 09 A.A.C. 22
Board of Behavioral Health Examiners, 04 A.A.C. 06
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Game and Fish Commission, 12 A.A.C. 04
Government Information Technology, 02 A.A.C. 18
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TITLE 2. ADMINISTRATION
CHAPTER 8. STATE RETIREMENT SYSTEM BOARD
2 A.A.C. 8

Supplement Information
Supp. 25-3

Rules corrected between July 1, 2025 through September 30, 2025 are underlined in this Chapter's table of contents.

For questions, contact:

Name: Jessica Thomas
Title: Government Relations Officer
Telephone: (602) 240-2039
Email: Ruleswriter@azasrs.gov
Department: Arizona State Retirement System
Address: 3300 N. Central Ave., Suite 1400
Phoenix, AZ 85012-0250
Website: <https://www.azasrs.gov>

The release of this Chapter in Supp. 25-3 replaces Supp. 23-2, 1-56 pages.

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 Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

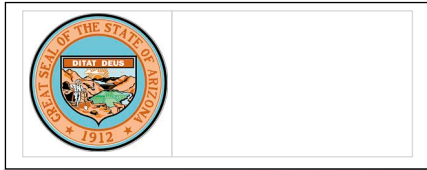
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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

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Administrative Rules Division

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TITLE 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

Authority: A.R.S. § 38-711 et seq.

Supp. 25-3

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

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

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

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

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

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

R2-8-104. Definitions

A. The definitions in A.R.S. § 38-711 apply to this Chapter.

B. Unless otherwise specified, in this Chapter:

1. “Actuarial assumption” means an estimate of an uncertain future event that affects pension liabilities, or assets, or both.
2. “Assumed actuarial investment earnings rate” means the assumed rate of investment return approved by the Board and contained in R2-8-118(A).
3. “Authorized employer representative” means an individual specified by the Employer to provide the ASRS with information about a member who previously worked for the ASRS employer.
4. “Contribution” means:
 - a. Amounts required by A.R.S. Title 38, Chapter 5, Articles 2 and 2.1 to be paid to the ASRS by a member or an employer on behalf of a member;
 - b. Any voluntary amounts paid to the ASRS pursuant to 2 A.A.C. 8, Article 5 by a member to be placed in the member’s account; and
 - c. Amounts credited by transfer under 2 A.A.C. 8, Article 11.
5. “Day” means a calendar day, and excludes the:
 - a. Day of the act or event from which a designated period of time begins to run; and

- b. Last day of the period if a Saturday, Sunday, or official state holiday.
6. “Designated beneficiary” means the same as in A.R.S. § 38-762(G) or another person designated as a beneficiary by law.
7. “Director” means the Director appointed by the Board as provided in A.R.S. § 38-715.
8. “Individual retirement account” or “IRA” means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(a) and (b).
9. “DRO” means a copy of an original domestic relations order specified in A.R.S. § 38-773(H)(1) that contains all of the following:
 - a. The requirements of A.R.S. § 38-773(C);
 - b. The date of the member and alternate payee’s marriage;
 - c. The date of divorce or the date in which the community property interest ended;
 - d. A court stamp indicating the domestic relations order is a true and correct copy of the original domestic relations order on file with the court;
 - e. How the member’s ASRS benefits should be split in specific amounts for the following possible events:
 - i. The member’s retirement;
 - ii. Return of contributions and termination of membership according to R2-8-115; and
 - iii. The death of the member prior to retirement;
 - f. Whether the member may transfer all ASRS service credit to another retirement system;
 - g. Whether the member is required to maintain the alternate payee as the member’s beneficiary;
 - h. Whether the member may rescind their retirement option according to A.R.S. § 38-760; and
 - i. The judge’s dated signature.
10. “Party” means the same as in A.R.S. § 41-1001(14).
11. “Person” means the same as in A.R.S. § 41-1001(15).
12. “Plan” means the same as “defined benefit plan” in A.R.S. § 38-712(B), and as administered by the ASRS.
13. “Retirement account” means the same as in A.R.S. § 38-771(J)(2).
14. “Rollover” means a contribution to the ASRS by an eligible member of an eligible rollover distribution from one or more of the retirement plans listed in A.R.S. § 38-747(H)(2) and (H)(3).
15. “Terminate employment” means to end the employment relationship between a member and an ASRS employer with the intent that the member does not return to employment with an ASRS employer.
16. “United States” means the same as in A.R.S. § 1-215(39).

Historical Note

Former Rule, Social Security Regulation 4; Former Section R2-8-04 renumbered as Section R2-8-104 without change effective May 21, 1982 (Supp. 82-3). Amended subsections (G), (J), and (K) effective April 12, 1984 (Supp. 84-2). Typographical error corrected in subsection (5)(c) “required” corrected to “required” (Supp. 97-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

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

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

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

R2-8-114. Emergency Expired**Historical Note**

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

R2-8-115. Return of Contributions Upon Termination of Membership by Separation from All ASRS Employment by Other Than Retirement or Death**A.** The following definitions apply to this Section unless otherwise specified:

1. "Eligible retirement plan" means the same as in A.R.S. § 38-770(D)(3).
2. "Employer Number" means a unique identifier the ASRS assigns to a member employer.
3. "Employer plan" means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(c), (d), (e), and (f).
4. "LTD" Means the same as in R2-8-301.
5. "On File" means ASRS has received the information.
6. "Process date" means the calendar day the ASRS generates contribution withdrawal documents to be sent to a member.
7. "Warrant" means a voucher authorizing payment of funds due to a member.

B. A member who terminates from all ASRS employment by other than retirement or death and desires a return of the member's contributions, including amounts received for the purchase of service, any employer contributions authorized under A.R.S. § 38-740, and interest on the contributions, shall request from the ASRS, in writing or verbally, the documents necessary to apply for the withdrawal of the member's contributions.**C.** Upon request to withdraw by the member, the ASRS shall provide:

1. An Application for Withdrawal of Contributions and Termination of Membership form to the member, and
 2. An Ending Payroll Verification - Withdrawal of Contribution and Termination of Membership form to the employer, if ASRS has received contributions for the member within the six months immediately preceding the date the member submitted the request to ASRS.
- D.** The member shall complete and return to the ASRS the Application for Withdrawal of Contributions and Termination of Membership form that includes the following information:
1. The member's full name;
 2. The member's Social Security number or U.S. Tax Identification number;
 3. The member's current mailing address, if not On File with ASRS;
 4. The member's birth date, if not On File with ASRS;
 5. Notarized signature of the member certifying that the member:
 - a. Is no longer employed by any Employer;
 - b. Is neither under contract nor has any verbal or written agreement for future employment with an Employer;
 - c. Is not currently in a leave of absence status with an Employer;
 - d. Understands that each of the member's former Employers will complete an ending payroll verification form if ASRS has received contributions for the member within the six months immediately preceding the date the member submitted the request to ASRS;
 - e. Understands that the member's most recent Employer will complete an ending payroll verification form for the member if the member has reached the member's required beginning date pursuant to A.R.S. § 38-775;
 - f. Has read and understands the Special Tax Notice Regarding Plan Payments the member received with the application and the member elects to waive the member's 30-day waiting period to consider a roll over or a cash distribution;
 - g. Understands that the member is forfeiting all future retirement rights and privileges of membership with ASRS;
 - h. Understands that LTD benefits will be canceled if the member elects to withdraw contributions while receiving or electing to receive long-term disability benefits;
 - i. Understands that if the member elects to roll over all or any portion of the member's distribution to another employer plan, it is the member's responsibility to verify that the receiving employer plan will accept the rollover and, if applicable, agree to separately account for the pre-tax and post-tax amounts rolled over and the related subsequent earnings on the amounts;
 - j. Understands that if the member elects to roll over all or any portion of the member's distribution to an individual retirement account, it is the member's responsibility to separately account for pre-tax and post-tax amounts; and
 - k. Understands that if the member elects a rollover to another employer plan or individual retirement account, any portion of the distribution not designated for roll over will be paid directly to the mem-

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- ber and any taxable amounts will be subject to applicable state and federal tax withholding;
- l. Understands that the member is not considered terminated and cannot withdraw the member's ASRS contribution if the member was called to active military service and is not currently performing services for an Employer;
 - m. Understands that any person who knowingly makes any false statement with an intent to defraud the ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793.
6. Specify that:
 - a. The entire amount of the distribution be paid directly to the member;
 - b. The entire amount of the distribution be rolled over to an eligible retirement plan; or
 - c. An identified amount of the distribution be rolled over to an eligible retirement plan and the remaining amount be paid directly to the member; and
 7. If the member selects all or a portion of the withdrawal be rolled over to an eligible retirement plan, specify:
 - a. The type of eligible retirement plan; and
 - b. The name and mailing address of the eligible retirement plan.
- E. If ASRS has received contributions for the member within six months immediately preceding the date the member submitted the request to ASRS each Employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the following information:
1. The member's full name;
 2. The member's Social Security number or U.S. Tax Identification number;
 3. The member's termination date;
 4. The member's final pay period ending date;
 5. The final amount of contributions, including any adjustments or corrections, but not including any long-term disability contributions;
 6. The Employer's name and telephone number;
 7. The Employer Number;
 8. The name and title of the authorized Employer representative;
 9. Certification by the authorized Employer representative that:
 - a. The member Terminated Employment and is neither under contract nor bound by any verbal or written agreement for employment with the Employer;
 - b. There is no agreement to re-employ the member;
 - c. Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony according to A.R.S. § 38-793; and
 - d. The authorized Employer representative certifies that they are the Employer user named on the Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form and their title and contact information is current and correct.
- F. If the member has attained a required beginning distribution date as of the date the member submitted the request to ASRS, the most recent Employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the information contained in subsection (E).
- G. If the member requests a return of contributions and a Warrant is distributed during the fiscal year that the member began membership in the ASRS, no interest is paid to the account of the member.
- H. If the member requests a return of contributions after the first fiscal year of membership, the ASRS shall credit interest at the rate specified in Column 3 of the table in R2-8-118(A) to the account of the member as of June 30 of each year, on the basis of the balance in the account of the member as of the previous June 30. The ASRS shall credit interest for a partial fiscal year of membership in the ASRS on the previous June 30 balance based on the number of days of membership up to and including the day the ASRS issues the Warrant divided by the total number days in the fiscal year. Contributions made after the previous June 30 are returned without interest.
- I. Upon submitting to the ASRS the completed and accurate Application for Withdrawal of Contributions and Termination of Membership form and, if applicable, after the ASRS has received any Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership forms, a member is entitled to payment of the amount due to the member as specified in subsection (G) or (H) unless ASRS has received a DRO before the ASRS returns the contributions as specified by the member.
- J. A member may cancel an Application for Withdrawal of Contributions and Termination of Membership form at any time before the return of contributions is disbursed by submitting written notice to ASRS to cancel the request.
- K. If an Application for Withdrawal of Contributions and Termination of Membership form is completed through the member's secure ASRS account, the secure login and successful submission of the knowledge based answers shall serve as the member's notarized signature required under subsection (D)(5).

Historical Note

Former Rule, Social Security Regulation 1; Amended effective Dec. 20, 1979 (Supp. 79-6). Former Section R2-8-15 renumbered as Section R2-8-115 without change effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 11 A.A.R. 1416, effective April 5, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 644, effective February 7, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-116. Alternate Contribution Rate

- A. For purposes of this Section, the following definitions apply:
1. "ACR" means an alternate contribution rate pursuant to A.R.S. § 38-766.02, the resulting amount of which is not deducted from the employee's compensation.
 2. "Class of positions" means all employment positions of the employer that perform the same, or substantially similar, function or duties, for the employer as determined by the ASRS in subsection (B).
 3. "Compensation" has the same meaning as A.R.S. § 38-711(7) and does not include ACR amounts.
 4. "Leased from a third party" means:
 - a. The employee is not employed by an employer; and

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

Historical Note

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

R2-8-117. Return to Work After Retirement

- A. Unless otherwise specified, in this Section:
 - 1. "Commencing employment" means the date a retired member who is not independently contracted or leased from a third party pursuant to R2-8-116(A)(4) renders services directly to an Employer for which the retired member is entitled to be paid.
 - 2. "Returns to work" means the member retired from the ASRS prior to Commencing Employment with an Employer.
- B. Pursuant to A.R.S. § 38-766.01(C), a retired member who returns to work directly with an Employer shall submit a Working After Retirement form to each of the retired member's current Employers through the retired member's secure website account within 30 days of the retired member Commencing Employment with an Employer.
- C. Pursuant to A.R.S. § 38-766.02(E), within 14 days of receipt of a Working After Retirement form, an Employer shall verify the retired member's employment information and submit the verified Working After Retirement form to the ASRS through the Employer's secure website account for each retired member who returns to work with the Employer.
- D. After a retired member returns to work, the Employer shall submit a verified Working After Retirement form to the ASRS through the Employer's secure website account within 30 days of a change in the actual hours or intent of each retired member's employment that results in:
 - 1. The member's number of hours worked per week increasing from less than 20 hours per week to 20 or more hours per week; or
 - 2. The member's number of weeks worked in a fiscal year increasing from less than 20 weeks per fiscal year to 20 or more weeks per fiscal year.
- E. The Working After Retirement form shall contain the following information:
 - 1. The retired member's Social Security number or U.S. Tax Identification number;
 - 2. The retired member's full name;
 - 3. The date the member retired;
 - 4. Whether the retired member terminated employment, and if so, the date the retired member terminated employment;
 - 5. The first date of Commencing Employment upon the retired member's return to work;
 - 6. The intent of the retired member's employment reflected as:
 - a. The anticipated number of hours the retired member is engaged to work per week and the anticipated number of weeks the retired member is engaged to work per fiscal year; or
 - b. The actual number of hours the retired member works for an Employer per week and the actual number of weeks the retired member works for an Employer in a fiscal year.
 - 7. Acknowledgement by the retired member that the retired member has read the Return to Work information on the ASRS website and intends to submit the Working After Retirement form to the Employer and submit any additional Working After Retirement forms to the Employer as required.
- F. Upon discovering that the retired member's employment violates A.R.S. §§ 38-766 or 38-766.01, the ASRS shall send the retired member a Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form.
- G. By the due date specified on the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form, the retired member shall return the completed form and any supporting documentation to the ASRS indicating the action the retired member will take to correct the violation of A.R.S. §§ 38-766 or 38-766.01.
- H. If the member does not submit the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form pursuant to subsection (G), the ASRS shall suspend the retired member's retirement benefits from the date on the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form.
- I. If the ASRS suspends the retired member's retirement benefits pursuant to subsection (H), the ASRS shall reinstate the retired member's retirement benefits upon notice from the Employer that all violations pursuant to subsection (F) have been corrected.
- J. Notwithstanding any other Section, a member who meets the required minimum distributions age according to A.R.S. § 38-775, may not elect to suspend the member's retirement benefit.
- K. If a member elects to continue receiving the member's retirement benefit when the member Returns to Work according to A.R.S. § 38-766.01, the member's election is irrevocable, unless the member terminates employment with the Employer for which the member made the election.

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- L. The ASRS shall suspend any Premium Benefit a member is receiving according to 2 A.A.C. 8, Article 2 if the member Returns to Work and resumes active membership in ASRS.
- M. A member who Returns to Work is not eligible to request a return of contributions according to R2-8-115 for contributions remitted during the period of employment for which the member Returns to Work.
- N. If a member received a lump sum payment according to R2-8-126(P), the ASRS shall not include any compensation and credited service the member earned prior to the date the member Returns to Work when the member re-retires according to R2-8-127.

Historical Note

Former Rule, Retirement System Regulation 3; Former Section R2-8-17 renumbered as Section R2-8-117 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). New Section made by final rulemaking at 23 A.A.R. 209, effective March 5, 2017 (Supp. 17-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 28 A.A.R. 1255 (June 10, 2022), effective July 17, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 725 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-118. Application of Interest Rates

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

Effective Date of Interest Rate Change	Assumed Actuarial Investment Earnings Rate	Interest Rate Used to Determine Return of Contributions Upon Termination of Membership by Separation from Service by Other Than Retirement or Death
7-1-1953	2.50%	2.50%
7-1-1959	3.00%	3.00%
7-1-1966	3.75%	3.75%
7-1-1969	4.25%	4.25%
7-1-1971	4.75%	4.75%
7-1-1975	5.50%	5.50%
7-1-1976	6.00%	5.50%
7-1-1981	7.00%	5.50%
7-1-1982	7.00%	7.00%
7-1-1984	8.00%	8.00%
7-1-2005	8.00%	4.00%
7-1-2013	8.00%	2.00%
7-1-2018	7.50%	2.00%
7-1-2022	7.00%	2.00%

- B. At the beginning of each fiscal year, interest is credited to the retirement account of each member on the June 30 that marks the end of the fiscal year based on the balance in the member's account as of the previous June 30. The balance on which interest is credited includes:
 - 1. Employer and employee contributions;

- 2. Voluntary additional contributions made by members pursuant to A.R.S. §§ 38-742, 38-743, 38-744, and 38-745, if applicable;
- 3. Amounts credited by transfer under 2 A.A.C. 8, Article 11; and
- 4. Interest credited in previous years.
- C. Notwithstanding subsection (B), the retirement account of each member stops accruing interest the last full month prior to the member's retirement date.
- D. A member's retirement account that the ASRS deems abandoned according to A.R.S. § 38-722 shall receive interest at the applicable interest rates according to subsection (A) upon reinstatement of the retirement account.
- E. For a member whose address and birthdate are on file with the ASRS, the ASRS shall deem a retirement account of a member who is not retired or deceased as abandoned if:
 - 1. The ASRS has not received any contributions for at least 180 days;
 - 2. The member has reached the required minimum distribution age according to A.R.S. § 38-775; and
 - 3. The ASRS has sent the member at least three annual notices of the member's responsibility to submit an application for disbursement of benefits according to A.R.S. § 38-775 and the member has not responded to those notices.
- F. For a member whose address and birthdate are not on file with the ASRS, the ASRS shall deem a retirement account of a member who is not retired or deceased as abandoned if:
 - 1. The ASRS has not received any contributions for at least 180 days; and
 - 2. The ASRS has posted the member's full name to the abandoned monies section of the ASRS website for at least three consecutive years.
- G. The ASRS shall deem a retirement account of a deceased member as abandoned if:
 - 1. The ASRS has sent the designated beneficiary at least three annual notices of the beneficiary's responsibility to begin receiving benefits according to A.R.S. § 38-775; and
 - 2. The designated beneficiary has not responded to those notices.
- H. The ASRS shall reinstate an abandoned retirement account if the apparent owner notifies the ASRS that the member would like the retirement account reinstated.

Historical Note

Former Rule, Retirement System Regulation 4; Amended effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Former Section R2-8-18 renumbered and amended as Section R2-8-118 effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 11 A.A.R. 1416, effective April 5, 2005 (Supp. 05-2). Amended by final rulemaking at 19 A.A.R. 764, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 28 A.A.R. 1481 (June 24, 2022), with an immediate effective date of June 6, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 727 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

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

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

R2-8-120. Repealed**Historical Note**

Former Rule, Social Security Regulation 6; Amended effective June 19, 1975 (Supp. 75-1). Amended effective July 13, 1979 (Supp. 79-4). Former Section R2-8-20 renumbered and amended as Section R2-8-120 effective May 21, 1982 (Supp. 82-3). Repealed effective July 24, 1985 (Supp. 85-4). New Section made by final rulemaking at 20 A.A.R. 2236, effective October 4, 2014 (Supp. 14-3). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Repealed by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-121. Employer Payments for Ineligible Contributions; Unfunded Liability Invoice

- A. Upon calculating an unfunded liability amount under A.R.S. § 38-748, the ASRS shall send an Unfunded Liability Invoice to the Employer through the Employer's secure ASRS account.
- B. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-748, shall remit full payment of the unfunded liability amount within 90 days of being notified of the unfunded liability pursuant to subsection (A).
- C. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount within 90 days of being notified of the unfunded liability amount, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).
- D. The ASRS may collect any unfunded liability and interest amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Former Rule, Retirement System Regulation 7; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-21 renumbered as Section R2-8-121 without change effective May 21, 1982 (Supp. 82-3). Amended subsection (A) effective May 30, 1985 (Supp. 85-3). Section repealed by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (05-1). New Section made by final rulemaking at 27 A.A.R. 458, effective May 2, 2021 (Supp. 21-1).

R2-8-122. Remittance of Contributions

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

each payroll period. Payments of employer contributions not received in the offices of the ASRS by the 14th day after the last day of the applicable payroll period shall become delinquent after that date and shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A) per annum from and after the date of delinquency until payment is received by the ASRS.

- C. Each Employer shall remit contributions pursuant to this Section based on the contribution rate in effect on the pay period end date.
- D. Each Employer shall certify on each payroll that each employee included on that payroll has met the requirements for active member eligibility and that all contributions to be remitted are for eligible compensation under A.R.S. § 38-711.
- E. If an Employer improperly certifies that an employee has met the requirements for active member eligibility and that all contributions remitted for the employee are eligible for compensation under subsection (D), the ASRS may charge the employer an unfunded liability amount under A.R.S. § 38-748.

Historical Note

Former Rule, Retirement System Regulation 8; Amended effective Dec. 8, 1978 (Supp. 78-6). Former Section R2-8-22 renumbered as Section R2-8-122 without change effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 371, effective April 11, 2020 (Supp. 20-1). Section amended by final rulemaking at 27 A.A.R. 458, effective May 2, 2021 (Supp. 21-1).

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

- A. For the purposes of this Section, "market value" means an estimated monetary worth of an asset based on the current demand for the asset and the amount of that type of asset available for sale.
- B. The Board adopts the following actuarial assumptions and asset valuation method:
 1. The interest and investment return rate assumptions are determined by the Board.
 2. The actuarial value of assets equals the market value of assets:
 - a. Minus a 10-year phase-in of the excess for years in which actual investment return exceeds expected investment return; and
 - b. Plus a 10-year phase-in of the shortfall for years in which actual investment return falls short of expected investment return.

Historical Note

Adopted effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Amended effective December 20, 1977 (Supp. 77-6). Former Section R2-8-23 renumbered and amended as Section R2-8-123 effective May 21, 1982 (Supp. 82-3). Emergency amendments effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent amendments adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective

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September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1006, effective February 24, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking renewed at 9 A.A.R. 3963, effective August 21, 2003 for a period of 180 days (Supp. 03-3). Amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 20 A.A.R. 3043, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4).

Table 1. Expired**Historical Note**

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

Table 2. Expired**Historical Note**

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

Table 3. Repealed**Historical Note**

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

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

Table 3A. Expired**Historical Note**

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

Table 3B. Expired**Historical Note**

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

Table 4. Expired**Historical Note**

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

Table 4A. Repealed**Historical Note**

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

Table 4B. Repealed**Historical Note**

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

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(Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 4C. Repealed**Historical Note**

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

Table 5. Expired**Historical Note**

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

Table 6. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table repealed, new Table adopted effective September 12, 1997 (Supp. 97-3). Former Table 6 renumbered to Table 5; new Table 6 renumbered from Table 7 and amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed; new Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Former Table 6 renumbered to Table 7; new Table 6 renumbered from Table 5 and amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 7. Expired**Historical Note**

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

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

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

- A.** The following definitions apply to this Section unless otherwise specified:
1. "Compensation" means the same as in A.R.S. § 38-711(7).
 2. "Termination Incentive Program" means the same as in A.R.S. § 38-749(D)(2).
- B.** An Employer that intends to implement a Termination Incentive Program shall provide the following information to the ASRS through the Employer's secure ASRS account:
1. Within 90 days before implementation of the program, a complete description of the program terms and conditions, including the program contract, understanding, or agreement; and
 2. Within 90 days before implementation of the program, the following information for each member who may be eligible to participate in the program:
 - a. The member's full name;
 - b. The member's date of birth; and
 - c. The member's current Compensation;
- C.** The ASRS may use the information provided by the Employer pursuant to subsection (B) and the information on file with the ASRS to determine an estimated unfunded liability amount in consultation with the ASRS actuary, which may result from the implementation of the Employer's Termination Incentive Program.
- D.** If the ASRS determines an estimated unfunded liability amount pursuant to subsection (C), the ASRS may send a Notice of Estimated Liability to the Employer through the Employer's secure ASRS account, in order to notify the Employer of the estimated unfunded liability amount the Employer may owe to the ASRS as a result of implementing the Termination Incentive Program identified under subsection (B). An Employer may owe the ASRS more or less than the estimated unfunded liability amount based on actual employee participation in the Employer's Termination Incentive Program pursuant to subsection (F).
- E.** Within 30 days of termination of employment of each member who participated in a Termination Incentive Program identified under subsection (B), the Employer shall provide the following information to the ASRS through the Employer's secure ASRS account:
1. The member's full name;
 2. The member's date of birth;
 3. The member's Compensation at termination;
 4. The date the member terminated employment; and
 5. The amount and type of any additional pay the member received, or was entitled to receive, from the Employer as a result of participating in the Employer's Termination Incentive Program.
- F.** Upon receipt of all the information identified in subsection (E) and in consultation with the ASRS actuary, the ASRS shall

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calculate the actual unfunded liability amount which resulted from the implementation of the Employer's Termination Incentive Program.

- G. If the ASRS calculates an unfunded liability of less than \$0.00 for any member who participated in the Employer's Termination Incentive Program, the amount will be applied against the aggregate unfunded liability of the Employer.
- H. Upon calculating the unfunded liability pursuant to subsections (F) and (G), the ASRS shall send the Employer a Termination Incentive Program Liability Invoice through the Employer's secure ASRS account.
- I. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-749, shall remit full payment of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice.
- J. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).
- K. The ASRS may collect any unfunded liability amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

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

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

- A. The following definitions apply to this Section unless otherwise specified:
 - 1. "Average monthly compensation" means the same as in A.R.S. § 38-711(5).
 - 2. "Baseline salary" means the average of a member's monthly Compensation during the 12 consecutive months in which the member received Compensation immediately preceding the first month of Compensation used to calculate the member's retirement benefit. The Baseline Salary shall include only Compensation from the Same Employer that paid the Compensation used in the calculation of a member's retirement benefit. If the member has less than 12 consecutive months in which the member received Compensation immediately preceding the first month of Compensation used to calculate the member's retirement benefit, then the ASRS will calculate the member's Baseline Salary as the total of the 12 months of Compensation the member received:
 - a. Starting with the first month of Compensation the member received in the 12 months immediately preceding the member's Average Monthly Compensation, or within the Average Monthly Compensation; and
 - b. Ending with the 12th month of Compensation the member received after the first month of Compensation used in subsection (A)(2)(a).
 - 3. "Compensation" means the same as in A.R.S. § 38-711(7).

- 4. "Job reclassification" means a change in the classification of an employment position made by the Employer when it finds the duties and responsibilities of the position have changed significantly, materially, and permanently from when the position was last classified.
- 5. "Promotion" means, excluding a Salary Regrade or Job Reclassification, the act of advancing an employee to a higher salary or higher rank within the organization, which is characterized by:
 - a. A change in the employee's primary job responsibilities; and
 - b. A pay increase that is supported by a standard salary administration practice that is documented by the Employer; and
 - c. A competitive selection process or a noncompetitive selection process supported by a standard hiring practice that is documented by the Employer.
- 6. "Salary regrade" means a change in the salary scale of an employment position made by the Employer in order to align the position's salary scale with market factors and/or the Employer's current salary practices.
- 7. "Same employer" means the Employer has the same ownership as another Employer, except that for purposes of this Section, each agency, board, commission, and department of the State of Arizona shall be considered a separate Employer.
- 8. "Termination Incentive Program" means the same as in A.R.S. § 38-749(D)(1).
- B. Upon a member's retirement on or after January 1, 2018, the ASRS shall compare the member's Baseline Salary to the Average Monthly Compensation used to calculate the member's retirement benefit in order to determine whether an Employer utilized a Termination Incentive Program as defined in A.R.S. § 38-749(D)(1). This subsection only applies to members who earned the Compensation used to calculate the member's Baseline Salary, on or after July 1, 2005.
- C. Upon determining that a Termination Incentive Program exists under subsection (B), the ASRS shall send a Request for Documentation to the Employer through the Employer's secure ASRS account, in order to notify the Employer that the ASRS has identified a Termination Incentive Program for a particular member and the Employer may be required to pay the ASRS for the unfunded liability resulting from the Termination Incentive Program, unless the Employer can prove the increase in the member's salary was the result of a Promotion.
- D. Within 90 days of the date on the Request for Documentation, the Employer shall respond to the Request for Documentation by:
 - 1. Submitting documentation through the Employer's secure ASRS account that shows the member's increase in Compensation was the result of a Promotion; or
 - 2. Acknowledging in writing that the increase in the member's salary was not the result of a Promotion.
- E. Pursuant to subsection (D), the Employer bears the burden of producing evidence that a Promotion has occurred as defined in subsection (A)(5).
- F. The ASRS shall use any evidence the Employer submits to the ASRS pursuant to subsection (D) to determine whether a Promotion occurred.
- G. If the Employer does not respond to the Request for Documentation within 90 days of the date on the Request for Documentation, the ASRS shall determine that the increase in the member's salary was not the result of a Promotion.

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- H. If the ASRS determines that the increase in the member's salary was not the result of a Promotion pursuant to subsections (F) or (G), the ASRS shall calculate the unfunded liability amount pursuant to subsection (I).
- I. In consultation with the ASRS actuary, the ASRS shall use the calculation under subsection (B) to calculate the unfunded liability resulting from the implementation of the Employer's Termination Incentive Program.
- J. Upon calculating an unfunded liability amount pursuant to subsection (I), the ASRS shall send a Termination Incentive Program Liability Invoice to the Employer through the Employer's secure ASRS account, in order to notify the Employer of the unfunded liability amount the Employer shall owe to the ASRS as a result of implementing the Termination Incentive Program identified under subsection (B).
- K. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-749, shall remit full payment of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice.
- L. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).
- M. The ASRS may collect any unfunded liability amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Adopted as an emergency effective July 30, 1975 (Supp. 75-1). Former Section R2-8-25 renumbered as Section R2-8-125 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 23 A.A.R. 2743, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2). Amended by final rulemaking at 30 A.A.R. 730 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-126. Retirement Application

- A. For the purposes of this Section, the following definitions apply, unless stated otherwise:
 - 1. "Acceptable documentation" means any written request containing all the accurate, required information, dates, and signatures necessary to process the request.
 - 2. "Acceptable form" means any ASRS form request containing all the accurate, required information, dates, and signatures necessary to process the form request.
 - 3. "Applicable retirement date" means the later of:
 - a. The date a member retires from the ASRS for the first time; or
 - b. The date a member re-retires from the ASRS after returning to active membership.
 - 4. "Conservator" means the same as in A.R.S. § 14-7651.
 - 5. "Joint and survivor retirement benefit option" means an optional form of retirement benefits described in A.R.S. § 38-760(B)(1).
 - 6. "Legal documentation" means:
 - a. One document issued from a United States government entity; or
 - b. Two documents issued from one or more federal, state, local, sovereign, medical, or religious institution.
 - 7. "LTD" means the same as in R2-8-301.
 - 8. "Irrevocable PDA" means the same as in R2-8-501.
 - 9. "On File" means the same as in R2-8-115.
 - 10. "Original retirement date" means the later of:
 - a. The date a member retires from the ASRS for the first time; or
 - b. The date a member re-retires from the ASRS after returning to active membership for 60 consecutive months or more according to A.R.S. § 38-766(C).
 - 11. "Period certain and life annuity retirement benefit option" means an optional form of retirement benefits described in A.R.S. § 38-760(B)(2).
 - 12. "Spouse" means the individual to whom a member is married under Arizona law.
 - 13. "Straight life annuity" means the same as monthly life annuity according to A.R.S. § 38-757.
- B. A member may retire from the ASRS by submitting a Retirement Application to the ASRS that contains the following information:
 - 1. The member's full name;
 - 2. The member's Social Security number or U.S. Tax Identification number;
 - 3. The member's marital status, if not On File with ASRS;
 - 4. The member's current mailing address; if not On File with ASRS;
 - 5. The member's date of birth, if not On File with ASRS;
 - 6. A retirement date according to A.R.S. § 38-764(A);
 - 7. The retirement option the member is electing;
 - 8. If the member is electing to roll over a lump sum distribution amount to another retirement account, then:
 - a. The type of account and account number, if applicable, to which the member is electing to roll over the lump sum distribution; and
 - b. The name and address of the financial institution of the account to which the member is electing to roll over the lump sum distribution;
 - 9. The following information for each primary beneficiary, unless the member is receiving a mandatory lump sum distribution under subsection (M):
 - a. The beneficiary's full name;
 - b. The beneficiary's Social Security number, if the beneficiary is a U.S. citizen;
 - c. The beneficiary's date of birth;
 - d. The beneficiary's relationship to the member; and
 - e. The percent of benefit the beneficiary may receive upon death of the member, if the member is designating more than one beneficiary.
 - 10. Whether the member is electing the Optional Health Insurance Premium Benefit;
 - 11. The following spousal consent information, if the member is married and is electing a retirement option other than a Joint and Survivor Retirement Benefit Option with at least 50% of the retirement benefit designated to the member's spouse:
 - a. Whether the member's spouse consents to the member making a beneficiary election that provides the member's spouse with less than 50% of the member's account balance;
 - b. Whether the member's spouse consents to the member electing a retirement option other than a Joint and Survivor Retirement Benefit Option;
 - c. The member's spouse's full name; and
 - d. The member's spouse's notarized signature;

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12. Whether the member is electing to receive a partial lump sum distribution according to A.R.S. § 38-760 and if so:
 - a. How many months of annuity, up to 36 months, the member is electing to receive as a partial lump sum;
 - b. Whether the member is electing to directly receive the partial lump sum distribution reduced by applicable tax withholding amounts;
 - c. Whether the member is electing to roll over all or a portion of the partial lump sum distribution amount to one other retirement account; and
 - d. Whether the member is electing to use the partial lump sum distribution to purchase service credit with ASRS based on a service purchase request dated before January 6, 2013;
 13. Acknowledgement of the following statements of understanding:
 - a. The member is aware of the member's LTD stop-payment date and any disability benefits the member is receiving shall cease upon the retirement date the member elects according to subsection (B)(6);
 - b. The member understands that if an overpayment exists, ASRS shall collect the remaining overpayment amount according to 2 A.A.C. 8, Article 8 and all repayment plans previously established with ASRS LTD claims administrator shall cease;
 - c. The member understands that if the member is submitting written notice of a changed retirement date, benefit option, or partial lump sum increment selection, ASRS shall distribute the member's benefit as of the later of:
 - i. The date ASRS receives the most recent Acceptable Documentation; or
 - ii. The retirement date contained in the most recent Acceptable Documentation.
 - d. The member has received the Special Tax Notice Regarding Plan Payments;
 - e. The member has received the Return to Work information and will comply with the laws and rules governing the member's return to work;
 - f. The member authorizes ASRS and the banking institution identified in subsection (W) to debit the member's account for the purposes of correcting errors and returning any payments inadvertently made after the member's death;
 - g. The member understands that the member may have a one-time option to rescind a Joint and Survivor Retirement Benefit Option or a Period Certain and Life Annuity Retirement Benefit Option according to R2-8-130;
 - h. The member understands that any person who knowingly makes any false statement with the intent to defraud ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793; and
 - i. The member acknowledges that the member has complied with A.R.S. §§ 38-755 and 38-776 regarding spousal consent; and
 14. The member's notarized signature.
- C.** If a Retirement Application is completed through the member's secure ASRS account, the member's notarized signature is not required under subsection (B)(14).
- D.** If the retirement date the member elects according to subsection (B)(6) is not allowed, the ASRS shall change the retirement date to the earliest eligible date according to A.R.S. 38-764(A), unless the member is not eligible to retire.
- E.** A member who elects to roll over all or a portion of the partial lump sum distribution amount according to subsection (B)(12)(c), shall submit the following written information to the ASRS:
1. The type of account and account number to which the member is electing to roll over;
 2. The name and address of the financial institution of the account to which the member is electing to roll over; and
 3. If the member is electing to roll over a portion of the partial lump sum distribution, then the amount the member is electing to roll over.
- F.** If the member elects to roll over all or a portion of their lump sum or partial lump sum distribution, the ASRS shall only roll over the distribution to one retirement account.
- G.** Any portion of the partial lump sum distribution that is not rolled over to another retirement account according to subsection (B) shall be distributed directly to the member.
- H.** If the member elects to use the partial lump sum distribution to purchase service credit according to subsection (B)(12)(d) the member shall submit the following written information to the ASRS:
1. The number of the service purchase invoice;
 2. Whether the member is electing to apply the partial lump sum distribution to all eligible service on that invoice;
 3. If the member is not electing to apply the partial lump sum distribution to all eligible service on that invoice, then:
 - a. The amount of the partial lump sum distribution to be applied to that invoice; or
 - b. The number of years on that invoice the member is electing to purchase with the partial lump sum distribution;
 4. If the member is electing to make a payment on that service purchase invoice with after-tax payments, a rollover, or termination pay according to A.R.S. § 38-747;
 5. Whether the member is electing to authorize the ASRS to increase the number of months of annuity, not to exceed 36 months, to purchase the eligible service on that service purchase invoice, if the member elected an insufficient number of months of annuity to receive as a partial lump sum according to subsection (G) to complete the service purchase invoice;
 6. If the member does not have eligible service to purchase on that invoice, whether the member is electing to cancel the member's election to receive a partial lump sum distribution.
- I.** A member who elects to receive a partial lump sum distribution shall receive an actuarially reduced annuity retirement benefit according to A.R.S. § 38-760.
- J.** ASRS shall disburse any partial lump sum amount that is not applied to a service purchase invoice according to subsection (G) directly to the member after withholding applicable taxes.
- K.** After submitting a Retirement Application according to subsection (B), a member may make changes to the member's Retirement Application by submitting written notice to the ASRS of the specific changes according to A.R.S. § 38-764(G).
- L.** If ASRS has received contributions for the member within the three years immediately preceding the member's retirement date, the ASRS shall send a New Retirement Ending Payroll Verification form to the Employer. If ASRS has received contributions for the member within the six months immediately preceding the member's retirement date and the member shall receive a one-time lump sum payment according to subsection

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- (P), the ASRS shall send a New Retirement Ending Payroll Verification form to the Employer.
- M.** If the member has reached the age for minimum required distribution according to A.R.S. § 38-775(H)(4), the ASRS shall send a New Retirement Ending Payroll Verification form to the member's most recent Employer.
- N.** The Employer shall submit the completed New Retirement Ending Payroll Verification form to ASRS with the following information:
1. The member's Termination date or last day of ASRS membership with that Employer, if applicable;
 2. The member's total salary paid during their last fiscal year;
 3. The member's compensation for the last pay period;
 4. The name and title of the authorized Employer representative;
 5. Certification by the authorized Employer representative that:
 - a. Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony according to A.R.S. § 38-793; and
 - b. The authorized Employer representative certifies that they are the Employer user named on the New Retirement Ending Payroll Verification form and their title and contact information is current and correct.
- O.** The ASRS shall cancel a member's Retirement Application if ASRS does not receive all forms and information required under this Section within six months immediately after the member's retirement date.
- P.** As authorized under A.R.S. § 38-764(E), if a member's Straight Life Annuity, after any applicable early retirement reduction factor, is less than a monthly amount of \$100, the ASRS shall not pay the annuity. Instead, the ASRS shall make a one-time mandatory lump sum payment in the amount determined by using appropriate actuarial assumptions.
- Q.** For purposes of calculating a member's retirement benefit according to A.R.S. §§ 38-758 and 38-759, ASRS shall calculate age to the nearest day as of the member's retirement date.
- R.** Based on the retirement option the member elects according to A.R.S. § 38-760, the ASRS shall calculate a member's actuarially reduced benefits, based on the attained age of the member, and if necessary, the attained age of the contingent annuitant as of the date of the member's retirement as follows:
1. For a partial lump sum retirement benefit option, ASRS shall calculate age to the nearest day as of the member's retirement date;
 2. For a Joint and Survivor Retirement Benefit Option, ASRS shall calculate age to the nearest day as of the member's retirement date; and
 3. For a mandatory lump sum payment according to subsection (O) or a Period Certain and Life Annuity Retirement Benefit Option, ASRS shall calculate age to the nearest full month in addition to calculating age according to subsection (P) as necessary.
- S.** If the ASRS is unable to verify the age of the member or a contingent annuitant, the member or contingent annuitant shall provide Legal Documentation showing the member's or contingent annuitant's age.
- T.** If a member does not retire by the date minimum distribution payments are required according to A.R.S. §§ 38-759 and 38-775, the required minimum distribution payments will accrue interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) and in effect on the date the required minimum distribution payments should have begun.
- U.** The ASRS shall distribute any required minimum distribution payments with interest according to subsection (T) with the member's first finalized benefits payment.
- V.** If a member submits a retirement application after the member's minimum required distribution date, the ASRS shall determine that the member's Applicable Retirement Date is the date the required minimum distribution payments should have begun.
- W.** Notwithstanding any other Section, an inactive member who does not have contributions related to compensation is not eligible for retirement.
- X.** The ASRS shall issue a debit benefit card if the annuitant does not provide the following direct deposit information through the annuitant's secure ASRS account or by a notarized Direct Deposit form:
1. The member's full name;
 2. The member's bank account routing number;
 3. The member's bank account number; and
 4. The type of the account.
- Y.** If the annuitant does not activate the debit benefit card the ASRS issues to the annuitant within 75 days, the ASRS shall reclaim all the retirement benefits issued on the debit benefit card and suspend the annuitant's retirement benefits until the annuitant:
1. Activates the debit benefit card or provides the direct deposit information according to subsection (X); and
 2. Returns the notice of benefit suspension with the following information:
 - a. The annuitant's Social Security number or U.S. Tax Identification number;
 - b. The annuitant's address; and
 - c. The annuitant's notarized signature.
- Z.** The ASRS shall disburse benefits payments according to subsection (R), only retroactive to the later date specified in A.R.S. § 38-759(B).
- AA.** ASRS shall not issue additional estimate checks to a member whose retirement is canceled.

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5).
 Amended effective July 13, 1979 (Supp. 79-4). Former Section R2-8-26 renumbered and amended as Section R2-8-126 effective May 21, 1982 (Supp. 82-3). Amended subsections (A) through (D) effective October 18, 1984 (Supp. 84-5). Amended subsections (A) through (D) effective July 24, 1985 (Supp. 85-4). Amended by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 19 A.A.R. 332, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 3081, effective

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tive December 3, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3). Amended by final rulemaking at 30 A.A.R. 732 (April 12, 2024), effective May 17, 2024 (Supp. 24-1). When amending this Section in Supp. 24-1, the Board did not include the 2022 removal of the defined term DRO, therefore, subsection (A) has been reinstated as amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022; the A.R.S. reference in subsection (P) has been corrected at the request of the Board (Supp. 25-3).

R2-8-127. Re-Retirement Application

- A.** The definitions in R2-8-126 apply to this Section.
- B.** If a member has previously retired from ASRS, the member may re-retire from ASRS by submitting a Re-Retirement Application to the ASRS that contains:
1. The information identified in R2-8-126(B)(1) through (B)(8);
 2. The retirement option the member is electing, if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
 3. The information identified in R2-8-126(B)(11);
 4. Whether the member is electing the Optional Health Insurance Premium Benefit, if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
 5. The information identified in R2-8-126(B)(13), if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
 6. Acknowledgement of the following statements of understanding:
 - a. The member's signature confirms the member's intent to re-retire and applies to all the sections included in the Re-Retirement Application.
 - b. The member understands that as a re-retiree, the member must keep the same retirement option and beneficiary the member elected when the member previously retired from ASRS, unless the member returned to active membership for 60 consecutive months or more according to A.R.S. § 38-766(C);
 - c. The member may change the member's beneficiary after re-retiring and changing the beneficiary may change the member's monthly annuity;
 - d. The member has complied with A.R.S. §§ 38-755 and 38-766 regarding spousal consent;
 - e. The member certifies that the member has read and understands the instructions and Special Tax Notice Regarding Plan Payments;
 - f. The member authorizes ASRS and the banking institution the member listed for direct deposit to debit the member's account for the purpose of correcting errors and returning any payments inadvertently paid after the member's death;
 - g. The member understands that any person who knowingly makes any false statement with the intent to defraud ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793; and

- h. The member understands that if an overpayment exists, the ASRS shall collect the remaining overpayment amount according to 2 A.A.C. 8, Article 8 and all repayment plans previously established with the ASRS LTD claims administrator shall cease.

7. The member's notarized signature.

- C.** If the retirement date the member elects according to R2-8-126(B)(6) is not allowed, the ASRS shall change the retirement date to the earliest eligible date according to A.R.S. 38-764(A), unless the member is not eligible to retire.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-128. Joint and Survivor Retirement Benefit Options

- A.** The definitions in R2-8-126 apply to this Section.
- B.** A member who is ten years and one day, or more, older than the member's non-spouse contingent annuitant is not eligible to elect a 100% Joint and Survivor Retirement Benefit Option.
- C.** A member who is 24 years and one day, or more, older than the member's non-spouse contingent annuitant is not eligible to elect a 66 2/3% Joint and Survivor Retirement Benefit Option.
- D.** For members whose Original Retirement Date is on or after March 6, 2016, notwithstanding subsection (B), a member who is ten years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 100% Joint and Survivor Retirement Benefit Option, if:
1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 2. The member submits a DRO to ASRS which requires the ex-spouse to remain as the contingent annuitant on the member's account.
- E.** For members whose Original Retirement Date is on or after March 6, 2016, notwithstanding subsection (C), a member who is 24 years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 66 2/3% Joint and Survivor Retirement Benefit Option, if:
1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 2. The member submits a DRO to the ASRS which requires the ex-spouse to remain as the contingent annuitant on the member's account.
- F.** Notwithstanding any other Section, for purposes of determining whether a member is eligible to participate in a Joint and Survivor Retirement Benefit Option, the ASRS shall calculate the difference in a member's age and the contingent annuitant's age based on the birthdates of the member and the contingent annuitant. For purposes of this Section, a contingent annuitant must be a living person.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-129. Period Certain and Life Annuity Retirement Options

- A.** The definitions in R2-8-126 apply to this Section.
- B.** An individual who is 104 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option.
- C.** An individual who is 93 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life

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Annuity Retirement Benefit Option with ten years certain or 15 years certain.

- D. An individual who is 85 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option with 15 years certain.
- E. The ASRS shall calculate the period certain term as beginning on the first day of the first full calendar month following the member's Applicable Retirement Date.
- F. Notwithstanding subsection (E), the ASRS shall calculate the period certain term as beginning on the member's Applicable Retirement Date if the member's Applicable Retirement Date is the first day of the month.

Historical Note

New Section made by final rulemaking at 26 A.A.R.
2036, effective November 8, 2020 (Supp. 20-3).

R2-8-130. Rescind or Revert Retirement Election; Change of Contingent Annuitant

- A. The definitions in R2-8-126 apply to this Section.
- B. According to A.R.S. § 38-760(B)(2), for a member whose Original Retirement Date is after August 9, 2001, upon the expiration of a member's period certain term the ASRS shall rescind the member's election and the ASRS shall provide the member a Straight Life Annuity retirement benefit subject to any retirement reductions applicable at the member's Original Retirement Date.
- C. According to A.R.S. § 38-760(B)(2), a member whose Original Retirement Date is after August 9, 2001 and before July 1, 2008 and who elected a Period Certain and Life Annuity Retirement Benefit Option, may rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the expiration of the member's period certain term.
- D. According to A.R.S. § 38-760(B)(1), a member whose Original Retirement Date is before July 1, 2008 and who elected a Joint and Survivor Retirement Benefit Option may rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the member's death.
- E. A member whose Original Retirement Date is on or after July 1, 2008 and who elected a Period Certain and Life Annuity Retirement Benefit Option may exercise a one-time election to rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the expiration of the member's period certain term if the member provides proof to ASRS of the death of the primary beneficiary or a DRO showing that the primary beneficiary has ceased to be a primary beneficiary.
- F. A member whose Original Retirement Date is on or after July 1, 2008 and who elected a Joint and Survivor Retirement Benefit Option may exercise a one-time election to rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the death of the member if the member provides proof to ASRS of the death of the contingent annuitant a DRO showing that the contingent annuitant has ceased to be a contingent annuitant.
- G. A member who elected to rescind a Period Certain and Life Annuity Retirement Benefit Option according to subsection (C) may elect to revert to the Period Certain and Life Annuity Retirement Benefit Option by submitting an Application to Rescind, Revert or Change Contingent Annuitant as specified in subsection (M).
- H. A member who elected to rescind a Joint and Survivor Retirement Benefit Option according to subsection (D) may elect to revert to the Joint and Survivor Retirement Benefit Option by submitting an Application to Rescind, Revert or Change Contingent Annuitant as specified in subsection (M).
- I. A member may only revert to the same Period Certain and Life Annuity Retirement Benefit Option the member rescinded according to subsection (C) prior to the expiration of the period certain term the member elected at the member's most recent retirement.
- J. A member who rescinds their election according to subsections (E) or (F) is not eligible to revert to a Period Certain and Life Annuity Retirement Benefit Option or a Joint and Survivor Retirement Benefit Option.
- K. Notwithstanding any other provision, the time period of a Period Certain and Life Annuity Retirement Benefit Option shall be continuous from the member's retirement date until the term expires regardless of whether the member rescinds or reverts to another retirement option.
- L. A member who wants to rescind or revert a retirement election according to subsections (C) through (H) shall ensure ASRS receives an Application to Rescind, Revert or Change Contingent Annuitant at least one day prior to the member's death.
- M. In order to rescind, revert, or change a contingent annuitant, the member shall submit an Application to Rescind, Revert or Change Contingent Annuitant with the following information:
 1. The member's full name;
 2. The member's Social Security number or U.S. Tax Identification number;
 3. The member's marital status, if not On File with ASRS;
 4. Whether the member is electing to rescind, revert, or change a contingent annuitant;
 5. The member's notarized signature acknowledging the following statements of understanding:
 - a. For rescinding a retirement election:
 - i. By this action, and the member's signature, the member is aware that the member's designated beneficiary or contingent annuitant will not continue with monthly benefits after the member's death;
 - ii. The member is aware that a certified copy of the member's designated beneficiary's or contingent annuitant's death certificate or a DRO is required if the member retired or re-retired on or after July 1, 2008;
 - iii. At the time of the member's death, if the ASRS has not disbursed the total employee contributions on the member's account, plus interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) through the month prior to the member's retirement date, the balance will be payable in a lump sum to the beneficiary named on the member's most recent Acceptable Form.
 - b. For changing a contingent annuitant or beneficiary:
 - i. For a Joint and Survivor Retirement Benefit Option, by this action, and the member's signature, the contingent annuitant named on the member's most recent Acceptable Form will receive the previously elected percentage amount of the member's monthly benefit for their lifetime following the member's death;
 - ii. For a Joint and Survivor Retirement Benefit Option, the member is aware that a copy of the contingent annuitant's Legal Documentation is required and the member's benefit will be recalculated based on the member's age and the age of the member's new contingent annuitant

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- as of the effective date of the member's request according to this Section;
- iii. For a Joint and Survivor Retirement Benefit Option, the member is in compliance with the age difference limitations in R2-8-128; and
 - iv. For a Period Certain and Life Annuity Retirement Benefit Option, by this action, and the member's signature, the beneficiary named on the member's most recent Acceptable Form will receive the remaining term of monthly payments.
- c. For reverting to a previously elected retirement benefit option according to A.R.S. § 38-760:
 - i. For a Joint and Survivor Retirement Benefit Option, by this action, and the member's signature, the contingent annuitant named the member's most recent Acceptable Form will receive the previously elected percentage amount of the member's monthly benefit for their lifetime following the member's death;
 - ii. For a Joint and Survivor Retirement Benefit Option, the member is aware that a copy of Legal Documentation showing the contingent annuitant's date of birth is required and the member's benefit will be recalculated based on the member's age and the age of the member's contingent annuitant as of the effective date of the member's request according to this Section;
 - iii. For a Joint and Survivor Retirement Benefit Option, the member is in compliance with the age difference limitations in R2-8-128; and
 - iv. For a Period Certain and Life Annuity Retirement Benefit Option, by this action, and the member's signature, the beneficiary named on the member's most recent Acceptable Form will receive the remaining term of monthly payments.
- 6. If the member is electing to change a contingent annuitant, the following information for the new contingent annuitant:
 - a. Full name;
 - b. Social Security number, if the contingent annuitant is a U.S. citizen;
 - c. Date of birth; and
 - d. Legal relationship to the member.
 - 7. If the member is married, whether the member's spouse consents to the following with the spouse's notarized signature:
 - a. The member making a beneficiary designation that provides the member's spouse with less than 50% of the member's account balance;
 - b. The member electing a retirement option other than a Joint and Survivor Retirement Benefit Option; or
 - c. The member changing or ending the spouse's contingent annuitant status.
 - 8. Whether the spouse's consent is not required because:
 - a. The spouse predeceased the member and if so, provide a copy of the spouse's death certificate; or
 - b. The member is divorced and if so, provide a DRO.
- N. If the ASRS is unable to verify the age of the member or a contingent annuitant, the member or contingent annuitant shall provide Legal Documentation showing the member's or contingent annuitant's age.
- O. The effective date of the member's request according to this Section is the date on which ASRS receives the Application to Rescind, Revert or Change Contingent Annuitant.
 - P. According to A.R.S. § 38-760(B)(2), a member whose Original Retirement Date is on or after July 1, 2008 and who elects a Period Certain and Life Annuity Retirement Benefit Option, may rescind the election according to subsection (E) and elect to receive a Straight Life Annuity prior to the expiration of the member's period certain term if one or more of the member's primary beneficiaries dies or ceases to be a beneficiary according to the terms of a DRO.
 - Q. The ASRS shall cancel a member's Application to Rescind, Revert, or Change Contingent Annuitant if ASRS does not receive all forms and information required under this Section within six months immediately after the ASRS receives the application.

Historical Note

New Section made by final rulemaking at 26 A.A.R.

2036, effective November 8, 2020 (Supp. 20-3).

Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R2-8-131. Designating a Beneficiary; Spousal Consent to Beneficiary Designation

- A. The definitions in R2-8-126 apply to this Section.
- B. In order to designate a beneficiary, a member shall submit an Acceptable Form containing the following information:
 - 1. The Member's full name and one or more of the following information:
 - a. The Member's Social Security number or U.S. Tax Identification number; or
 - b. The Member's address; or
 - c. The Member's date of birth;
 - 2. The following information for the beneficiary:
 - a. The full name of the person or entity the member is designating as beneficiary;
 - b. Whether the beneficiary is being designated as primary or secondary beneficiary;
 - c. The percentage of the benefit the member is allocating to the beneficiary; and
 - 3. The member's notarized signature.
- C. If a change in a designated beneficiary is completed through the member's secure ASRS account, the member's notarized signature is not required under subsection (B)(3).
- D. If a member submits an Acceptable Form designating a beneficiary without indicating the percentage of the benefit the member is allocating to the beneficiary, the ASRS shall determine that each beneficiary is designated to receive an equal amount of the benefit.
- E. Effective July 1, 2013, a married member:
 - 1. Who is not retired shall name and maintain the member's current spouse as primary beneficiary of at least 50% of the member's retirement account unless:
 - a. Naming or maintaining the current spouse as beneficiary violates another law, existing contract, or court order; or
 - b. The spouse consents to an alternate beneficiary;
 - 2. Who retires shall choose a Joint and Survivor Retirement Benefit Option and name the member's current spouse as contingent annuitant unless:
 - a. Naming or maintaining the current spouse as contingent annuitant violates another law, existing contract, or court order; or

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- b. The spouse consents to an alternate contingent annuitant; or
 - c. The spouse consents to an alternate annuity option under A.R.S. §§ 38-757 or 38-760.
- F.** The ASRS shall honor a beneficiary designation last made or a retirement election submitted before July 1, 2013, even if the beneficiary designation or retirement election fails to comply with subsection (E).
- G.** Subsection (E) does not apply to a member who is receiving a mandatory lump sum distribution according to A.R.S. § 38-764.
- H.** Subsection (E) does not apply to a member who submits a Spousal Consent Exception form that contains the member's notarized signature to the ASRS affirming under penalty of perjury that the member's spouse's consent is not required because of one of the reasons specified in A.R.S. § 38-776(C).
- I.** In order to change a beneficiary designation, a member shall submit the information contained in subsection (B) and:
 - 1. A married member who changes a beneficiary designation on or after July 1, 2013, shall ensure the new beneficiary designation is consistent with subsection (E); or
 - 2. A married member who retired before July 1, 2013, and who wishes to change the contingent annuitant or beneficiary, shall ensure that the new designation is consistent with subsection (E).
- J.** A married member who re-retires according to A.R.S. § 38-766:
 - 1. Within less than 60 consecutive months of active membership from the member's previous retirement date, is not eligible to elect a different annuity option or different beneficiary than the member elected at the time of the previous retirement; or
 - 2. At least 60 consecutive months of active membership after the member's previous retirement date, may elect a different annuity option and different beneficiary than the member elected at the time of the previous retirement, and the election shall comply with subsection (E).
- K.** If a married member submits a retirement application that fails to comply with subsection (E), the member shall submit a new retirement application or written notice of new retirement elections that comply with subsection (E) within six months of the member's Original Retirement Date. The member's new Original Retirement Date is the date ASRS receives the new application or written notice unless the member elects a later date according to A.R.S. § 38-764.
- L.** If a married member made a beneficiary designation on or after July 1, 2013 that is not consistent with the requirements specified in subsection (E), the ASRS shall, at the time of the member's death:
 - 1. Notify both the spouse and designated beneficiary and:
 - a. Provide the spouse with an opportunity to waive the right under subsection (E); and
 - b. Provide the designated beneficiary with an opportunity to provide documentation that revokes the spouse's right under subsection (E); and
 - 2. Designate 50% of the member's retirement benefit to the spouse if neither the spouse nor designated beneficiary respond to notification according to subsection (L)(1) within 30 days after notification.
- M.** If a married member designated a beneficiary before July 1, 2013 that does not comply with subsection (E), upon the death of the member, the member's spouse may submit written notice to the ASRS prior to disbursement of the member's account with the following information:
 - 1. The member's full name;
 - 2. The member's Social Security number or U.S. Tax Identification number;
 - 3. The spouse's assertion to the spouse's right to community property;
 - 4. An original or copy of the marriage certificate; and
 - 5. An original or certified copy of the member's death certificate.
- N.** If a spouse submits written notice according to subsection (M), the ASRS shall designate the spouse as beneficiary of a percentage of the member's account according to A.R.S. §§ 25-211 and 25-214 and notify the member's designated beneficiary of the spouse's assertion.
- O.** The ASRS shall determine a spouse's percentage of the member's account according to subsection (L) based on the amount of service credit the member acquired during the marriage divided by the total amount of service credit the member acquired, multiplied by 50%.
- P.** If a beneficiary is notified of a spouse's assertion according to subsection (N), then before ASRS disburses a survivor benefit, the beneficiary may notify ASRS of the beneficiary's intent to appeal the spouse's right to a survivor benefit.
- Q.** Within 30 days, a beneficiary who has notified ASRS of the beneficiary's intent to appeal a survivor benefit disbursement according to subsection (P), shall submit an appeal to ASRS according to 2 A.A.C. 8, Article 4.
- R.** A DRO may supersede the requirements in subsection (B).
- S.** To consent to an alternative retirement benefit option or beneficiary designation, a member's spouse shall complete and have notarized a Spousal Consent form containing the following information:
 - 1. Member's full name;
 - 2. Member's Social Security number or U.S. Tax Identification number;
 - 3. Whether the member's spouse is consenting to one or more of the following:
 - a. The member making a beneficiary designation that provides the spouse with less than 50% of the member's account balance;
 - b. The member electing a retirement option other than a Joint and Survivor Retirement Benefit Option;
 - c. The member naming a contingent annuitant other than the spouse; and
 - d. The spouse's notarized signature.
- T.** A member's spouse may revoke the spouse's consent to an alternative retirement benefit option or beneficiary designation by sending written notice to ASRS with the following information:
 - 1. The member's full name;
 - 2. The member's Social Security number or U.S. Tax Identification number;
 - 3. The spouse's full name;
 - 4. The spouse's dated signature indicating the spouse is revoking all previous Spousal Consent forms.
- U.** A spouse who is revoking a Spousal Consent form shall ensure the written notice is received no later than the earlier of one day before the member dies or ASRS disburses a retirement benefit to the member.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).
 Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

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R2-8-132. Survivor Benefit Options

- A. The definitions in R2-8-126 apply to this Section.
- B. If the beneficiary is eligible to elect the survivor benefit as monthly income for life according to A.R.S. § 38-762(C), the ASRS shall calculate the benefits based on the attained age of the beneficiary, calculated to the nearest full month, as of the date of the member's death.
- C. If the beneficiary elects to receive the survivor benefit as monthly income for life according to A.R.S. § 38-762(C), the ASRS shall calculate the benefits effective date as of the day after the member's death and the ASRS shall pay interest up to the benefits effective date.
- D. According to A.R.S. § 38-763, if the member elected a Period Certain and Life Annuity Retirement Benefit Option and deceases prior to the expiration of the period certain term, the member's beneficiary may elect to complete the remaining period certain term or the beneficiary may elect to receive a lump sum distribution which is the greater of:
 - 1. The present value of the benefits based on the remaining period certain term; or
 - 2. The member's ASRS account balance plus interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) through the month prior to the member's retirement date, reduced by all retirement benefits due to the member.
- E. Notwithstanding subsection (D), a beneficiary is not eligible to elect to complete the remaining period certain term if the period certain term has expired.
- F. If the beneficiary elects to complete the remaining period certain term or elects to receive a lump sum that is the present value of the benefits based on the remaining period certain term according to subsection (D), the ASRS shall not pay interest.
- G. If a member's beneficiary or contingent annuitant does not want to receive a survivor benefit according to 26 U.S.C. § 2518, within nine months after the member's death, the beneficiary or contingent annuitant may submit a written request to the ASRS with the following information for the beneficiary or contingent annuitant:
 - 1. Full name;
 - 2. Social Security number if the beneficiary or contingent annuitant is a U.S. citizen;
 - 3. Address; and
 - 4. Notarized signature acknowledging the following statements:
 - a. The beneficiary or contingent annuitant is aware that, as a beneficiary or contingent annuitant of the member, the beneficiary or contingent annuitant is entitled to a survivor benefit in the amount specified by the ASRS;
 - b. The beneficiary is renouncing a portion or all of the beneficiary's rights to the member's benefit;
 - c. The contingent annuitant is renouncing all of the contingent annuitant's rights to the member's benefit;
 - d. The beneficiary understands that by renouncing rights to the member's benefit, the portion that the beneficiary is renouncing will be paid to any other survivor on the member's account, or if there is no other designated survivor, the benefit will be paid to the member's estate; and
 - e. The contingent annuitant understands that by renouncing rights to the member's benefit, the ASRS shall pay the member's ASRS account bal-

ance plus interest at the Assumed Actuarial Interest and Investment Return Rate specified in R2-8-118(A) through the month prior to the member's retirement date, reduced by all retirement benefits due to the member, to any other survivor on the member's account, or if there is no other designated survivor, to the member's estate.

- H. According to 26 U.S.C. § 2518, a minor beneficiary's or contingent annuitant's survivor benefit cannot be renounced.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).

R2-8-133. Survivor Benefit Applications

- A. The definitions in R2-8-126 apply to this Section.
- B. The ASRS shall not distribute a survivor benefit until a claimant notifies the ASRS of a member's death by telephone or submission of a death certificate, unless the member elected a Joint and Survivor Benefit Option upon retirement.
- C. Upon notification of the death of a member, the ASRS shall distribute the survivor benefits according to the most recent, Acceptable Form that is On File with the ASRS that was received at least one day prior to the date of the member's death, unless otherwise provided by law.
- D. The designated beneficiary or other person specified in A.R.S. § 38-762(E) shall provide the following:
 - 1. An original certified death certificate or a certified copy of a court order that establishes the member's death;
 - 2. If the claimant is not a designated beneficiary, but is a person specified in A.R.S. § 38-762(E), a copy of a document issued from a federal, state, local, sovereign, or medical institution showing the claimant's relationship to the deceased member;
 - 3. A certified copy of the court order of appointment as administrator, if applicable; and
 - 4. Except if the deceased member was retired and elected the joint and survivor option, complete and have notarized an Application for Survivor Benefits, provided by the ASRS that includes:
 - a. The deceased member's full name,
 - b. The deceased member's Social Security number or U.S. Tax Identification number,
 - c. The benefit the designated beneficiary or other person specified in A.R.S. § 38-762(E) is electing;
 - d. If the designated beneficiary or other person specified in A.R.S. § 38-762(E) is electing to roll over a benefit, the following information:
 - i. The claimant's full name;
 - ii. The name of the institution to which the claimant is electing to roll over;
 - iii. The address of the institution to which the claimant is electing to roll over;
 - iv. The full name of the authorized representative of the institution to which the claimant is electing to roll over;
 - v. The signature of the authorized representative of the institution to which the claimant is electing to roll over;
 - e. If the beneficiary is electing to have any of the survivor benefits directly deposited into a bank account, the following information:
 - i. Whether the bank account is a checking or savings account;

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- ii. The name of the banking institution to which the benefit is being sent;
 - iii. The routing number;
 - iv. The account number; and
 - f. The following information for the designated beneficiary or other person specified in A.R.S. § 38-762(E):
 - i. Full name;
 - ii. Mailing address, if not On File with ASRS;
 - iii. Date of birth, if applicable; and
 - iv. Social Security number or U.S. Tax Identification number, if not On File with ASRS.
 - g. The following statements of understanding:
 - i. The designated beneficiary or other person specified in A.R.S. § 38-762(E) has read and understands the Special Tax Notice Regarding Plan Payments they received with this application;
 - ii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) authorizes the ASRS to make payments as indicated above and agree on behalf of themselves and their heirs that such payments shall be a complete discharge of the claim and shall constitute a release of the ASRS from any further obligation on account of the benefit;
 - iii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) authorizes the ASRS and the Banking Institution listed above to debit their account for the purposes of correcting errors and returning any payments inadvertently made after their death;
 - iv. Under penalties of perjury, the designated beneficiary or other person specified in A.R.S. § 38-762(E) certifies that:
 - (1) The Social Security number or U.S. Tax Identification number shown on this application is correct;
 - (2) They are not subject to backup withholding because:
 - (a) They are exempt from backup withholding, or
 - (b) They have not been notified by the Internal Revenue Service that they are subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The Internal Revenue Service has notified them that they are no longer subject to backup withholding; and
 - (3) They are a legal resident of the United States, unless they are an estate or trust.
 - v. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands their right to a 30-day notice period to consider a rollover or a cash distribution and they elect to waive the notice period by their election for payment on this application;
 - vi. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over all or any portion of their distribution to another eligible retirement plan, it is their responsibility to verify that the receiving plan will accept the rollover and, if applicable, agree to separately account for the taxable and nontaxable amounts rolled over and the related subsequent earnings on such amounts;
 - vii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over all or any portion of their distribution to an IRA plan, it is their responsibility to verify that the receiving IRA institution will accept the rollover and, if applicable, it is their responsibility to separately account for taxable and nontaxable amounts;
 - viii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to another eligible retirement plan, any portion of the distribution not designated for a rollover will be paid directly to them and any taxable amounts will be subject to federal and state income tax withholding;
 - ix. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to an inherited IRA plan, any portion of the distribution not designated for a rollover will be paid directly to them and any taxable amounts will be subject to federal and state income tax withholding.
 - xi. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to an inherited IRA plan, they may be required to receive a minimum distribution and they certify that the date of birth shown on this form is correct.
5. For a member who elected a Joint and Survivor Retirement Benefit Option, a contingent annuitant shall submit a Joint and Survivor Certification form containing:
- a. The following information for the member:
 - i. Full name;
 - ii. Social Security number or U.S. Tax Identification number;
 - iii. Date of death; and
 - b. The following information for the beneficiary:
 - i. Legal relationship to the member;
 - ii. Full name;
 - iii. Social Security number or United States Tax Identification number, if not On File with ASRS;
 - iv. Mailing address, if not On File with ASRS;
 - v. Date of birth, if not On File with ASRS;
 - vi. If the contingent annuitant is electing to have any of the survivor benefits directly deposited into a bank account, the following information:
 - (1) Whether the bank account is a checking or savings account;
 - (2) The name of the banking institution to which the benefit is being sent;
 - (3) The routing number;
 - (4) The account number; and
 - c. The following statements of understanding:
 - i. The contingent annuitant has read and understands the Special Tax Notice Regarding Plan Payments they received with the Joint and Survivor Certification form;
 - ii. The contingent annuitant authorizes the ASRS to make payments as indicated above and agree on behalf of themselves and their heirs that

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such payments shall be a complete discharge of the claim and shall constitute a release of the ASRS from any further obligation on account of the benefit; and

- iii. The contingent annuitant authorizes the ASRS and the Banking Institution listed above to debit their account for the purposes of correcting errors and returning any payments inadvertently made after their death.
 - d. The contingent annuitant's notarized signature.
- E. Notwithstanding R2-8-132(H), if the beneficiary or contingent annuitant is a minor as of the date of the member's death, the beneficiary or contingent annuitant may submit a written request with the information contained in R2-8-132(G)(1) through (4) within nine months after the minor attains 18 years of age.
- F. For a member who deceases prior to the member's retirement date, if there is no designation of beneficiary or if the designated beneficiary predeceases the member, the ASRS shall pay a survivor benefit as specified in A.R.S. § 38-762(E).
- G. The ASRS shall begin disbursing a survivor benefit to a contingent annuitant according to A.R.S. § 38-760(B)(1) upon notification and verification of the member's death by a third party.
- H. The ASRS shall suspend a survivor benefit for a contingent annuitant unless the contingent annuitant provides the information in subsection (D) within two months of the ASRS disbursing a survivor benefit.
- I. If the member is domiciled in Arizona, according to A.R.S. § 14-3971, and there is no designated beneficiary, the ASRS shall distribute the balance of a member's account to a claimant if the claimant submits an Affidavit for Collection of Personal Property to ASRS with the following:
 - 1. The claimant's name;
 - 2. The claimant's Social Security number or U.S. Tax Identification number;
 - 3. The claimant's mailing address;
 - 4. The member's name;
 - 5. The member's Social Security number or U.S. Tax Identification number;
 - 6. The date of the member's death;
 - 7. The state and county where the member died;
 - 8. Statements indicating:
 - a. According to A.R.S. § 14-3971(B)(2)(a), no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction and the value of the member's entire estate, less liens and encumbrances, does not exceed the amount in A.R.S. § 14-3971 as valued as of the date of the member's death;
 - b. According to A.R.S. § 14-3971(B)(2)(b), the personal representative has been discharged, or more than a year has elapsed since a closing statement has been filed and the value of the member's entire estate, less liens and encumbrances, does not exceed the amount in A.R.S. § 14-3971 as valued as of the date the ASRS receives the Affidavit for Collection of Personal Property;
 - c. The claimant is the successor of the member and is entitled to the member's personal property because:
 - i. The claimant is named in the member's will; or
 - ii. The member did not have a will and the claimant is entitled to the member's personal property by right of intestate succession according to A.R.S. § 14-2103;
- d. If the claimant is entitled to the member's personal property according to subsection (I)(8)(c)(i), then a copy of the member's will;
- e. If the claimant is entitled to the member's personal property according to subsection (I)(8)(c)(ii), then the relationship between the member and the claimant and whether there are other surviving heirs;
- f. If there are other surviving heirs, then the name and relationship of each surviving heir;
- g. A statement indicating the claimant is making the Affidavit for Collection of Personal Property according to A.R.S. § 14-3971 for the purpose of making a claim to the member's ASRS account; and
- h. The claimant's notarized signature.
- J. If the member is not domiciled in Arizona and there is no designated beneficiary, the ASRS shall distribute the balance of a member's account to a claimant if the claimant submits legal documentation to claim the member's ASRS account that complies with the statutory requirements of the state in which the member was domiciled at the time of the member's death.
- K. Notwithstanding any other provision, if the amount of the survivor benefit as valued at the date of disbursement is less than \$10,000 per annum, the ASRS shall not distribute a survivor benefit to a minor beneficiary unless the minor beneficiary's legal guardian submits the following written information:
 - 1. The member's full name;
 - 2. The member's Social Security number or U.S. Tax Identification number;
 - 3. The minor beneficiary's full name;
 - 4. The minor beneficiary's Social Security number or U.S. Tax Identification number;
 - 5. The full name of the minor beneficiary's legal guardian;
 - 6. The minor beneficiary's legal guardian's address, if not On File with ASRS; and
 - 7. The minor beneficiary's legal guardian's signature certifying the minor beneficiary's legal guardian has care and custody of the minor beneficiary.
- L. Notwithstanding any other provision, if the amount of the survivor benefit as valued at the date of disbursement is \$10,000 or more per annum, the ASRS shall not distribute a survivor benefit to a minor beneficiary unless the minor beneficiary's conservator submits proof of court-appointed fiduciary responsibility for the minor beneficiary.
- M. The ASRS shall remit payment to the minor beneficiary according to subsection (K) by sending the minor beneficiary's conservator a check, if the document providing proof of the court-appointed fiduciary responsibility requires payment to be made to a restricted or secure account.
- N. If a person claims that a beneficiary or claimant is not entitled to a survivor benefit, then before ASRS disburses a survivor benefit, the person may notify ASRS of the person's intent to appeal the beneficiary's or claimant's right to a survivor benefit.
- O. Within 30 days, a person who has notified ASRS of the person's intent to appeal a survivor benefit disbursement according to subsection (N), shall submit an appeal to ASRS according to 2 A.A.C. 8, Article 4.
- P. If the ASRS receives documentation from, or confirmed by, a law enforcement agency, that a beneficiary or claimant may be guilty of the felonious and intentional killing of the member, the ASRS shall not distribute any benefits to the beneficiary or

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claimant that may be guilty of the felonious and intentional killing of the member until the matter has been adjudicated.

- Q.** If the member's estate has an appointed personal representative, the member's estate shall submit a court document identifying the personal representative for the member's estate before ASRS may distribute a survivor benefit.
- R.** If the member's estate is closed, the person claiming a right to the member's ASRS account shall provide a court document proving the estate is closed.
- S.** If the survivor receives a monthly annuity and does not provide the direct deposit information according to subsection (D)(4)(e) or (D)(5)(b)(vi), ASRS shall issue a debit benefit card.
- T.** If the survivor does not activate the debit benefit card the ASRS issues to the survivor within 75 days, the ASRS shall reclaim all the survivor benefits issued on the debit benefit card and suspend the survivor's benefits until the survivor:
1. Activates the debit benefit card or provides the direct deposit information according to subsection (D)(4)(e) or (D)(5)(b)(vi); and
 2. Returns the notice of benefit suspension with the following information:
 - a. The survivor's Social Security number or U.S. Tax Identification number;
 - b. The survivor's address; and
 - c. The survivor's notarized signature.

Historical Note

New Section made by final rulemaking at 26 A.A.R. 2036, effective November 8, 2020 (Supp. 20-3).
Amended by final rulemaking at 30 A.A.R. 732 (April 12, 2024), effective May 17, 2024 (Supp. 21-4).

Table 1. Repealed**Historical Note**

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

Table 2. Repealed**Historical Note**

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

Table 3. Repealed**Historical Note**

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

Table 4. Repealed**Historical Note**

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

Table 5. Repealed**Historical Note**

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

Table 6. Repealed**Historical Note**

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

Table 7. Repealed**Historical Note**

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

Table 8. Repealed**Historical Note**

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

Table 9. Repealed**Historical Note**

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

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valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 10. Repealed**Historical Note**

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

Table 11. Repealed**Historical Note**

Adopted effective October 18, 1984 (Supp. 84-5). Table 11 repealed, new Table 11 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Exhibit A. Repealed**Historical Note**

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

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

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

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

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

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

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

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

Exhibit C. Repealed**Historical Note**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The following definitions apply to this Article unless otherwise specified:

1. "Coverage" means a medical and/or dental insurance plan a retired member, Disabled member, or beneficiary obtains through the ASRS or an Employer.
2. "Contingent annuitant" means the same as in A.R.S. § 38-711(8) and the person is eligible for Coverage.
3. "Disabled" means the member has a disability and is receiving long-term disability benefits pursuant to A.R.S. § 38-797 et seq.
4. "Family calculation" means the family Coverage premium described in A.R.S. § 38-783(B).
5. "Joint & survivor" means the annuity option described in A.R.S. § 38-760(B)(1).
6. "Net premium" means the amount of the Coverage premium reduced by the amount of the Premium Benefit provided by the ASRS.
7. "On file" means the same as in R2-8-115.
8. "Original retirement date" means the same as in R2-8-126.
9. "Optional premium benefit" means the election, upon retirement, to have the Premium Benefit paid on behalf of the member's Contingent Annuitant upon death of the member pursuant to A.R.S. § 38-783.
10. "Period-certain" means the annuity option described in A.R.S. § 38-760(B)(2).
11. "Premium benefit" means the amount the ASRS provides on behalf of a retired member or Disabled member in order to offset the Coverage premium of the retired or Disabled member pursuant to A.R.S. § 38-783.
12. "Single calculation" means the single Coverage premium calculation described in A.R.S. § 38-783(A).
13. "Subsidized" means the same as in A.R.S. § 38-783(M)(4).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective May 31, 2015 (Supp. 16-4). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

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

A. A retired member or Disabled member who has five or more years of service and who elects to maintain Coverage is eligible for a Premium Benefit as follows:

1. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member only, is eligible for a Single Calculation of the Premium Benefit as described in R2-8-204(A);
2. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and a dependent who is not a retired member or Disabled member is eligible for a Family Calculation of the Premium Benefit as described in R2-8-204(B).
3. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and a dependent who is a retired member or Disabled member is eligible for the greater of:

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- a. Two Single Calculations of the Premium Benefit described in R2-8-204(A); or
 - b. One Family Calculation of the Premium Benefit described in R2-8-204(B).
- 4. A retired member or Disabled member who is enrolled as a dependent on a member's insurance plan is eligible for a Single Calculation of the Premium Benefit described in R2-8-204(A) if:
 - a. The retired member has an Original Retirement Date prior to August 2, 2012; or
 - b. The Disabled member became Disabled prior to August 2, 2012;
- 5. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and multiple dependents, some of whom are retired members or Disabled members, is eligible for the greater of:
 - a. Two Single Calculations of the Premium Benefit described in R2-8-204(A); or
 - b. One Family Calculation of the Premium Benefit described in R2-8-204(B).
- B. Pursuant to A.R.S. § 38-783(E), a retired member who returns to work with an Employer and elects to maintain Coverage is eligible to receive a Premium Benefit if the member has an Original Retirement Date prior to August 2, 2012.
- C. Pursuant to A.R.S. § 38-783(E), a Disabled member who elects to maintain Coverage is eligible to receive a Premium Benefit if the Disabled member became Disabled prior to August 2, 2012.
- D. A member who receives a lump sum distribution from the ASRS upon retirement is eligible to receive a Premium Benefit pursuant to this Article.
- E. Notwithstanding any other Section, a retired member who has an Original Retirement Date on or after August 2, 2012, or a Disabled member who became Disabled on or after August 2, 2012 is eligible to receive a Premium Benefit pursuant to this Article, only if Coverage is not Subsidized.
- 1. Not reduce the retired member's pension amount; and
 - 2. Remit payment of the Premium Benefit to the retired member's insurance company.
- D. Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the Arizona Department of Administration and the Net Premium exceeds the retired member's pension amount, the retired member shall be responsible for remitting the Net Premium to the Arizona Department of Administration and the ASRS shall:
 - 1. Not reduce the retired member's pension amount; and
 - 2. Remit payment of the Premium Benefit to the Arizona Department of Administration.
- E. If a Disabled member who is eligible to receive a Premium benefit pursuant to R2-8-202 maintains Coverage with the Arizona Department of Administration, the ASRS shall remit the Premium Benefit to the Arizona Department of Administration, unless the Disabled member is participating in the Six-Month Reimbursement Program pursuant to R2-8-206.
- F. If a Disabled member who is eligible to receive a Premium Benefit pursuant to R2-8-202 maintains Coverage with the ASRS, the ASRS shall remit the Premium Benefit to the Disabled member's insurance company and the Disabled member shall be responsible for remitting the Net Premium to the Disabled member's insurance company.
- G. If a retired member or Disabled member who is eligible to receive a Premium Benefit pursuant to R2-8-202 maintains Coverage with an Employer other than the ASRS or the Arizona Department of Administration, the ASRS shall remit the Premium Benefit to the retired member's or Disabled member's Employer, unless the retired member or Disabled member is participating in the Six-Month Reimbursement Program pursuant to R2-8-206.
- H. If a retired member or Disabled member is eligible to receive a Premium Benefit pursuant to R2-8-202, the ASRS shall provide the lesser of the following for any one retired member or Disabled member:
 - 1. The actual cost of the Coverage premium; or
 - 2. The greatest Premium Benefit calculation for which the retired member or Disabled member is eligible pursuant to R2-8-202.
- I. If a retired member is eligible to receive a Premium Benefit pursuant to R2-8-202 and the member retires from the ASRS in addition to retiring from another State retirement system or plan described in A.R.S. § 38-921, each month, the ASRS shall remit any Premium Benefit for which the retired member is eligible under this Article to the other State retirement system or plan from which the member retired.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 10 A.A.R. 4259, effective September 30, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 4346, effective October 5, 2004 (Supp. 04-3). Section amended and Table 1 repealed by final rulemaking at 13 A.A.R. 4581, effective February 2, 2008 (Supp. 07-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-203. Payment of Premium Benefit

- A. Every month, the ASRS shall provide a Premium Benefit to the Employer on behalf of a retired member, Disabled member, or Contingent Annuitant who maintains Coverage and is eligible to receive a Premium Benefit pursuant to R2-8-202.
- B. Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the Arizona Department of Administration or the ASRS, the ASRS shall reduce the retired member's pension amount by the amount of the retired mem-

Historical Note

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

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R2-8-204. Premium Benefit Calculation

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

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-205. Premium Benefit Documentation

- A. Every year, prior to the effective date of Coverage, an Employer shall report to the ASRS all the Coverage plans and premium rates the Employer offers to its retired or Disabled employees.
- B. An Employer shall inform the ASRS of any changes to the retired member's, Disabled member's, or Contingent Annuitant's Coverage, including enrollment in Coverage, maintained through the Employer within 30 days of the changes taking effect.
- C. Using the Employer's secure ASRS website account, or another ASRS approved method, an Employer shall submit the following health insurance enrollment, change, and/or deletion information pursuant to subsection (B):
 - 1. The retired member's, Disabled member's, or Contingent Annuitant's Social Security number or U.S. Tax Identification number;
 - 2. The retired member's, Disabled member's, or Contingent Annuitant's full name;
 - 3. The retired member's, Disabled member's, or Contingent Annuitant's date of birth;
 - 4. The Coverage in which the retired member, Disabled member, or Contingent Annuitant is enrolling;
 - 5. The type of change that is being made to the Coverage;
 - 6. The following information for each dependent enrolled in, or to be enrolled in, or removed from, Coverage:
 - a. First and last name;
 - b. Social Security number or U.S. Tax Identification number;
 - c. Date of birth; and
 - d. Medicare number, if applicable.
 - 7. The old and new premium amounts for Coverage;
 - 8. The effective date of the change, deletion, and/or enrollment;

- 9. The Employer's name and telephone number;
- 10. A certification by the Employer representative's dated signature that the information is current and correct.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 739 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-206. Six-Month Reimbursement Program

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

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- c. The total dental plan premium per month;
- d. The employee's out-of-pocket payroll deduction for a medical premium per month;
- e. The employee's out-of-pocket payroll deduction for a dental premium per month;
- f. The employee's total out-of-pocket payroll deduction for medical and dental premiums per month;
- 10. The Employer's name;
- 11. The Employer's phone number;
- 12. The Employer's email address;
- 13. The name of the Employer's representative; and
- 14. The dated signature of the Employer's representative.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

R2-8-207. Optional Premium Benefit

- A. A member who retires on or after January 1, 2004, is eligible to elect the Optional Premium Benefit to be effective on the date of the retired member's retirement and may designate a Contingent Annuitant to receive the Optional Premium Benefit upon the death of the retired member if:
 - 1. The retired member elects a retirement option under A.R.S. § 38-760; and
 - 2. The retired member elects to maintain Coverage.
- B. A retired member who returns to active membership for 60 consecutive months or more before retiring again, may elect or re-elect the Optional Premium Benefit pursuant to subsection (A).
- C. A retired member who does not return to active membership for 60 consecutive months or more before retiring again is not eligible to elect the Optional Premium Benefit pursuant to subsection (A) unless the retired member elected the Optional Premium Benefit to be effective on the date of the retired member's Original Retirement Date.
- D. In order to elect, re-elect, or terminate the Optional Premium Benefit pursuant to subsection (A), the retired member shall submit to the ASRS the Optional Premium Benefit Program Election or Termination form containing the following information:
 - 1. The retired member's Social Security number or U.S. Tax Identification number;
 - 2. Whether the retired member is electing, declining, or terminating the Optional Premium Benefit;
 - 3. The following information for the Contingent Annuitant if the retired member is electing or re-electing the Optional Premium Benefit:
 - a. The Social Security number or U.S. Tax Identification number;
 - b. The full name; and
 - c. The date of birth, if not On File; and
 - 4. Certification of understanding by the retired member's dated signature of the following statements:
 - a. I have a one-time election at the time of retirement for this benefit, and have a retirement date on or after January 1, 2004;
 - b. I must elect a Joint & Survivor or Period-Certain annuity option;

- c. If I elect to participate, my Contingent Annuitant must be either participating or eligible to participate in my retiree health care plan at the time of my death;
- d. I must provide proof of birth date for my Contingent Annuitant;
- e. The Premium Benefit will be actuarially reduced for the remainder of my benefit and my Contingent Annuitant's benefit as long as the Optional Premium Benefit is elected; and
- f. I may rescind the election at any time and be eligible for the unreduced Premium Benefit payable as provided by law.

- E. In order to elect or re-elect the Optional Premium Benefit, a member shall submit the Optional Premium Benefit Program Election or Termination form to the ASRS prior to the member's Original Retirement Date.
- F. A Contingent Annuitant the retired member designates to receive the Optional Premium Benefit upon the retired member's death is eligible to receive a Premium Benefit if:
 - 1. The retired member designates the Contingent Annuitant as the primary beneficiary on the member's retirement account;
 - 2. The Contingent Annuitant is enrolled in a Coverage plan at the time of the member's death or the Contingent Annuitant enrolls in a Coverage plan within six months of the retired member's death pursuant to A.R.S. § 38-782(A); and
 - 3. The Contingent Annuitant is eligible to receive at least one monthly payment.
- G. Upon the death of a retired member who elected the Optional Premium Benefit pursuant to subsection (A), the ASRS shall provide the Optional Premium Benefit on behalf of the retired member's Contingent Annuitant who is eligible to receive the Optional Premium Benefit pursuant to subsection (F).
- H. Notwithstanding subsection (G), the amount of the Optional Premium Benefit the ASRS provides on behalf of a Contingent Annuitant shall not exceed the actual amount of the Coverage premium.
- I. Unless otherwise indicated by law, the Optional Premium Benefit shall not terminate upon the death of the retired member if a Contingent Annuitant is eligible for the Optional Premium Benefit pursuant to subsection (F).
- J. The Optional Premium Benefit shall terminate if the member is no longer receiving a Joint & Survivor or Period-Certain annuity.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective May 31, 2015 (Supp. 16-4). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 739 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

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

The following definitions apply to this Article unless otherwise specified:

- 1. "Attending Physician" means a provider:

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

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Numbering corrected and subsection reference under the "Estimated Social Security disability income amount" definition corrected (Supp. 23-2).

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

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

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

Historical Note

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

R2-8-303. Long-Term Disability Calculation

- A. The ASRS contracted LTD claims administrator shall calculate an LTD benefit for a member using the member's monthly compensation as described in A.R.S. § 38-797(11).
- B. For a member whose monthly compensation is \$0 as of the date of disability, the ASRS shall pay a monthly benefit of \$50 unless the benefit is reduced pursuant to R2-8-807 or required to be reduced pursuant to A.R.S. § 38-797.07(A)(2).
- C. The ASRS shall reduce a member's LTD benefit in accordance with A.R.S. § 38-797.07(A).
- D. Notwithstanding any other section, a member who became disabled on or after August 27, 2019, shall not receive a benefit under this article that would increase the member's monthly compensation after disability to an amount that exceeds 100% of the member's monthly compensation before disability.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 89, effective March 9, 2021 (Supp. 21-1).

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

- A. The ASRS contracted LTD claims administrator shall begin providing an LTD benefit to an eligible disabled member no sooner than six months after the date the disabled member became disabled.
- B. Notwithstanding subsection (A), the ASRS contracted LTD claims administrator may begin providing an LTD benefit to an eligible disabled member sooner than six months if the disability is related to the member's disability that occurred within six months immediately preceding the disability.
- C. The ASRS contracted LTD claims administrator may provide an eligible disabled member's LTD benefit to a third party pursuant to A.R.S. § 38-797.09.
- D. Notwithstanding any other Section, a member may receive Long-Term disability benefits for no more than 12 months after the member receives a required minimum distribution of the member's retirement benefit pursuant to A.R.S. § 38-775.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 28 A.A.R. 1255 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-305. Social Security Disability Appeal

- A. Upon request by the ASRS contracted LTD claims administrator, a member who claims an LTD benefit pursuant to R2-8-302(A) shall submit a Social Security disability income application as prescribed by the ASRS contracted LTD claims administrator.

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- B.** In order to continue receiving an LTD benefit, a member whose application for Social Security disability income has been denied or terminated must appeal the most recent determination of denial or termination through a hearing before an administrative law judge pursuant to A.R.S. § 38-797.07(A)(10)(a) until the ASRS contracted LTD claims administrator or the Social Security Claims Administrator determines the member is not eligible for a Social Security benefit.
- C.** Within 10 days after a member receives notice of the status of the member's Social Security disability income application, the member shall notify:
1. The ASRS of the member's application status by submitting a copy of the notice identifying the status of the member's Social Security disability income application to the ASRS, if the member is not receiving an LTD benefit; or
 2. The ASRS contracted LTD claims administrator of the member's application status by submitting a copy of the notice identifying the status of the member's Social Security disability income application to the ASRS contracted LTD claims administrator, if the member is not receiving an LTD benefit.
- D.** A member who disagrees with an LTD determination by the ASRS contracted LTD claims administrator may submit an appeal pursuant to 2 A.A.C. 8, Article 4.

Historical Note

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

R2-8-306. Approval of Social Security Disability

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

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

Historical Note

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

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

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

1. "Appealable agency action" has the same meaning as in A.R.S. § 41-1092.
2. "Board" means, if established, a Committee designated by the Board to take action on appeals as described in A.R.S. § 38-714(E)(1) or, if a Committee is not established, the same as in A.R.S. § 38-711(6).
3. "Final administrative action" has the same meaning as in A.R.S. § 41-1092 and is rendered by the Board.
4. "Health Plan" means an arrangement under which ASRS engages a Health Plan Vendor for coverage for members and their eligible dependents for routine, preventive, and emergency health-care procedures, pharmaceuticals, dental, vision, or other services and benefits funded through an insurance policy in which the Health Plan Vendor processes and pays claims as an insurer, or a self-funded arrangement in which the Health Plan Vendor processes and pays claims using ASRS funds.

5. "Health Plan Vendor" means an entity that enters into a contract with ASRS to provide an insured Health Plan or to administer, process, and pay claims for a Health Plan self-insured by ASRS.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1). Amended by final rulemaking at 23 A.A.R. 2749, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 223 (January 21, 2022), with an immediate effective date of January 5, 2022 (Supp. 22-1).

R2-8-402. General Procedures

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

Historical Note

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

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

- A.** After receipt of an agency decision, a person who is not satisfied with the agency decision, may submit a letter of appeal:
1. To the ASRS's vendor for long-term disability benefits, if the appeal relates to a long-term disability decision; or
 2. To the ASRS Member Services Division Assistant Director, or such director's designee, if the appeal relates to an agency decision other than a long-term disability decision or Health Plan Vendor decision.
- B.** Upon receipt of a letter of appeal, the long-term disability vendor, or the Member Services Division Assistant Director, or such director's designee, shall send a response letter to the person requesting the appeal notifying the person of:
1. The decision the agency is making in response to the letter of appeal; and
 2. The person's right to appeal the agency response by submitting a letter of appeal to the ASRS Director or such director's designee.
- C.** A person who is not satisfied with the agency response pursuant to subsection (B) may submit a letter of appeal to the ASRS Director or such director's designee within 60 days of the date on the agency response letter.
- D.** Within 30 days of the date the ASRS receives a letter of appeal pursuant to subsection (C), the ASRS director or such director's designee shall send a response letter by certified mail to the person requesting the appeal that includes:
1. The agency action the ASRS is taking in response to the letter of appeal; and
 2. Notice of Appealable Agency Action, as required pursuant to A.R.S. § 41-1092.03 informing the person requesting the appeal, that the person has a right to appeal the agency action by submitting a Request for Hearing pursuant to subsections (E) and (F).
- E.** For an appealable agency action, a person who is not satisfied with an agency action pursuant to subsection (D) may file a Request for a Hearing, in writing, with the ASRS. The date the Request is filed is established by the ASRS date stamp on the

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face of the first page of the Request. The Request shall include the following:

1. The name and mailing address of the member, employer, or other person filing the Request;
 2. The name and mailing address of the attorney for the person filing the Request, if applicable;
 3. A concise statement of the reasons for the appeal.
- F.** The person requesting a hearing shall file the Request for a Hearing with the ASRS within 30 days after receiving a response letter including a Notice of an Appealable Agency Action, pursuant to subsection (E).
- G.** Upon receipt of the Request for a Hearing, the ASRS shall notify the Office of Administrative Hearings as required in A.R.S. § 41-1092.03(B).
- H.** Pursuant to subsection (B):
1. The long-term disability vendor shall send a response letter to the person requesting the appeal within 120 days of the date the long-term disability vendor receives the letter of appeal; and
 2. The Member Services Division Assistant Director, or such director's designee, shall send a response letter to the person requesting the appeal within 30 days of the date the ASRS receives the letter of appeal.
- I.** The Board has delegated to each Health Plan Vendor the authority to:
1. Interpret and apply the terms of the Health Plan Vendor's particular Health Plan;
 2. Determine whether a particular benefit is included in the Health Plan and, if included, the amount of payment to be made under the Health Plan; and
 3. Perform a full and fair review of any decision by the Health Plan Vendor regarding benefits included in or payments to be made under the Health Plan if the decision is appealed in accordance with the Health Plan Vendor's specified procedures.
- J.** An individual who is enrolled in a Health Plan made available by ASRS and who wishes to appeal a decision by the Health Plan Vendor shall follow the appeal procedures specified in the applicable Health Plan description.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1). Amended by final rulemaking at 28 A.A.R. 223 (January 21, 2022), with an immediate effective date of January 5, 2022 (Supp. 22-1).

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

A recommended decision from the Office of Administrative Hearings that is sent to ASRS at least 30 days before the Board's next regular meeting, shall be reviewed by the Board at that meeting. At the meeting, the Board shall render a decision to accept, reject, or modify the findings of fact, conclusions of law and recommendations in whole or in part. If the Board modifies or rejects a recommended decision, the Board shall state the reasons for the modification or rejection. The Board shall deliver the Board's final decision to the Office of Administrative Hearings within five days after the meeting at which the Board made the final decision.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

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

- A.** Except as provided in subsection (H), within 30 days after service of the final administrative decision, any aggrieved party in an appealable agency action may file with the Board a Motion for Rehearing Before the Board, in writing, specifying the particular grounds for rehearing before the Board.
- B.** Except as provided in subsection (H), within 30 days after service of the final administrative decision, any aggrieved party of an appealable agency action may file with the Board a Motion for Review of a Final Decision, in writing, specifying the particular grounds for reviewing the Board's final administrative decision.
- C.** A party may amend a Motion for Rehearing Before the Board or a Motion for Review of a Final Decision at any time before the Board rules on the motion. A party may file a response within 15 days after the motion or the amended motion is filed. The Board may require the filing of written briefs upon the issues raised in the motion or the amended motion, and may provide for oral argument.
- D.** The Board may grant a Motion for Rehearing Before the Board or a Motion for Review of a Final Decision for any of the following causes that materially affects the moving party's rights:
1. Irregularity in the administrative proceedings of the agency or the hearing officer, or any order or abuse of discretion that deprives the moving party of a fair hearing;
 2. Misconduct of the Board, the hearing officer, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the process of the action; or
 7. That the decision, or findings of fact, is not justified by the evidence or is contrary to law.
- E.** The Board may affirm or modify the final administrative decision or grant a rehearing before the Board or review of final administrative decision to all or any of the parties on all or part of the issues for any of the reasons in subsection (C). An order granting a rehearing or review shall specify with particularity the grounds for the order.
- F.** Not later than 10 days after the final administrative decision, the Board may, after giving each party notice and an opportunity to be heard, order a rehearing or review of its final administrative decision for any reason for which it might have granted a rehearing or review on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion. In either case, the order granting a rehearing or review shall specify the grounds on which it is granted.
- G.** When a motion for rehearing or review is based upon an affidavit, the affidavit shall be filed with the motion. An opposing party may, within 15 days after filing, file an opposing affidavit. The Board may extend the period for filing an opposing affidavit for not more than 20 days for good cause shown or by written stipulation of the parties. The Board may permit a reply affidavit.

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- H.** The Board shall rule on the motion within 15 days after the response to the motion is filed or if a response is not filed, within five days of the expiration of the response period.
- I.** If the Board makes a specific finding that the immediate effectiveness of a particular decision is necessary for the preservation of the public peace, health, and safety and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing or review, an application for judicial review of the decision may be made within the time limits permitted for applications for judicial review of the Board's final decisions.

Historical Note

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

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

The following definitions apply to this Article unless otherwise specified:

1. "Active duty" means full-time duty in a branch of the United States uniformed service, other than Active Reserve Duty.
2. "Active reserve duty" means participating in required meetings and annual training in a Reserve or National Guard branch of the United States uniformed service.
3. "Actuarial present value" means an amount in today's dollars of a member's future retirement benefit calculated using appropriate actuarial assumptions and the:
 - a. Eligible Member's Current Years of Credited Service;
 - b. Eligible Member's age as of the date the Eligible Member submits to the ASRS a request to purchase service pursuant to this Article;
 - c. Amount of Service Credit the member wishes to purchase; and
 - d. Member's current annual compensation.
4. "Authorized representative" means an individual who has been delegated the authority to act on behalf of a Custodian, Trustee, Plan Administrator, or a member, if the member's IRA or 403(b) is not maintained by the member's Employer.
5. "Current years of credited service" means the amount of credited service a member has earned or purchased, and the amount of Service Credit for which an Irrevocable PDA is in effect for which the member has not yet completed payment, but does not include any current requests to purchase Service Credit for which the member has not yet paid.
6. "Custodian" means a financial institution that holds financial assets for guaranteed safekeeping.
7. "Direct rollover" means distribution of Eligible Funds made payable to the ASRS as a contribution for the benefit of an eligible member from a retirement plan listed in A.R.S. § 38-747(H)(2) or (H)(3).
8. "Eligible funds" means payments listed in A.R.S. § 38-747(H)(2) and (H)(3).
9. "Eligible member" means a member who is eligible to purchase service pursuant to A.R.S. §§ 38-742, 38-743, 38-744, or 38-745.
10. "Forfeited service" means credited service for which the ASRS has returned retirement contributions to the member under A.R.S. § 38-740.
11. "IRC" means the same as "Internal Revenue Code" in A.R.S. § 38-711(18).
12. "Irrevocable PDA" means an irrevocable "Payroll Deduction Authorization" contract between an Eligible Member, an Employer, and the ASRS that requires the Employer to withhold payments from an Eligible Member's pay for a specified amount and for a specified number of payments, as provided in A.R.S. § 38-747.
13. "Leave of absence service" means an approved leave of absence without pay as specified in A.R.S. § 38-744.
14. "LTD" means the same as in R2-8-301.
15. "Military Call-up service" means a member is called to Active Duty under A.R.S. § 38-745 in a branch of the United States Uniformed Services.
16. "Military service" means Active Duty or Active Reserve Duty under A.R.S. § 38-745 with any branch of the United States Uniformed Services or the Commissioned Corps of the National Oceanic and Atmospheric Administration.
17. "Military service record" means a United States Uniformed Services or National Oceanic and Atmospheric Administration document that provides the following information:
 - a. The member's full name;
 - b. The member's Social Security number;
 - c. Type of discharge the member received; and
 - d. Active Duty dates, if applicable; or
 - e. Active Reserve Duty dates, if applicable; and
 - f. Point history for Active Reserve Duty dates, if applicable.
18. "Other public service" means previous employment listed in A.R.S. § 38-743(A).
19. "PDA pay-off invoice" means written correspondence from the ASRS to an Eligible Member that specifies the amount necessary to be paid by the Eligible Member to complete an Irrevocable PDA to receive the total credited service specified in the Irrevocable PDA.
20. "Plan administrator" means the person authorized to represent a specific eligible plan as addressed in IRC § 414(g).
21. "Service credit" means Forfeited Service, Leave of Absence Service, Military Service and Military Call-up Service, and Other Public Service that an Eligible Member may purchase.
22. "SP invoice" means a written correspondence from the ASRS informing an Eligible Member of the amount of money required to purchase a specified amount of Service Credit.
23. "Termination pay" means an Employer's payment to the ASRS of an Eligible Member's pay received as a result of terminating employment to purchase Service Credit as specified in A.R.S. § 38-747(B)(2).
24. "Three full calendar months" means the first day of the first full month through the last day of the third consecutive full month.
25. "Transfer employment" means to terminate employment with one Employer with which an Eligible Member has an Irrevocable PDA:
 - a. After accepting an offer to work for a new Employer;

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- b. While working as an active member for a different Employer; or
 - c. Before returning to work with any Employer within 120 days of terminating employment.
26. "Trustee-to-Trustee transfer" means a transfer of assets to the ASRS as authorized in A.R.S. § 38-747(I), from a retirement program from which, at the time of the transfer, a member is not eligible to receive a distribution.
27. "Uniformed services" means the United States Army, Army Reserve, Army National Guard, Navy, Navy Reserve, Air Force, Air Force Reserve, Air Force National Guard, Marine Corps, Marine Corps Reserve, Coast Guard, Coast Guard Reserve, and the Commissioned Corps of the Public Health Service.
28. "Window credit" means overpayments made on previously purchased Service Credit by members of the ASRS as provided by Laws 1997, Ch. 280, § 21, and Laws 2003, Ch. 164, § 3.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 764, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final rulemaking at 28 A.A.R. 1257 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

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

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

request to purchase Service Credit meets the requirements of this Article, the ASRS shall provide the following to the Eligible Member:

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

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

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

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

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Service Credit, the Eligible Member shall make a request to the ASRS in writing by the date payment election is due as specified on the SP Invoice and include the following information:

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

Historical Note

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

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

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

Historical Note

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

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

- A. The ASRS shall not permit an Eligible Member to purchase Service Credit that, when added to credited service earned in any plan year, results in more than:
 1. One year of credited service in any plan year, or
 2. One month of credited service in any one calendar month.
- B. A member may not purchase Service Credit for any period of time for which the member is eligible to receive retirement benefits from another public employee retirement system.
- C. For purposes of this Section, "another public employee retirement system" means any retirement plan providing retirement benefits and maintained by the United States government, a state, territory, commonwealth, overseas possession or insular area of the United States or a political subdivision of a state, territory, commonwealth, overseas possession or insular area of the United States.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final rulemaking at 28

A.A.R. 1257 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

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

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

Historical Note

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

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

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

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 27 A.A.R. 479, with an immediate effective of March 5, 2021 (Supp. 21-1).

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

- A. An Eligible Member who requests to purchase Service Credit for Leave of Absence Service under A.R.S. § 38-744 shall pro-

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vide to the ASRS an Approved Leave of Absence form that includes:

1. The following information completed by the Eligible Member:
 - a. The start date and end date of the approved leave of absence;
 - b. The date the Eligible Member returned to work or a statement of why employment was not resumed;
 - c. The name of the Employer;
 - d. Whether the Eligible Member participated in another public retirement system during this leave of absence; and
 - e. If the Eligible Member participated in another public retirement system during the leave of absence, whether the Eligible Member is receiving a benefit or is eligible to receive a benefit, from the other public retirement system; and
 2. Acknowledgement of the following statements of understanding:
 - a. The Eligible Member understands that up to one year of Service Credit may be purchased for each approved leave of absence, if the Eligible Member returns to work for the Employer that approved the leave of absence unless employment could not be resumed because of disability or nonavailability of a position;
 - b. The Eligible Member authorizes the Employer to provide any necessary personal information to ASRS in order to process this request; and
 - c. The Eligible Member certifies that if the Eligible Member participated in another public retirement system during the approved leave of absence, the Eligible Member is not receiving, and is not eligible to receive, a benefit from the other public retirement system for the time during the approved leave of absence; and
 3. The Eligible Member's dated signature.
- B.** Pursuant to A.R.S. § 38-744, a member who participated in another public retirement system during the leave of absence, and is receiving a benefit or is eligible to receive a benefit from the other public retirement system, is not an Eligible Member for purposes of this Section.
- C.** If the information provided by the Eligible Member pursuant to subsection (A) is correct, the Employer shall validate the information and submit the information to the ASRS through the Employer's secure ASRS account. If the information provided by the Eligible Member pursuant to subsection (A) is incorrect, the Employer shall correct the information and submit the information to the ASRS through the Employer's secure ASRS account.
- D.** Upon submitting the information specified in subsection (B), the Employer shall acknowledge the following statements of understanding:
1. The Employer has verified all the dates for the approved leave of absence period are correct; and
 2. The contact individual has the legal power to bind the Employer in transactions with the ASRS.
- E.** The amount the Eligible Member shall pay to purchase Service Credit for an approved leave of absence is determined as provided in R2-8-506.

Historical Note

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

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

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

- A.** An Eligible Member who requests to purchase Service Credit for Military Service under A.R.S. § 38-745(A) and (B) shall provide to the ASRS:
1. A copy of the Eligible Member's Military Service Record within 30 days of the Eligible Member's request to purchase Service Credit; and
 2. A Military Service form that contains:
 - a. Whether the Eligible Member is receiving a benefit or is eligible to receive a benefit, from the military.
 - b. The branch of the Uniformed Services the Eligible Member was in;
 - c. Whether the Eligible Member was on Active Duty or Active Reserve Duty;
 - d. The start date and end date of the Eligible Member's Military Service for which the Eligible Member is requesting to purchase Service Credit;
 - e. Acknowledgement that the Eligible Member will submit to the ASRS:
 - i. Proof of honorable separation for each type of Military Service listed on the form; and
 - ii. The Eligible Member's Military Service Record that supports all of the service listed on the form;
 - f. Acknowledgement of the following statements of understanding:
 - i. The Eligible Member understands that the service listed on this form does not include time that the Eligible Member either volunteered or was ordered into Active Duty service as part of a military call-up while employed by an Employer. This service is purchased under Military Call-up Service and requires a Military Call-up form to be completed by the Eligible Member's Employer; and
 - ii. The Eligible Member understands that any time the Eligible Member has listed on this form for Reserve or National Guard time reflects the months that the Eligible Member attended at least one drill or assembly for each month listed.
- B.** The amount the Eligible Member pays to purchase Service Credit for Military Service is determined as provided in R2-8-506.
- C.** The ASRS determines the amount of Service Credit an Eligible Member receives for Active Duty and Active Reserve Duty time by the time listed on the Military Service form, if the service listed is supported by the information contained in the Eligible Member's Military Service Record.
- D.** If the ASRS has not received complete and correct documents pursuant to this Section within 30 days of the request to purchase Service Credit, the ASRS shall cancel the Eligible Member's request to purchase Service Credit.

Historical Note

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

R2-8-510. Required Documentation and Calculations for

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Military Call-up Service Credit

- A.** An Eligible Member who meets the requirements under A.R.S. § 38-745(D) shall receive up to 60 months of Service Credit, not to exceed 5 years of Service Credit for Military Call-up Service under A.R.S. § 38-745(D) through (K). In order to determine the amount of contributions the Employer owes to purchase Service Credit for Military Call-up Service, the Eligible Member's Employer shall provide to the ASRS a copy of the Eligible Member's Military Service Record and a completed Military Call-up form that includes the following:
1. The Eligible Member's full name;
 2. The Eligible Member's Social Security number;
 3. The start date of Military Call-up Service;
 4. The end date of Military Call-up Service;
 5. The date the Eligible Member returned to work for the Employer;
 6. The salary for each pay period in each fiscal year while the Eligible Member was on military call-up, including any salary increases the Eligible Member would have received had the Eligible Member not left work due to military call-up;
 7. The name of a contact individual for the Employer, and that individual's business telephone number;
 8. The contact individual's dated signature;
 9. If applicable, the dates that the Eligible Member was hospitalized and released from the hospital as a result of participating in a military call-up.
 10. If applicable, the date the Eligible Member became disabled during or as a result of participating in a military call-up;
 11. If applicable, the date of the Eligible Member's death during or as a result of participating in a military call-up; and
 12. Acknowledgement of the following statements of understanding:
 - a. All the dates and payroll information for the Military Call-up Service are correct;
 - b. The Eligible Member:
 - i. Was honorably separated from Active Duty and returned to the same Employer within 90 days of either discharge from Active Duty or release from service-related hospitalization; or
 - ii. Was disabled and unable to return to work; or
 - iii. Died during or as a result of Active Duty.
 - c. The Employer must pay both the employee and Employer contributions in a lump sum upon the Eligible Member returning to employment, receipt of a declaration of disability, or receipt of a death certificate. These contributions are based on the salary the Eligible Member would have earned if the Eligible Member had not volunteered or been ordered into Active Duty;
 - d. The Eligible Member may receive a maximum of 60 months of Service Credit for Military Call-up Service pursuant to A.R.S. § 38-745; and
 - e. The contact individual has the legal power to bind the Employer in transactions with the ASRS.
- B.** An Employer shall make the request to purchase Service Credit for Military Call-up Service within 30 days after the earlier of the dates listed in A.R.S. § 38-745(E).
- C.** The ASRS calculates the amount the Employer pays to purchase Military Call-up Service pursuant to A.R.S. § 38-745(G) by multiplying the Eligible Member's salary per pay period at the time Active Duty commences, by the contribution rate in

effect for the period of Active Duty. Included in the calculation are any salary increases the Eligible Member would have received if the Eligible Member had not left work to participate in a military call-up.

- D.** The ASRS shall send the Employer a statement of cost for purchase of the Service Credit for Military Call-up Service based on the calculation in subsection (C). Within 90 days from the date on the ASRS statement of cost, the Employer shall pay to the ASRS the amount on the statement. If the Employer fails to make full payment within 90 days, interest shall accrue on the unpaid balance at the Assumed Actuarial Investment Earnings Rate in effect on the date of the statement of cost as specified in R2-8-118(A). The ASRS may collect the unpaid balance plus interest pursuant to A.R.S. § 38-735(C).
- E.** If an Employer remits retirement or long-term disability contributions on behalf of an Eligible Member while the Eligible Member is on military call-up, the Employer shall reverse the contributions after the ASRS receives the information in subsection (A).
- F.** If an Employer remits retirement contributions on behalf of an Eligible Member while the Eligible Member is on military call-up, and the Eligible Member does not return to the Employer after separation from active Military Service, the ASRS shall apply the retirement contributions to the Eligible Member's credited service.

Historical Note

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

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

- A.** An Eligible Member who requests to purchase Service Credit for Other Public Service under A.R.S. § 38-743 shall provide to the ASRS a completed Other Public Service form, signed and dated by the Eligible Member, that includes the following:
1. The name and mailing address of the Other Public Service employer;
 2. The position the Eligible Member held while working for the Other Public Service employer;
 3. The start date and end date of the Eligible Member's employment with the Other Public Service employer;
 4. The actual months and years the Eligible Member was employed with the Other Public Service employer;
 5. A statement of whether the Eligible Member participated in the Other Public Service employer's retirement plan;
 6. If the Eligible Member participated in the Other Public Service employer's retirement plan, the name of the retirement plan, identifying whichever one of the following applies:
 - a. The approximate date the Eligible Member took a return of retirement contributions;
 - b. The plan is non-contributory and the Eligible Member is not eligible for benefits from the plan; or
 - c. That, if not using all of the retirement contributions as a rollover, the Eligible Member will request a return of retirement contributions and forfeit all rights to any benefits from the plan and provide the ASRS with documentation that the Eligible Member has forfeited all rights to benefits from the plan no later than the due date specified on the SP Invoice; and

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7. Acknowledgement that if an audit determines that the Eligible Member is eligible for a benefit from the Other Public Service employer's retirement plan, the Eligible Member is required to take necessary steps to forfeit the benefit, and if the forfeiture is not completed within 90 days of being notified of the audit results, the Service Credit purchase listed on this application will be revoked and any funds paid to purchase the Service Credit will be refunded to the member.
- B. The amount the Eligible Member shall pay to purchase Service Credit for Other Public Service is determined as provided in R2-8-506.
- C. Notwithstanding R2-8-512, the ASRS shall not accept after-tax monies for the purchase of Service Credit for Other Public Service with a territory, commonwealth, overseas possession or insular area pursuant to A.R.S. § 38-743.

Historical Note

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

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

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

Historical Note

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

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

- A. An Eligible Member may purchase Service Credit by Irrevocable PDA.
- B. If the Eligible Member elects to pay for Service Credit by Irrevocable PDA, the Eligible Member shall elect the terms of the Irrevocable PDA and submit the Irrevocable PDA to the ASRS and the Employer with the following:
 1. Acknowledgements:
 - a. This Irrevocable PDA is binding and irrevocable;
 - b. This Irrevocable PDA shall remain in effect until the earlier of:
 - i. The authorized payroll deductions are completed; or
 - ii. The Eligible Member terminates employment.
 - c. The ASRS cannot terminate the Irrevocable PDA due to financial hardship;
 - d. The amount of Irrevocable PDA payments the Eligible Member makes is subject to federal laws;
 - e. The cost to purchase Service Credit by Irrevocable PDA includes an administrative interest charge at the Assumed Actuarial Investment Earnings Rate in effect at the time of the authorization as specified in R2-8-118(A);

- f. Payments specified in this Irrevocable PDA are in addition to the regular contributions required pursuant to A.R.S. §§ 38-736 and 38-797.05;
 - g. The ASRS shall apply credited service to the Eligible Member's account upon receipt of payments authorized by the Eligible Member under this Irrevocable PDA; and
 - h. The ASRS shall not transfer, refund, or disburse the administrative interest that the ASRS charges pursuant to subsection (B)(1)(e); and
2. Statements of Understanding:
 - a. It is the Eligible Member's responsibility to ensure the Eligible Member's Employer properly deducts payments and submits contributions as provided by the terms of the Irrevocable PDA;
 - b. Payments specified by the terms of this Irrevocable PDA shall be made directly to the ASRS from the Eligible Member's Employer and the Eligible Member does not have the option of receiving such payments directly from the Employer;
 - c. The Eligible Member's Employer shall make payments pursuant to this Irrevocable PDA after other mandatory deductions are made;
 - d. The Eligible Member's Employer cannot accept an election to change this Irrevocable PDA;
 - e. The Eligible Member has up to 14 days to request the ASRS calculate the remaining balance of this Irrevocable PDA after the earlier of:
 - i. Terminating employment;
 - ii. Terminating LTD without returning to work with an Employer; or
 - iii. The effective ASRS retirement date;
 - f. The Eligible Member must complete a purchase of the remaining balance on this Irrevocable PDA by the due date specified on the PDA Pay-off Invoice;
 - g. It is the Eligible Member's responsibility to notify the ASRS of any changes in the Eligible Member's employment that may affect the status of this Irrevocable PDA;
 - h. If the Eligible Member terminates employment and returns to work with an Employer within 120 days of terminating employment, this Irrevocable PDA must continue with the new Employer pursuant to R2-8-513.01; and
 - i. If the Eligible member terminates employment and does not return to work with an Employer within 120 days of terminating employment, the ASRS shall terminate this Irrevocable PDA pursuant to R2-8-513.01.
 - C. By submitting the Irrevocable PDA to the ASRS, the Irrevocable PDA is deemed to be signed by the Eligible Member.
 - D. At the time the Eligible Member elects the Irrevocable PDA, the Eligible Member may elect to use Termination Pay towards the balance of the Irrevocable PDA if the Eligible Member terminates employment. If the Eligible Member elects to use Termination Pay, the Eligible Member shall submit the Irrevocable PDA to the ASRS with the following information:
 1. A statement that the Eligible Member:
 - a. Understands and agrees that the Eligible Member must continue working at least Three Full Calendar Months after the date of submission of the form before Termination Pay may be used on a pre-tax basis;

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

Historical Note

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

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

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

Historical Note

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

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R2-8-513.02. Termination Date

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

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

Historical Note

New Section made by final rulemaking at 12 A.A.R.

4667, effective December 5, 2006 (Supp. 06-4).

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

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

- A. An Eligible Member may purchase Service Credit by Direct Rollover or Trustee-to-Trustee Transfer pursuant to this Article.
- B. By the due date specified by the method of payment the Eligible Member elected, the Eligible Member shall ensure that the ASRS receives the payment for the service purchase and a completed Direct Rollover/Transfer Certification to Purchase Service Credit form.
- C. An Eligible Member who chooses to purchase Service Credit shall provide the following to the ASRS:
 1. The name of the financial institution or plan;
 2. Whether the Eligible Member is choosing to rollover/transfer the entire balance of their account and if not, the amount of the rollover/transfer;
 3. Acknowledgement of the following information:
 - a. After-tax funds are only acceptable from 401(a) and 403(b) plans and must be listed separately from the portion that is pre-tax on the payment as after-tax amounts. This information must be provided to the ASRS with the payment.
 - b. The only fund types that the ASRS accepts are:
 - i. 401(a);
 - ii. 401(k) pre-tax only;
 - iii. 403(b);
 - iv. Governmental 457 pre-tax only;
 - v. 403(a) pre-tax only;
 - vi. 408 Traditional IRA pre-tax only;

- vii. 408(k) SEP IRA pre-tax only;
- viii. 408(p) Simple IRA pre-tax only and only if the Eligible Member participated for at least 2 years in this plan;
- c. The ASRS shall not accept the following fund types:
 - i. Roth funds;
 - ii. Funds already distributed to the Eligible Member from a retirement plan listed in subsection (C)(3)(b);
 - iii. Inherited IRA;
 - iv. Coverdale Education Savings Account funds;
 - v. Hardship distributions;
 - vi. Funds not includable in gross income;
 - vii. Funds required under § 401(a)(9) of the IRC because the Eligible Member have attained age 70 1/2;
 - viii. One of a series of substantially equal periodic payments made at least annually for the Eligible Member's life;
 - ix. One of a series of substantially equal periodic payments made for 10 years or more;
 - x. After-tax contributions from any plan other than a 401(a) or 403(b) qualified plan;
- d. The funds must be sent as a Direct Rollover from a plan listed in subsection (C)(3)(b) and issued to the ASRS for the benefit of the Eligible Member. If the payment is issued to anyone other than the ASRS, including the Eligible Member, then within 60 days of the plan issuing the payment, the Eligible Member must place the payment into a plan specified in subsection (C)(3)(b) to be reissued directly to the ASRS.
- e. It is the Eligible Member's responsibility to contact the administrator of the plan from which the Direct Rollover will be made and have it initiated. The Eligible Member must also ensure all rollovers are completed by the due date. If the ASRS does not receive payment by the due date, the invoice will expire and the payment will be returned to the Eligible Member.
- f. If the ASRS accepts a rollover and later determines that it was not eligible, the ASRS will distribute the invalid payment directly to the Eligible Member. Any taxes, penalties, and interest that the IRS, any taxing authority, or financial institution may assess against the Eligible Member due to an invalid payment are solely the Eligible Member's responsibility.
- g. The plan from which the Eligible Member is rolling over funds must be solely in the Eligible Member's name. The Eligible Member may be a spousal beneficiary of a deceased person or an alternate payee on the plan from which the Eligible Member is rolling over funds.
- D. An Eligible Member who chooses to purchase Service Credit pursuant to this Section shall submit a Direct Rollover/Transfer Certification to Purchase Service Credit form that includes:
 1. The Eligible Member's full name;
 2. The last 4 digits of the Eligible Member's Social Security number;
 3. The Eligible Member's signature certifying that the Eligible Member understands the requirements, limitations, and entitlements for the rollover/transfer that is being used to purchase Service Credit, and has read and under-

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stands the Direct Rollover/Transfer Certification to Purchase Service Credit form and any accompanying instructions and information;

4. The Authorized Representative's name and title;
 5. The Authorized Representative's telephone number; and
 6. Certification by the Authorized Representative's dated signature that:
 - a. The plan is either:
 - i. A qualified pension, profit sharing, or 401(k) plan described in IRC § 401(a), or a qualified annuity plan described in IRC § 403(a);
 - ii. A deferred compensation plan described in IRC § 457(b) maintained by a state of the United States, a political subdivision of a state of the United States, or an agency or instrumentality of a state of the United States;
 - iii. An annuity contract described in IRC § 403(b); or
 - iv. An IRA described in A.R.S. § 38-747(H)(3);
 - b. The rollover/transfer specified on the form from which the pre-tax funds are being rolled over or transferred is intended to satisfy the requirements of the applicable Section of the IRC;
 - c. The Authorized Representative is not aware of any plan provision or any other reason that would cause the plan/IRA not to satisfy the applicable Section of the IRC; and
 - d. The funds will be sent to the ASRS as a direct plan rollover, IRA rollover, or a Trustee-to-Trustee Transfer.
- E. The Eligible Member shall contact the Plan Administrator to have the funds distributed and transferred to the ASRS. Unless the ASRS receives a check for the correct amount from the plan and all documents required by this Article by the due date specified by the method of payment the Eligible Member elected, the ASRS shall cancel the request to purchase Service Credit.
- F. The Eligible Member shall ensure that the ASRS receives a check from the plan, made payable to the ASRS, for an amount that does not exceed the amount specified on the SP Invoice.
- G. If the payment from the eligible plan exceeds the amount specified on the SP Invoice, the ASRS shall return the entire payment to the Eligible Member.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Citations to subsection (C)(3)(b) corrected in subsections (C)(3)(c)(ii) and (C)(3)(d) (Supp. 20-1).

R2-8-515. Repealed**Historical Note**

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

R2-8-516. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3195, effective October 11, 2016 (Supp. 16-3).

R2-8-517. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3195, effective October 11, 2016 (Supp. 16-3).

R2-8-518. Repealed**Historical Note**

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

R2-8-519. Purchasing Service Credit by Termination Pay

- A. To purchase Service Credit using Termination Pay, an Eligible Member shall elect to use Termination Pay by the date payment election is due.
- B. An Eligible Member who elects to use Termination Pay pursuant to this Section, shall provide the ASRS with the Eligible Member's anticipated termination date which cannot be more than six months from the date the ASRS issues the SP Invoice and must be at least Three Full Calendar Months after the date the Eligible Member elects and submits Termination Pay as a method of payment.
- C. An Eligible Member who elects to use Termination Pay pursuant to this Section, shall provide the ASRS with a Termination Pay Authorization for the Purchase of Service Credit form with the following information:
 1. The name of the Employer that will be submitting the Termination Pay to the ASRS;
 2. Whether the Eligible Member elects to use all Termination Pay or a specific amount of Termination Pay;
 3. Signature of the Eligible Member, certifying that the Eligible Member understands that:
 - a. The Eligible Member is required to continue working at least Three Full Calendar Months after the date the Eligible Member submits the Termination Pay Authorization for the Purchase of Service Credit form before Termination Pay may be used on a pre-tax basis;
 - b. If the Eligible Member terminates employment more than six months after the date on the SP Invoice, the Eligible Member may purchase the Service Credit at a newly calculated rate and possibly at a higher cost;
 - c. The terms elected in the Termination Pay Authorization for the Purchase of Service Credit form are binding and irrevocable;
 - d. The Eligible Member's Employer is required to make payment directly to the ASRS after mandatory deductions are made, and the Eligible Member does not have the option of receiving the funds directly from the Employer;

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- e. The Eligible Member's Termination Pay must be received and processed before the ASRS will accept any other form of payment;
 - f. It is the Eligible Member's responsibility to ensure that the Eligible Member's Employer properly deducts Termination Pay, as provided in the Termination Pay Authorization for the Purchase of Service Credit form; and
 - g. The amount of Termination Pay the Eligible Member elects is irrevocable pursuant to § 414(h)(2) of the IRC;
 - h. If the Termination Pay exceeds the balance due on the SP Invoice, the ASRS will return the difference to the Eligible Member's Employer to be distributed to the Eligible Member;
 - i. If the Eligible Member terminates employment and immediately retires, the Eligible Member's retirement processing may be delayed; and
 - j. The ASRS will send a notification to the Eligible Member's Employer two weeks prior to the Eligible Member's termination date, as indicated on the Termination Pay Authorization form, to notify the Employer that the Eligible Member's Termination Pay must be sent directly to the ASRS.
- D.** The ASRS shall not apply Termination Pay to an SP Invoice covered by an Irrevocable PDA in effect at the time of termination, unless the Eligible Member elected the Termination Pay pursuant to R2-8-513(D) at the time the member authorized the Irrevocable PDA.
- E.** If an Eligible Member elects to use Termination Pay to purchase Service Credit, the ASRS shall not apply any other form of payment to the Service Credit purchase until the ASRS receives the Termination Pay.
- F.** Notwithstanding any other Section, if an Eligible Member dies prior to terminating employment, the ASRS shall not accept Termination Pay.
- G.** If an Eligible Member Transfers Employment, the ASRS shall not accept Termination Pay from the Eligible Member's previous Employer.

Historical Note

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

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

- A.** If an Eligible Member terminates employment without transferring employment as specified in R2-8-513.01 while purchasing Service Credit by an Irrevocable PDA and requests return of retirement contributions pursuant to A.R.S. § 38-740, the ASRS shall return any principal payments made for the purchase of Service Credit including interest earned on those principal payments at the interest rate specified in R2-8-118(A), column 3.
- B.** If an Eligible Member dies while purchasing Service Credit, the ASRS shall credit the Eligible Member's account with:
- 1. The Service Credit for which the ASRS received payment pursuant to a PDA before the Eligible Member's death;
 - 2. The principal payments made by the Eligible Member; and

- 3. Interest earned on payment through the date of distribution at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A).

- C.** If an Eligible Member dies while purchasing Service Credit, the ASRS shall not permit the survivor or an estate to purchase the remaining balance.
- D.** The ASRS shall not transfer, disburse, or refund the administrative interest the ASRS charged as part of an Irrevocable PDA as specified in R2-8-513.
- E.** The ASRS shall not credit a member's account with the administrative interest the ASRS charged as part of an Irrevocable PDA as specified in R2-8-513.

Historical Note

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

R2-8-521. Adjustment of Errors

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

Historical Note

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

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

The following definitions apply to this Article unless otherwise specified:

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

Historical Note

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

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

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

Historical Note

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

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R2-8-603. Petition for Rulemaking

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

Historical Note

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

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

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

Historical Note

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

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

- A.** A person submitting an objection to a rule based upon the economic, small business and consumer impact under A.R.S. § 41-1056.01 shall include the following in the objection:
1. The name and current address of the person submitting the objection;
 2. Identification of the rule;
 3. Either evidence that the actual economic, small business and consumer impact:
 - a. Significantly exceeded the impact estimated in the economic, small business and consumer impact

- statement submitted during the making of the rule with supporting information attached as exhibits; or
- b. Was not estimated in the economic, small business and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule with supporting information attached as exhibits; or
- c. Reflects that the ASRS did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.

4. The signature of the person submitting the objection; and
 5. The date the person signs the objection.
- B.** The ASRS shall respond to the objection as specified in A.R.S. § 41-1056.01(C).

Historical Note

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

R2-8-606. Oral Proceedings

- A.** A person requesting an oral proceeding under A.R.S. § 41-1023(C) shall submit a written request to the ASRS that includes:
1. The name and current address of the person making the request;
 2. If applicable, the name of the public or private organization, partnership, corporation or association, or the name of the governmental entity the person represents; and
 3. Reference to the proposed rule including, if known, the date and issue of the Arizona Administrative Register in which the Notice of Proposed Rulemaking was published.
- B.** The ASRS shall record an oral proceeding by either electronic or stenographic means and any CDs, cassette tapes, transcripts, lists, speaker slips, and written comments received shall become part of the official record.
- C.** A presiding officer shall perform the following acts on behalf of the ASRS when conducting an oral proceeding as prescribed under A.R.S. § 41-1023:
1. Provide a method for a person who attends the oral proceeding to voluntarily note the person's attendance;
 2. Provide a Request to Present Oral Comment form that includes space for:
 - a. The name of the person submitting the Request to Present Oral Comment form,
 - b. The entity the person represents, if applicable, and
 - c. The rule on which the person wishes to comment or about which the person has a question;
 3. Open the proceeding by identifying the rules to be considered, the location, date, time, purpose of the proceeding, and the agenda;
 4. Explain the background and general content of the proposed rulemaking;
 5. Provide for public comment as specified in A.R.S. § 41-1023(D); and
 6. Close the oral proceeding by announcing the location where written public comments are to be sent and specifying the close of record date and time.
- D.** A presiding officer may limit comments to a reasonable time period, as determined by the presiding officer. Oral comments may be limited to prevent undue repetition.

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

R2-8-607. Petition for Delayed Effective Date

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

Historical Note

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

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

The following definitions apply to this Article unless otherwise specified:

1. "218 agreement" means a written agreement between the state, political subdivision, or political subdivision entity and the Social Security Administration, under the provisions of § 218 of the Social Security Act, to provide Social Security and Medicare or Medicare-only coverage to employees of the state, political subdivision, or political subdivision entity.
2. "Documentation" means a pay stub, completed W-2 form, completed Verification of Contributions Not Withheld form, Employer letter or spreadsheet, completed State Personnel Action Request Form, Social Security Earnings Report, employment contract, payroll record, timesheet, or other Employer-provided form that includes:
 - a. Whether the employee was covered under the Employer's 218 Agreement prior to July 24, 2014,
 - b. The number of hours the member worked or was Engaged to Work for the Employer per pay period, and
 - c. The amount and type of compensation earned by the member within each pay period.
3. "Eligible service" means employment with an Employer:
 - a. That is no more than 15 years before the date the ASRS receives written credible evidence that less than the correct amount of contributions were paid into the ASRS or the ASRS otherwise determines that less than the correct amount of contributions were made as specified in A.R.S. § 38-738(C); and
 - b. In which the member was Engaged to Work for an Employer.

4. "Engaged to Work" means the same as in R2-8-1001.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-702. General Information

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

Historical Note

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

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

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

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

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

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

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

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section amended by final rulemaking at 22 A.A.R. 3326, effective January 1, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-705. ASRS' Discovery of Error

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

secure ASRS account a Verification of Contributions Not Withheld form pursuant to R2-8-703.

Historical Note

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

R2-8-706. Determination of Contributions Not Withheld

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

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section amended by final rulemaking at 22 A.A.R. 3326, effective January 1, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

R2-8-707. Submission of Payment

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- A. Within 90 days from the date on the statement invoice identified in R2-8-706(E), the Employer shall pay to the ASRS the amount due to be paid by the Employer. An Employer who makes payment under A.R.S. § 38-738(B)(3) is not liable for additional interest that may accrue as a result of a member's failure to remit payment required by A.R.S. § 38-738(B)(1). If the ASRS does not receive full payment of the Employer's amount due within 90 days after the ASRS notifies the Employer of the amount due, the full amount due will accrue interest as provided in A.R.S. § 38-738. The ASRS may collect the unpaid balance plus interest pursuant to A.R.S. § 38-735(C).
- B. The member shall make payment to the ASRS pursuant to A.R.S. § 38-738 by the due date specified on the member's invoice identified in R2-8-706(E).
- C. If the ASRS does not receive full payment of the member's amount due by the due date specified on the member's invoice identified in R2-8-706(E), the full amount due will accrue interest, as provided in A.R.S. § 38-738.
- D. A member does not receive service credit or credit for salary until both the Employer and member portions of the contributions and all interest has been paid pursuant to A.R.S. § 38-738.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1). Amended by final expedited rulemaking at 28 A.A.R. 1366 (June 10, 2022), with an immediate effective date of May 18, 2022 (Supp. 22-2).

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

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

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

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

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

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

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

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3). Amended by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

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

- A. The ASRS contracted LTD claims administrator shall determine a member's estimated Social Security disability income amount as follows:
 1. Prior to the death, retirement, or forfeiture of a member, the estimated Social Security disability income amount shall be equal to the member's full monthly LTD benefit reduced by \$50 per month pursuant to A.R.S. § 38-797.07(A)(9); and
 2. Upon the member's death, retirement, or forfeiture, the estimated Social Security disability income amount shall be equal to the total amount of the member's LTD benefit, reduced by \$50 per month pursuant to A.R.S. § 38-797.07(A)(9).
- B. A member or survivor who disputes the estimated Social Security disability income amount based on the conclusions of a legal proceeding may request a revised Social Security disability income amount by submitting supporting documentation from the legal proceeding to the ASRS contracted LTD claims administrator within 30 days of the date of conclusion of the legal proceeding.
- C. Pursuant to subsection (B), the ASRS or the ASRS contracted LTD claims administrator shall determine whether the estimated Social Security disability income amount needs to be revised based on the conclusions of the legal proceeding.
- D. If the ASRS or the ASRS contracted LTD claims administrator determines the estimated Social Security disability income amount was inaccurate, the ASRS or the ASRS contracted LTD claims administrator shall calculate a revised Social Security disability income amount based on the supporting documentation provided by the member or survivor pursuant to subsection (B).
- E. Pursuant to subsection (B), if the revised Social Security disability amount is less than the amount of the estimated Social Security disability benefit, the ASRS or the ASRS contracted LTD claims administrator shall:
 1. Refund a portion of the amount of the estimated Social Security disability benefit that the ASRS retained upon forfeiture of the member in order to offset the difference between the estimated Social Security disability income amount and the revised Social Security disability income amount, or
 2. Adjust the member's retirement benefits or the survivor's benefits to offset the difference between the estimated Social Security disability income amount and the revised Social Security disability income amount.
- F. If a member or survivor is not satisfied with the determination on the request for a revised Social Security disability income amount, the member or survivor may appeal the determination pursuant to 2 A.A.C. 8, Article 4.

Historical Note

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

R2-8-803. Reimbursement of Overpayments

- A. Upon the ASRS discovering that it has made an overpayment to an Employer, member, survivor, or alternate payee, the ASRS shall send a letter to notify the necessary person that an

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overpayment was provided and the person shall reimburse the ASRS in the amount of the overpayment.

- B. A person, other than Employer, who reimburses the ASRS for an overpayment shall do so by remitting a check or money order, made payable to the ASRS, by the due date specified in the letter providing notice of the overpayment.
- C. An Employer that reimburses the ASRS for an overpayment shall do so by remitting payment through the Employer's secure ASRS account, or by check or money order made payable to the ASRS, by the due date specified in the letter providing notice of the overpayment.
- D. If the ASRS is unable to collect the amount of an overpayment by reducing future payments to Employers, members, survivors, or alternate payees as provided in this Article, the ASRS shall allow the appropriate person to reimburse the ASRS for the amount of the overpayment by making payments over the course of as many months as the number of months in which an overpayment was made by the ASRS, not to exceed 36 months.
- E. A person may request to reimburse the amount of the overpayment to the ASRS sooner than provided in this Article.
- F. If an Employer, member, survivor, or alternate payee does not repay the amount of an overpayment pursuant to this Article, the ASRS may reduce a Health Insurance Premium Benefit that is paid pursuant to Article 2.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 28 A.A.R. 1261 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

R2-8-804. Collection of Overpayments from Forfeiture

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

Historical Note

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

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

- A. Notwithstanding A.R.S. § 38-768, the ASRS may reduce a person's benefit pursuant to this Section.
- B. Upon retirement, the ASRS shall reduce the amount of a member's retirement benefit by the amount of any overpayments that have not been reimbursed to the ASRS, pursuant to R2-8-803 as follows:
 - 1. If the member elects to receive a lump sum or partial lump sum benefit, the amount of the lump sum or partial lump sum shall be reduced by the amount of the overpayment to no less than \$5.00 and the ASRS shall pursue overpayment collections for any remaining overpayment amount pursuant to this Article;
 - 2. If the member elects to receive retirement benefits as a monthly annuity and the amount of the overpayment is equal to or less than the amount of the member's first

annuity disbursement minus \$5.00, the ASRS shall reduce the amount of the first annuity disbursement by the amount of any overpayment to no less than \$5.00;

- 3. If the member elects to receive retirement benefits as a monthly annuity and the amount of the overpayment exceeds the amount of the member's first annuity disbursement plus \$5.00, the ASRS shall reduce the amount of the first annuity disbursement by the amount of the overpayment to no less than \$5.00 and pursue collection pursuant to subsection (C).
- C. The ASRS shall reduce a member's or alternate payee's monthly annuity as follows in order to offset any overpayments which have not been reimbursed or collected pursuant to this Article:
 - 1. The ASRS shall reduce the member's monthly annuity by up to 10% for 36 months, if the amount of the overpayment can be collected by the ASRS within that time.
 - 2. If the amount of the overpayment cannot be collected pursuant to subsection (C)(1), the ASRS will notify the member that the member must make payment arrangements within 60 days of the date on the notice. If the member does not make payment arrangements within 60 days of the date on the notice, the ASRS shall actuarially reduce the amount of the member's monthly annuity.
- D. Notwithstanding subsection (B), the ASRS shall not reduce a member's or alternate payee's monthly annuity by an estimated Social Security disability income amount while the member is pursuing a Social Security disability income determination pursuant to R2-8-305, if the member submits documentation to the ASRS every six months informing the ASRS of the status of the member's Social Security disability income request until a determination is made regarding the amount of Social Security disability income.

Historical Note

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

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

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

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Historical Note

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

R2-8-807. Collection of Overpayments from LTD Benefit
Upon disability of the member, the ASRS shall reduce the amount of the disabled member's LTD benefit by the amount of any overpayment the member received from the ASRS and has not reimbursed pursuant to this Section.

Historical Note

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

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

If an Employer, member, survivor, or alternate payee does not reimburse the ASRS for an overpayment pursuant to R2-8-803, the ASRS may submit the overpayment amount for collection by the Arizona Attorney General's Office.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 28 A.A.R. 1261 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

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

If an Employer, member, survivor, or alternate payee does not reimburse the ASRS for an overpayment pursuant to R2-8-803, the ASRS may submit the overpayment amount for collection by the Arizona Department of Revenue.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 28 A.A.R. 1261 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

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

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

Historical Note

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

ARTICLE 9. COMPENSATION**R2-8-901. Definitions**

"Services rendered" means the duties which a member performs for an Employer as required by the member's employment with the Employer.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

R2-8-902. Remitting Contributions

Pursuant to A.R.S. §§ 38-736, 38-737, and 38-797.05, an Employer shall remit contributions to the ASRS through the Employer's secure ASRS account for any payment the Employer provides to the member that is eligible to be included as compensation under this Section.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

R2-8-903. Accrual of Credited Service

- A. A member shall accrue service credits pursuant A.R.S. § 38-739 for each month in which the Employer's pay period ends and for which contributions have been remitted to the ASRS, except for pay the member receives from the Employer for services rendered in a prior pay period for which contributions were remitted pursuant to R2-8-902.
- B. Regardless of whether the member meets membership requirements with more than one Employer, a member may not earn more than one month of service credit in a calendar month and not more than one year of service credit during a fiscal year.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

R2-8-904. Compensation from An Additional Employer

- A. For purposes of remitting contributions pursuant to R2-8-902, compensation includes pay the member receives from an additional Employer if:
 1. The member meets membership pursuant to A.R.S. § 38-711 with at least one Employer;
 2. The member was employed with the additional Employer and did not meet membership with the additional Employer pursuant to A.R.S. § 38-711 between January 1, 2005 through December 31, 2009;
 3. The member resumed or continued employment with the additional Employer and did not meet membership with the additional Employer prior to January 1, 2012; and
 4. The member does not leave employment with an Employer or the additional Employer in an unpaid status for more than 30 consecutive days during the member's service year.
- B. For purposes of calculating average monthly compensation according to A.R.S. § 38-711, compensation includes the pay identified in subsection (A).
- C. Notwithstanding any other subsection, for a member whose membership began after December 31, 2009, compensation includes pay the member receives from an additional Employer if the member meets membership pursuant to A.R.S. § 38-711 with the additional Employer.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2). New Section made by final rulemaking at 27 A.A.R. 91, effective March 9, 2021 (Supp. 21-1).

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

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

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

The following definitions apply to this Article unless otherwise specified:

1. "218 Agreement" means the same as in R2-8-701.
2. "218 Resolution" means written authorization for a potential Employer to provide Social Security and Medicare or Medicare-only coverage to employees under the provisions of § 218 of the Social Security Act.
3. "Acceptable Documentation" means the same as in R2-8-115.
4. "Designated Employer Administrator" means an individual designated by the Employer and who has authorized access to the Employer's secure ASRS account in order to fulfill the Employer's responsibilities.
5. "Engaged To Work" means the earlier of:
 - a. The date the employee begins rendering services for the Employer and the Employer intends the employee to work for at least 20 hours a week for at least 20 weeks in a fiscal year or;
 - b. The week an employee renders services to an Employer for at least 20 hours a week for at least 20 weeks in a fiscal year.
6. "Leasing An Employee From A Third Party" means the same as "Leased from a third party" in R2-8-116.
7. "State Social Security Administrator" means the Arizona Department of Administration staff designated to approve 218 Agreements and 218 Resolutions.
8. "Week" means 12:00 a.m. on Sunday through 11:59 p.m. on the following Saturday.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 30 A.A.R. 742 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-1002. Employee Membership

- A. For purposes of active member eligibility, an employee of an Employer becomes a member of the ASRS pursuant to A.R.S. § 38-711(23) when the employee is Engaged To Work for the Employer.
- B. If the Employer does not provide an accurate date for which an employee was Engaged To Work pursuant to subsection (A), the ASRS shall determine that an employee's membership effective date will be the member's hire date, if provided by the Employer and within 30 days of the first pay period end date after the hire date, for which the Employer was required to submit contributions.
- C. If the Employer does not provide a hire date pursuant to subsection (B), the effective date is the first pay period end date of contributions received for that member.
- D. Unless a member terminates employment or retires from the ASRS, for purposes of determining active member eligibility, a member will continue to be an active member for the remainder of a fiscal year in which the employee met the requirements to be an active member in the ASRS with that Employer pursuant to A.R.S. § 38-711.

- E. Within 30 days of employment, an employee who is eligible for ASRS membership pursuant to A.R.S. § 38-711(23) shall create a secure ASRS account and submit to the ASRS through the employee's secure ASRS account the following information:

1. The Employee's full name;
2. The Employee's Social Security number;
3. The Employee's date of birth;
4. The Employee's gender;
5. The Employee's marital status;
6. The Employee's primary phone number;
7. The Employee's personal email address;
8. The Employee's current mailing address; and
9. The Employee's designated beneficiary.

- F. Within 30 days of a change in the member's name, the member shall submit to the ASRS through the member's secure ASRS account a Change of Name form that contains:

1. The member's full name that is on file with the ASRS;
2. The member's Social Security number;
3. The member's current mailing address;
4. The member's date of birth;
5. The member's personal email address;
6. The member's primary phone number;
7. The member's gender;
8. The member's marital status;
9. The member's retired, active, inactive, or LTD status with the ASRS;
10. The member's new full name;
11. The type of legal document establishing the member's new name;
12. A copy of the legal document establishing the member's new name; and
13. The member's dated signature.

- G. Within 30 days of a change in the member's contact information, the member shall notify the ASRS of the change.

- H. If an employee of an Employer meets the requirements of A.R.S. § 38-727(A)(8), the employee may elect to not participate in the ASRS.

- I. Within 30 days after employment, an Employer whose employee is 65 years of age or older as of the date of employment and who has elected not to participate in the ASRS pursuant to subsection (H), shall submit to the ASRS through the Employer's secure ASRS account a 65+ Membership Waiver form that contains:

1. The employee's full name;
2. The employee's Social Security number;
3. The employee's current mailing address;
4. The employee's date of birth;
5. The employee's dated signature acknowledging the following statements:
 - a. The employee is electing to waive any rights to ASRS membership and the employee will not be eligible for any retirement, disability, or health insurance benefits offered by the ASRS;
 - b. The employee is not a member of the ASRS as of the date of employment; and
 - c. The employee understands that this election is irrevocable for the remainder of the employee's employment with that Employer and the time the employee works under this election is not eligible for purchase in the ASRS;
6. The Employer's name;
7. The date employee's employment began; and

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8. The name and dated signature of the Employer's representative.

- J. A corrected and completed 65+ Membership Waiver form must be resubmitted to the ASRS pursuant to subsection (I) within 14 days of the date the ASRS notifies the employee that the 65+ Membership Waiver form is incorrect or incomplete.

Historical Note

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

R2-8-1003. Charter School Employer Membership

- A. Pursuant to A.R.S. § 15-187(C), a charter school in Arizona is considered a political subdivision that is eligible to participate in the ASRS if the charter school is sponsored by:

1. A state university;
2. A community college district;
3. A group of community college districts;
4. The state board of education; or
5. The state board for charter schools.

- B. In order to participate as an Employer in the ASRS, a charter school shall notify the ASRS in writing of the charter school's intent to join the ASRS and provide:

1. A copy of the current and active Charter Contract, including any amendments, which is approved by the entity sponsoring the charter school pursuant to subsection (A);
2. Documentation showing the name and location of all schools authorized by the Charter Contract identified in subsection (B)(1); and
3. Documentation showing the charter school board's approval to pursue ASRS membership and complete ASRS requirements for membership.

- C. Upon receipt of the information contained in subsection (B), the ASRS shall determine if the charter school is eligible to participate in the ASRS. If the charter school is not eligible to participate in the ASRS, the ASRS shall send the charter school a notice of ineligibility. If the charter school is eligible to participate, the ASRS shall provide the charter school a Potential New Employer Letter.

- D. In order to participate as an Employer in the ASRS, an eligible charter school shall submit to the ASRS by the due date listed on the Potential New Employer Letter:

1. The following original documents:
 - a. The current retirement plan or a statement signed by the designated authorized agent for the charter school acknowledging there is no current retirement plan.
 - b. Two ASRS Agreements showing:
 - i. The legal name and current mailing address of the charter school as sponsored pursuant to subsection (A);
 - ii. What amount of prior service the charter school shall purchase for employees pursuant to R2-8-1006;
 - iii. The approximate number of employees that will become members upon the effective date of the ASRS Agreement;
 - iv. The name, title, email address, and telephone number of the designated authorized agent for the charter school;
 - v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental

ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and

- vi. The ASRS Agreement is binding and irrevocable;
- vii. The effective date of the ASRS Agreement;
- viii. The charter school agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law; and
- ix. The dated signature of the designated authorized agent for the charter school.

- c. Two ASRS Resolutions showing:

- i. The legal name of the charter school as sponsored pursuant to subsection (A);
- ii. The charter school is adopting a supplemental ASRS retirement plan pursuant to A.R.S. § 38-729;
- iii. The charter school agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law;
- iv. The designated authorized agent for the charter school;
- v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
- vi. The dated and notarized signature of the designated authorized agent.

2. The following copies if the eligible charter school has elected coverage pursuant to a 218 Agreement:

- a. A 218 Agreement. If the charter school is electing coverage pursuant to a 218 Agreement, the 218 Agreement must be completed and approved by the Social Security Administration prior to joining the ASRS.
- b. A 218 Resolution. The 218 Resolutions must be completed and approved by the Social Security Administration prior to joining the ASRS.

- E. Upon receipt of Acceptable Documentation identified in subsection (D), the ASRS may approve the charter school's request for membership pursuant to A.R.S. § 38-729. If the request to join the ASRS is approved, the ASRS Director shall sign the ASRS Agreements before the ASRS shall send one of each of the original documents identified in subsection (D) to the charter school.

- F. Any charter school that is established under the charter contract of a participating charter school shall participate in the ASRS.

- G. Upon joining the ASRS, a charter school has a one-time opportunity to identify and exclude current employees from ASRS membership based on a classification of those employees that is established by the charter school consistent with federal law and that is not designed to, and does not result in, the cost of providing the benefits to the charter school's employees being greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.

- H. A charter school that elects to identify and exclude a classification of employees according to subsection (G) shall provide the ASRS with all information the ASRS requests in order for the ASRS to determine the cost of providing the benefits to the charter school's employees is not greater than the cost of pro-

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viding benefits to the employees of Employers as determined by the ASRS.

- I. Notwithstanding subsection (G), all other current and future employees of the charter school who meet membership eligibility requirements are required to participate in the ASRS as of the effective date of the charter school joining the ASRS according to A.R.S. §§ 38-711 *et seq.*

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 30 A.A.R. 742 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

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

- A. A political subdivision or political subdivision entity, other than a charter school, may be eligible to participate in the ASRS pursuant to A.R.S. §§ 38-711 and 38-729 if it notifies the ASRS in writing of the political subdivision's or political subdivision entity's intent to join the ASRS and provides to the ASRS:
1. A copy of the current legal authority establishing the political subdivision or political subdivision entity;
 2. Documentation showing the name and location of the political subdivision or political subdivision entity; and
 3. Documentation showing the political subdivision or political subdivision entity has taken the necessary legal action to be eligible to participate pursuant to A.R.S. § 38-729.
- B. Upon receipt of the information contained in subsection (C), the ASRS shall determine if the political subdivision or political subdivision entity is eligible to participate in the ASRS. If the political subdivision or political subdivision entity is not eligible to participate in the ASRS, the ASRS shall send the political subdivision or political subdivision entity a notice of ineligibility. If the political subdivision or political subdivision entity is eligible to participate, the ASRS shall provide the political subdivision or political subdivision entity a Potential New Employer Letter.
- C. In order to participate as an Employer in the ASRS, an eligible political subdivision or political subdivision entity shall submit to the ASRS by the due date listed on the Potential New Employer Letter:
1. The following original documents:
 - a. The current retirement plan or a statement signed by the designated authorized agent for the political subdivision or political subdivision entity acknowledging there is no current retirement plan.
 - b. Two ASRS Agreements showing:
 - i. The legal name and current mailing address of the political subdivision or political subdivision entity;
 - ii. What amount of prior service the political subdivision or political subdivision entity shall purchase for employees pursuant to R2-8-1006;
 - iii. The approximate number of employees that will become members upon the effective date of the ASRS Agreement;
 - iv. The name, title, email address, and telephone number of the designated authorized agent for the political subdivision or political subdivision entity;
 - v. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
 2. The following copies if the eligible political subdivision or political subdivision entity has elected coverage pursuant to a 218 Agreement:
 - a. A 218 Agreement. If the political subdivision or political subdivision entity is electing coverage pursuant to a 218 Agreement, the 218 Agreement must be completed and approved by the Social Security Administration prior to joining the ASRS.
 - b. A 218 Resolution. The 218 Resolutions must be completed and approved by the Social Security Administration prior to joining the ASRS.
- D. Upon receipt of Acceptable Documentation identified in subsection (B), the ASRS may approve the political subdivision's or political subdivision entity's request for membership pursuant to A.R.S. § 38-729. If the request to join the ASRS is approved, the ASRS Director shall sign the ASRS Agreements before the ASRS shall send one of each of the original documents identified in subsection (B) to the political subdivision or political subdivision entity.
- E. Upon joining the ASRS, a political subdivision or political subdivision entity has a one-time opportunity to identify and exclude current employees from ASRS membership based on a classification of those employees that is established by the political subdivision or political subdivision entity consistent with federal law and that is not designed to, and does not result in, the cost of providing the benefits to the political subdivision's or political subdivision entity's employees being greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.

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- F. A political subdivision or political subdivision entity that elects to identify and exclude a classification of employees according to subsection (E) shall provide the ASRS with all information the ASRS requests in order for the ASRS to determine the cost of providing the benefits to the political subdivision's or political subdivision entity's employees is not greater than the cost of providing benefits to the employees of Employers as determined by the ASRS.
- G. Notwithstanding subsection (E), all other current and future employees of the political subdivision or political subdivision entity who meet membership eligibility requirements are required to participate in the ASRS as of the effective date of the political subdivision or political subdivision entity joining the ASRS according to A.R.S. §§ 38-711 *et seq.*

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 30 A.A.R. 742 (April 12, 2024), effective May 17, 2024 (Supp. 24-1).

R2-8-1005. Employer Reporting

- A. An Employer shall submit contribution information and contribution payments pursuant to A.R.S. § 38-735, through the Employer's secure ASRS account.
- B. Within 14 days of receiving the information contained in subsection R2-8-1002(E)(1) through (E)(3), the Employer shall:
1. Verify the information the employee provided;
 2. Confirm the employee meets membership requirements pursuant to A.R.S. § 38-711; and
 3. Submit the verified information to the ASRS through the Employer's secure ASRS account.
- C. For an Employer whose employee elects to participate in an Optional Retirement Plan in lieu of the ASRS pursuant to A.R.S. §15-1628, within 30 days of electing to participate in an Optional Retirement Plan, the Employer shall submit to the ASRS through the Employer's secure ASRS account the:
1. Employee's full name;
 2. Employee's Social Security number;
 3. Date of the employee's employment; and
 4. Date of the employee's Optional Retirement Plan election.
- D. For an Employer who has submitted information pursuant to subsection (C), within 30 days of that employee terminating employment with that Employer, the Employer shall notify the ASRS through the Employer's secure ASRS account of the employee's termination date.
- E. Within 14 days before the effective date of joining the ASRS, an Employer shall submit an initial online authorization and designation form in writing to the ASRS with the following information:
1. The Employer's name;
 2. The following information for the person authorized by the Employer to approve the Employer's Designated Employer Administrator:
 - a. The person's full name;
 - b. The person's title;
 - c. The person's phone number;
 - d. The person's email address;
 - e. The person's dated signature affirming that person has the authority to approve the Employer's Designated Employer Administrator;
 3. The full name of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 4. The title of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 5. The phone number of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 6. The email address of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 7. The dated signature of the individual the Employer is designating as the Employer's Designated Employer Administrator.
- F. An Employer's Designated Employer Administrator shall establish a new Employer's Designated Employer Administrator as needed through the Employer's secure ASRS account.
- G. Within 30 days of an Employer no longer having an Employer's Designated Employer Administrator, the Employer shall submit in writing an initial online authorization and designation form pursuant to subsection (E).
- H. Within 30 days of change in the Employer's address, the Employer shall notify the ASRS of the change through the Employer's secure ASRS account.
- I. Within 10 days of any change in the name or ownership of the Employer, the Employer shall provide written notice of the change to the ASRS through the Employer's secure ASRS account by providing the Employer's previous account information and the changes to that information.
- J. Within 30 days of any change in the character of an Employer's organizational structure, the Employer shall send to the ASRS through the Employer's secure ASRS account, written notice of the previous organizational structure and the effective changes to the Employer's organizational structure.
- K. Within 30 days of Leasing An Employee From A Third Party, an Employer shall submit the following information:
1. The employee's full name;
 2. The number of hours per week the employee works for the Employer;
 3. The title of the employee's position;
 4. A copy of the agreement showing the Employer Leasing An Employee From A Third Party; and
 5. Whether the employee is retired from the ASRS.

Historical Note

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

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

- A. Pursuant to A.R.S. § 38-729, upon the effective date of joining the ASRS, an Employer may elect to purchase service credit for a period of employment prior to the effective date of joining the ASRS for employees Engaged To Work for the Employer on the effective date of joining the ASRS who are members of the ASRS as of the effective date of joining the ASRS.
- B. The ASRS may provide to a potential Employer an estimated cost to purchase service credit pursuant to this Section. In order for the ASRS to estimate the cost to purchase service pursuant to this Section, a potential Employer shall provide the following information to the ASRS for each employee of the potential Employer who is Engaged To Work for the potential Employer and for whom the potential Employer intends to purchase service credit pursuant to this Section:
1. The employee's full name;
 2. The employee's date of birth;
 3. The employee's Social Security number;

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4. The employee's current salary; and
5. The date the employee began employment with the potential Employer.
- C. An Employer who elects to purchase service credit pursuant to this Section shall submit the following information for each member for which the Employer is purchasing service credit:
 1. Member's full name;
 2. Member's date of birth;
 3. Member's Social Security number;
 4. Member's date of employment;
 5. Documentation showing the Member is Engaged To Work for the Employer as of the effective date of joining the ASRS;
 6. Member's current salary as of the effective date of joining the ASRS; and
 7. The number of years the Employer is electing to purchase for the member pursuant to this Section or the dollar amount the Employer is electing to pay to purchase service for the member pursuant to this Section.
- D. The cost to purchase service credit pursuant to this Section shall be determined using an actuarial present value calculation.
- E. An Employer who elects to purchase service credit pursuant to this Section shall submit payment for the full cost of the service purchase to the ASRS within 90 days of the date of notification by the ASRS.
- F. If an Employer who elects to purchase service credit pursuant to this Section does not submit payment for the full cost of the service purchase within 90 days of the date of notification, the Employer is not eligible to purchase service credit pursuant to this Section.
- G. An employer may not purchase service credit pursuant to this Section for a time period for which the employee is eligible to receive retirement benefits from another public employee retirement system.
- H. For purposes of this Section, "another public employee retirement system" means the same as in R2-8-505.
 - b. For transferring service credit to the Other Retirement Plan, the amount of credited service a member has earned or purchased, but does not include service credit for which the member has not yet paid.
3. "Irrevocable PDA" means the same as in R2-8-501.
4. "Funded Actuarial Present Value" means the Actuarial Present Value reduced to the extent funded on market value basis as of the most recent actuarial evaluation of the ASRS.
5. "Member's accumulated contribution account balance" means the sum of all the member's retirement contributions and any principal payments made for:
 - a. The purchase of service credit;
 - b. Contributions not withheld; and
 - c. Previous transfers of service credit.
6. "Other retirement plan" means the state retirement plans specified in A.R.S. § 38-921, other than the ASRS, or a retirement plan of a charter city as specified in A.R.S. § 38-730.
7. "Other Retirement Plan's cost" means the amount determined by the ASRS pursuant to R2-8-1102(D).
8. "Other public service" means the same as in R2-8-501.
9. "Transfer in service" means credited service with the Other Retirement Plan that a member is eligible to transfer to the ASRS pursuant to A.R.S. §§ 38-730 and 38-921.

Historical Note

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

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

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

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 28 A.A.R. 1257 (June 10, 2022), effective July 17, 2022 (Supp. 22-2).

ARTICLE 11. TRANSFER OF SERVICE CREDIT

R2-8-1101. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "Actuarial present value" means an amount in today's dollars of a member's future retirement benefit calculated using appropriate actuarial assumptions and the:
 - a. Member's Current Years of Credited Service;
 - b. Member's age as of the date the Member submits to the ASRS a request to transfer service credit pursuant to this Article; and
 - c. Member's most recent annual compensation.
2. "Current years of credited service" means:
 - a. For Transfer In Service, the amount of credited service a member has earned or purchased, and the amount of service credit for which an Irrevocable PDA is in effect for which the member has not yet completed payment, but does not include any current requests to purchase service credit for which the member has not yet paid; and

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4. The start date and end date for the member's participation in the Other Retirement Plan.
- C. Upon receipt of the information specified in subsection (B), the ASRS shall calculate the Actuarial Present Value as specified in R2-8-506 necessary to transfer full service credit to the ASRS.
- D. The ASRS shall calculate the Other Retirement Plan's Cost as follows:
 1. If the ASRS Actuarial Present Value is greater than the Other Retirement Plan's Funded Actuarial Present Value, then the Other Retirement Plan's Cost is the greater of:
 - a. The Other Retirement Plan's Funded Actuarial Present Value; or
 - b. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan;
 2. If the ASRS Actuarial Present Value is less than or equal to the Other Retirement Plan's Funded Actuarial Present Value, then the Other Retirement Plan's Cost is the greater of:
 - a. The ASRS Actuarial Present Value; or
 - b. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan.
- E. The ASRS shall compare the Other Retirement Plan's Cost to the ASRS Actuarial Present Value calculated pursuant to subsection (C) and:
 1. If the Other Retirement Plan's Cost is less than the ASRS Actuarial Present Value, then the member may elect to transfer service credit to the ASRS and:
 - a. Pay the difference between the Other Retirement Plan's Cost and the ASRS Actuarial Present Value; or
 - b. Accept a proportionately reduced amount of service credit;
 2. If the Other Retirement Plan's Cost is greater than or equal to the ASRS Actuarial Present Value, then the member may elect to transfer the service to the ASRS pursuant to subsection (F).
- F. Upon completion of the comparison specified in subsections (D) and (E), the ASRS shall send the member a transfer in invoice notifying the member of the member's options to complete the transfer of service credit through the member's secure ASRS account.
- G. The member may elect to complete a transfer of service credit pursuant to this Section by submitting the member's election by the election due date specified on the transfer in invoice.
- H. Upon receipt of the member's election to complete a transfer of service credit, the ASRS shall send the transfer in invoice to the Other Retirement Plan and the Other Retirement Plan shall make payment to the ASRS by submitting a check made payable to the ASRS for the Other Retirement Plan's Cost specified on the transfer in invoice by the payment due date specified on the transfer in invoice.
- I. If a member elects to pay the total difference between the ASRS Actuarial Present Value and the Other Retirement Plan's Cost pursuant to R2-8-1102(E), the member shall elect the method of payment by the payment due date specified on the transfer in invoice.
- J. A member may elect to pay the total difference between the ASRS Actuarial Present Value and the Other Retirement Plan's Cost pursuant to R2-8-1102(E) by any one or more methods specified in R2-8-512, R2-8-513, R2-8-514, or R2-8-519.
- K. For a member who elects to accept a proportionately reduced amount of service pursuant to subsection (E)(1)(b), the ASRS shall calculate the proportionately reduced amount of service credit based on the member's service credits in the Other Retirement Plan multiplied by the ratio of the Other Retirement Plan's Cost to the ASRS Actuarial Present Value.
- L. The member shall submit payment to transfer service credit pursuant to this Section by the payment due date specified on the transfer in invoice.
- M. If the member does not submit payment for the total difference in the calculations pursuant to R2-8-1102(E) by the payment due date specified on the transfer in invoice, the member may be eligible to purchase the remaining service credit as Other Public Service, and the member is not eligible to purchase the remaining service credit based on the cost specified in the transfer in invoice.

Historical Note

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

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

- A. Upon receipt of a request to transfer a member's service credit from the ASRS to the Other Retirement Plan, the ASRS shall calculate:
 1. The ASRS Funded Actuarial Present Value pursuant to A.R.S. §§ 38-730 and 38-922; and
 2. The Member's Accumulated Contribution Account Balance in the ASRS.
- B. Upon completing the calculations specified in subsection (A), the ASRS shall submit the calculations and member information to the Other Retirement Plan with a due date for the Other Retirement Plan to submit a fund request to the ASRS pursuant to subsection (C).
- C. If a member elects to transfer service credit to the Other Retirement Plan, the member shall ensure that the Other Retirement Plan submits a fund request on the Other Retirement Plan's letterhead by the due date specified in subsection (B) to the ASRS with the following information:
 1. The member's full name;
 2. The last four digits of the member's Social Security number;
 3. The name of the Other Retirement Plan; and
 4. The Actuarial Present Value necessary to transfer full service credit to the Other Retirement Plan.
- D. Upon receipt of the information specified in subsection (C), the ASRS shall compare the calculations specified in subsection (A) to the Other Retirement Plan's Actuarial Present Value specified in subsection (C) and transfer funds as follows:
 1. If the Other Retirement Plan's Actuarial Present Value specified in subsection (C) is greater than the ASRS Funded Actuarial Present Value specified in subsection (A), then the ASRS shall transfer the greater of:
 - a. The ASRS Funded Actuarial Present Value specified in subsection (A); or
 - b. The Member's Accumulated Contribution Account Balance in the ASRS.
 2. If the Other Retirement Plan's Actuarial Present Value specified in subsection (C) is less than or equal to the ASRS Funded Actuarial Present Value, then the ASRS shall transfer the greater of:
 - a. The Other Retirement Plan's Actuarial Present Value specified in subsection (C); or
 - b. The Member's Accumulated Contribution Account Balance in the ASRS.

TITLE 2. ADMINISTRATION

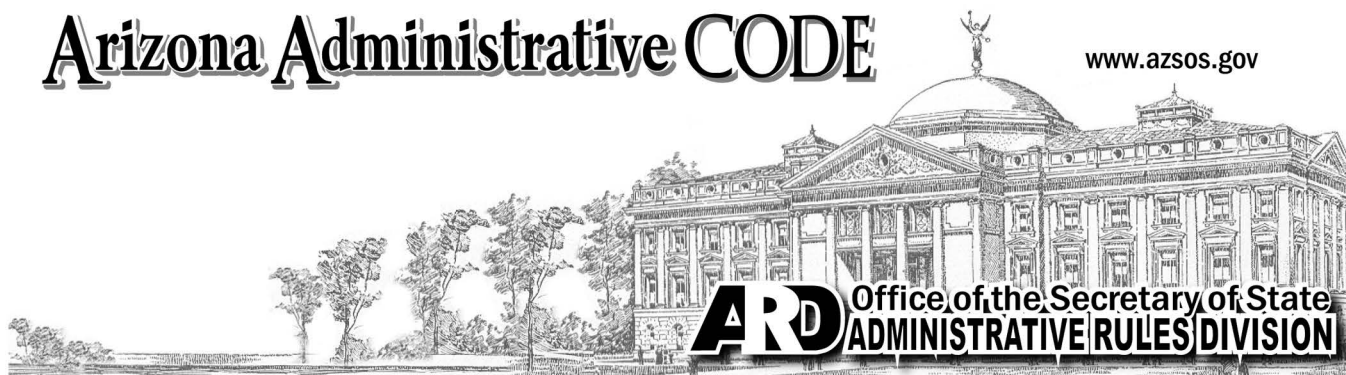
CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

- E.** Transferring service credit to the Other Retirement Plan pursuant to this Section constitutes a withdrawal from ASRS membership and results in a forfeiture of all other benefits under ASRS.
- F.** Notwithstanding subsection (E), pursuant to A.R.S. § 38-750, a transferred employee who continues an Irrevocable PDA after transferring service credit to the Other Retirement Plan may be eligible to:
1. Transfer service credit associated with the remaining balance of the Irrevocable PDA for which the transferred employee paid for the purchase of service credit plus interest at the Assumed Actuarial Investment Earnings Rate pursuant to A.R.S. § 38-922, not including any administrative interest charge the transferred employee paid pursuant to an Irrevocable PDA; or
 2. Receive a return of contributions plus interest as specified in R2-8-118(A), column 3, pursuant to A.R.S. § 38-740.
- G.** If the ASRS has a DRO on file for a member, the ASRS shall not transfer a member's service credit from the ASRS to the Other Retirement Plan unless the DRO indicates whether the member may transfer all ASRS service credit to the Other Retirement Plan.
- H.** Notwithstanding subsection (G), if the ASRS has a DRO on file for a member that does not indicate whether the member may transfer all ASRS service credit to the Other Retirement Plan, the ASRS shall not transfer a member's service credit from the ASRS to the Other Retirement Plan unless the alternate payee submits written acceptance of the transfer with the alternate payee's notarized signature.

Historical Note

New Section made by final rulemaking by final rulemaking at 28 A.A.R. 1746 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

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TITLE 2. ADMINISTRATION
CHAPTER 18. GOVERNMENT INFORMATION TECHNOLOGY
2 A.A.C. 18

Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Lisa Meyerson Marshall
Title: Chief of Enterprise Services and Consulting
Telephone: (602) 284-3186
Department: Department of Administration
Division: Arizona Strategic Enterprise Technology
Address: 100 N. 15th Ave., Suite 320
Phoenix, AZ 85007
Website: <https://aset.az.gov>

The release of this Chapter in Supp. 25-3 replaces Supp. 19-2, 1-4 pages.

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Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

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AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

PERSONAL USE/COMMERCIAL USE

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

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Administrative Rules Division
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TITLE 2. ADMINISTRATION

CHAPTER 18. GOVERNMENT INFORMATION TECHNOLOGY

Authorizing Statute: A.R.S. §§ 18-104(A)(12), 18-104(A)(1)(F) and 18-104(A)(13)

Supp. 25-3

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Editor's Note: The name of this Chapter was changed to Government Information Technology effective June 7, 2019 (Supp. 19-2).

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TITLE 2. ADMINISTRATION

CHAPTER 18. GOVERNMENT INFORMATION TECHNOLOGY

ARTICLE 1. GENERAL PROVISIONS

R2-18-101. Definitions

Unless the context requires otherwise, the following definitions apply:

“Accessibility Compliance Representative” is the budget unit’s designated representative for Section 508 compliance matters to receive, investigate and process complaints that allege the budget unit’s failure to comply with accessibility standards.

“Accessibility Standards” means the statewide accessibility standards adopted by the Department to address compliance with Section 508 in developing, procuring, maintaining or using electronic or information technology.

“Appeal” means a written request filed with the Information Technology Authorization Committee (ITAC) by a budget unit challenging a decision by the Arizona Department of Administration to reject the budget unit’s proposed IT Plan or project.

“Comparable Access” means alternative means of access that allows the individual to use the information and data in accordance with applicable state and federal laws such as Title I and Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

“Critical information technology project,” as used in A.R.S. Title 18, Chapter 1, means an IT project having total costs greater than \$25,000 and requires monitoring, with monitoring frequency and duration left to the sole discretion of the Department.

“Department” means the Arizona Department of Administration.

“Disapprove” means reject.

“Expenditure and Activity Report” means a standard project status summary that is used by a budget unit to report progress and costs on IT projects.

“Information technology plan” or “IT Plan,” as used in A.R.S. Title 18, Chapter 1, means a documented strategy for information technology resources and practices to support business direction over a specific period of time.

“Information technology project or “IT Project,” as used in A.R.S. Title 18, Chapter 1, means a series of activities, events, and investments to develop and implement new or enhanced IT over a prescribed period of time.

“ITAC” means Information Technology Authorization Committee, which is established under A.R.S. § 18-121.

“Major information technology project,” as used in A.R.S. Title 18, Chapter 1, means an IT project that has total costs greater than \$1 million.

“PIJ” means project investment justification.

“PIJ template” means a standard set of forms and reporting formats to be prepared by a budget unit and submitted to the Department to describe an IT project and to identify resources, technologies, benefits, costs, goals, risks, financials, and other key factors, to establish specific milestones for development and implementation of the project.

“Quality assurance,” as used in A.R.S. Title 18, Chapter 1, means a budget unit’s process of evaluating IT goals, objectives, and activities to promote successful implementation.

“Section 508” means Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended.

“Standards” as used in A.R.S. Title 18, Chapter 1 means requirements associated with development, maintenance, use, and access to IT based on generalized industry benchmarks and best practices.

“Telecommunications,” as used in A.R.S. § 18-101(6), does not include land mobile radio services.

“Temporarily suspend the expenditure of monies,” as used in A.R.S. Title 18, Chapter 1, means an order from the Department to a budget unit to immediately cease expenditures of monies and related project activities.

“Total project costs” or “total costs,” as used in A.R.S. Title 18, Chapter 1, means the IT development and implementation costs associated with an information technology project.

Historical Note

Adopted effective July 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 4449, effective December 4, 2004 (04-4). Amended by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2).

ARTICLE 2. INFORMATION TECHNOLOGY PROJECTS

R2-18-201. Information Technology Project Justification and Monitoring

A. If an IT project requires Department or ITAC approval, under A.R.S. Title 41, Chapter 23 and Title 18 Chapter 1, a budget unit shall not commit or spend funds on the project and shall not enter into a project-specific contract or vendor agreement until the budget unit receives written Department or ITAC approval or unless the contract or vendor agreement is contingent upon receipt of such approval.

1. A budget unit shall submit a PIJ describing the value to the public and the state for the IT project, consistent with the approved budget unit IT Plan submitted to the Department under R2-18-301. The budget unit shall use the current PIJ template and submit the completed PIJ to the Department.
2. If the PIJ is incomplete, the Department shall identify deficiencies and either request additional information or return the PIJ to the budget unit for completion and resubmission.
3. The Department or ITAC shall use the following general criteria to review each completed PIJ within its authority:
 - a. Whether the proposed solution addresses the stated problem or situation;
 - b. Whether the budget unit is competent to carry out the project successfully;
 - c. Whether sufficient sponsorship and support by budget unit leadership exists;
 - d. Whether cost estimates provided are accurate;
 - e. Whether the proposed project aligns with the budget unit’s Strategic IT Plan; and
 - f. Whether the proposed solution complies with statewide IT standards.
4. Based on the review, the Department or ITAC shall take one of the following actions:
 - a. Approve,
 - b. Conditionally approve, or
 - c. Disapprove.
5. The Department shall inform the budget unit of the review decision in writing.

TITLE 2. ADMINISTRATION

CHAPTER 18. GOVERNMENT INFORMATION TECHNOLOGY

6. If the Department or ITAC conditionally approves the IT project, it shall identify the conditions the budget unit shall satisfy to proceed with the project. Unless otherwise stated in the Department's communication to the budget unit, the budget unit may begin the IT project, with Department monitoring, while the identified conditions are in the process of being satisfied by the budget unit.
 7. If the Department or ITAC disapproves the IT project, the budget unit shall not begin the IT project, nor commit or spend any funds nor enter into any project-specific contract or vendor agreement.
- B.** If the Department determines that an IT project is at risk of failing to achieve its intended results or does not comply with A.R.S. Title 18, Chapter 1, the Department shall temporarily suspend the expenditure of monies and related activities for the IT project or recommend to ITAC that ITAC temporarily suspend the expenditure of monies and related activities for the IT project.
- C.** Any temporary suspension under subsection (B) shall only be lifted by the Department or ITAC, as applicable, once the cause for the suspension has been adequately rectified as determined in the sole discretion of the Department or ITAC.

Historical Note

Adopted effective July 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 4449, effective December 4, 2004 (04-4). Amended by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2).

ARTICLE 3. INFORMATION TECHNOLOGY PLANNING**R2-18-301. Information Technology Planning**

- A.** Under A.R.S. Title 18, Chapter 1, each budget unit shall annually develop and submit to the Department an IT Plan containing goals, challenges, and plans. Budget units shall submit IT Plans to the Department each year on or before May 15. The legislative and judicial departments of state government shall submit IT Plans on or before September 1 of each year for information purposes.
- B.** The Department shall review the proposed budget unit IT Plan to determine whether:
1. Outcomes are measurable,
 2. Quality assurance plan is included,
 3. Disaster recovery plan is included, and
 4. IT goals align with statewide IT standards.
- C.** The Department shall either approve or disapprove the IT Plan and shall notify the budget unit of its decision. An approved budget unit IT Plan remains in effect until the end of the fiscal year for which it is submitted.

Historical Note

Adopted effective July 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 4449, effective December 4, 2004 (04-4). Amended by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 2834 (September 5, 2025), with an immediate effective date of August 12, 2025 (Supp. 25-3).

ARTICLE 4. APPEALS OF DECISIONS**R2-18-401. Appeals to ITAC**

- A.** A budget unit, which appeals a decision by the Department regarding the disapproval of a budget unit IT Plan or a budget unit IT project, shall file a written appeal with ITAC within 30 days from receipt of notice of the Department decision being appealed.

- B.** An appeal shall include:
1. The decision being appealed,
 2. The specific facts on which the appeal is based,
 3. The associated errors in the Department's decision, and
 4. The action requested of ITAC.
- C.** An appealed decision shall remain in effect during the appeal. An appealing budget unit shall not resume or initiate any project activity or expense unless instructed otherwise by the Director of the Department. ITAC shall inform a budget unit regarding its decision on any appeal within 90 days of receipt of the appeal and if ITAC does not do so, the appeal will be considered denied.

Historical Note

Adopted effective July 9, 1998 (Supp. 98-2). Amended by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2).

ARTICLE 5. ALTERNATIVE ACCESS TO ELECTRONIC OR INFORMATION TECHNOLOGY**R2-18-501. Accessibility Standards**

- A.** The Department shall prescribe electronic or information technology accessibility standards as authorized by A.R.S. §§ 18-104 and 18-105. Electronic or information technology products covered by these standards shall comply with all applicable provisions. The Arizona Strategic Enterprise Technology (ASET) Office of the Department shall maintain the accessibility standards and make them available to the public.
- B.** Each budget unit shall designate an Accessibility Compliance Representative and ensure that their products comply with accessibility standards, unless an undue burden would be imposed on the budget unit. When a budget unit determines compliance with these standards imposes an undue burden, budget units shall provide individuals with disabilities the information and data involved that allows the individual comparable access.
- C.** Each budget unit shall evaluate the accessibility of any proposed electronic or information technology system prior to the expenditure of State funds. The budget unit shall include the results of the accessibility evaluation in a written report maintained with the solution documentation. If applicable, the report shall include a declaration that the budget unit has determined that an undue burden or exception exists along with an explanation of the undue burden and how it was determined.

Historical Note

Section R2-18-501 made by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2).

R2-18-502. Complaints

- A.** Any individual may file a complaint alleging that a budget unit does not comply with accessibility standards in regard to its electronic or information technology with the Accessibility Compliance Representative of the budget unit. The written complaint must:
1. State the name and contact information for the complainant;
 2. Identify the electronic or information technology in question; and,
 3. Describe the non-conformance with the accessibility standards in sufficient detail as to enable a review.
- B.** Upon receipt of a complaint, the Accessibility Compliance Representative will review the complaint to respond to and make a good faith effort to resolve any complaint by determining whether the electronic or information technology listed in the complaint is subject to accessibility standards. The repre-

TITLE 2. ADMINISTRATION

CHAPTER 18. GOVERNMENT INFORMATION TECHNOLOGY

sentative will conduct a review within 60 days from receipt of the written complaint.

- C. Upon completion of the review, the budget unit shall provide written notice of the results of the review to the complainant and Department of Administration, which shall include at least one of the following:
1. Documentation that the technology conforms to all applicable accessibility standards;
 2. A documented explanation that any non-conformance with accessibility standards was exempted due to an undue burden; or
 3. An agreement in part or in whole with the written complaint that includes a plan with reasonable timelines for conforming to applicable accessibility standards.

Historical Note

Section R2-18-502 made by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2).

R2-18-503. Complaint Review Process

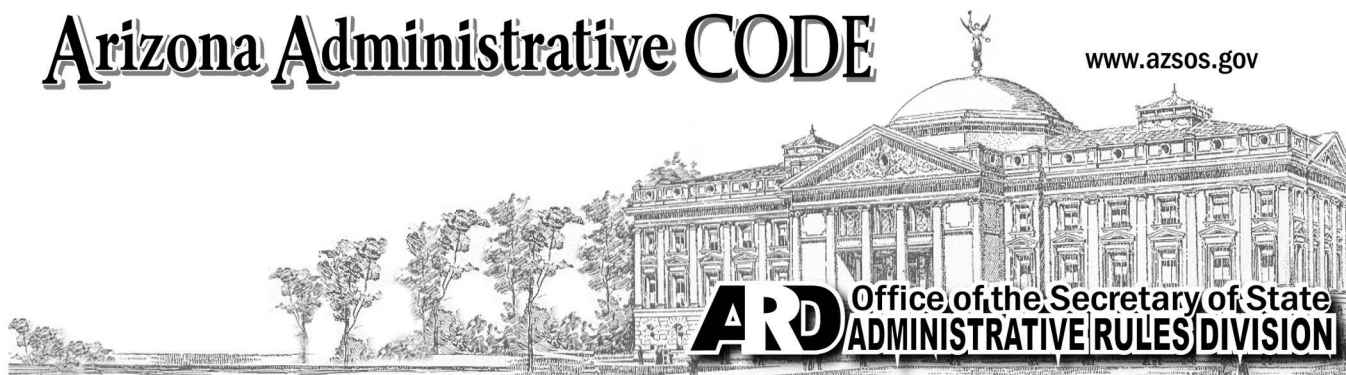
- A. If a complainant is not satisfied with the complaint response issued by a budget unit, the complaint and the budget unit

response can be filed within 30 days of issuance with the Director of the Department.

- B. The Director or the Department's representative or representatives shall evaluate the complaint and budget unit response and may gather additional information as necessary to render an independent decision within 60 days of receipt of the complaint.
1. If it is determined the technology does not comply with accessibility standards, a written notice shall be sent to the budget unit, with a copy to complainant, of such findings and a requirement for a plan of resolution to be sent within 60 days to the Department and the complainant.
 2. If it is determined the technology does comply with accessibility standards or that an undue burden does exist and is therefore exempt from compliance, a written notice shall be sent to complainant, with a copy to the budget unit, of such findings.

Historical Note

Section R2-18-503 made by final rulemaking at 25 A.A.R. 1133, effective June 7, 2019 (Supp. 19-2).



TITLE 4. PROFESSIONS AND OCCUPATIONS
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4 A.A.C. 6

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For questions, contact:

Name: Tobi Zavala
Title: Executive Director
Telephone: (602) 542-1617
Email: tobi.zavala@azbbhe.us
Board: Board of Behavioral Health Examiners
Address: 1740 W. Adams St., Suite 3600
Phoenix, AZ 85007
Website: www.azbbhe.us

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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Administrative Rules Division

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 6. BOARD OF BEHAVIORAL HEALTH EXAMINERS

Supp. 25-3

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Editor's Note: Former 4 A.A.C. 6 repealed; new 4 A.A.C. 6 made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004. Under Laws 2003, Ch. 65, the rules for the Board of Behavioral Health Examiners were repealed and replaced with new rules, and the Board was exempt from the Administrative Procedure Act for one year. The former rules and all Historical Notes are on file in the Office of the Secretary of State (Supp. 04-2).

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ARTICLE 1. DEFINITIONS

R4-6-101. Definitions

A. The definitions at A.R.S. §§ 32-3251, 32-3295, and 32-3306 apply to this Chapter. Additionally, the following definitions apply to this Chapter, unless otherwise specified:

1. "Applicant" means:
 - a. An individual requesting a license by examination, endorsement, or universal recognition, a temporary license, privilege to practice, or multistate license by submitting a completed application packet to the Board;
 - b. A regionally accredited college or university seeking Board approval of an educational program under R4-6-307; or
 - c. A clinical supervisor training provider seeking Board approval of a clinical supervisor training under R4-6-802(F).
2. "Application packet" means the documents, forms, fees, and additional information required by the Board of an applicant.
3. "ARC" means an academic review committee established by the Board under A.R.S. § 32-3261(A).
4. "Assessment" means the collection and analysis of information to determine an individual's behavioral health treatment needs.
5. "ASWB" means the Association of Social Work Boards.
6. "Artificial intelligence" means computer systems or a set of algorithms able to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages.
7. "Behavioral health entity" means any organization, agency, business, or professional practice, including a for-profit private practice, which provides assessment, diagnosis, and treatment to individuals, groups, or families for behavioral health related issues.
8. "Behavioral health service" means the assessment, diagnosis, or treatment of an individual's behavioral health issue.
9. "CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.
10. "Client record" means collected documentation of the behavioral health services provided to and information gathered regarding a client.
11. "Clinical social work" means social work involving clinical assessment, diagnosis, and treatment of individuals, couples, families, and groups.
12. "Clinical supervision" means direction or oversight provided either face to face or by virtual video or teleconference or telephone by an individual qualified to evaluate, guide, and direct all behavioral health services provided and clinical documentation produced by a licensee who is acquiring work experience hours through direct client care, to assist the licensee to develop and improve the necessary knowledge, skills, techniques, and abilities to allow the licensee to engage in the practice of behavioral health ethically, safely, and competently.
13. "Clinical supervisor" means a qualified individual who provides clinical supervision.
14. "COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.
15. "Clock hour" means 60 minutes of instruction, not including breaks or meals.
16. "Contemporaneous" means documentation is made within 10 business days after service is provided or interaction occurs.
17. "Continuing education" means training that provides an understanding of current developments, skills, procedures, or treatments related to the practice of behavioral health, as determined by the Board.
18. "Co-occurring disorder" means a combination of substance use disorder or addiction and a mental or personality disorder.
19. "CORE" means the Council on Rehabilitation Education.
20. "Counseling related coursework" means education that prepares an individual to provide behavioral health services, as determined by the ARC.
21. "Crisis response" means a short-term, focused approach to providing mental health support that aims to triage and stabilize individuals or groups during a crisis and help the individuals or groups regulate emotions, regain a sense of control, and identify supports, resources, and functions.
22. "CSWE" means Council on Social Work Education.
23. "Date of service" means the postmark date applied by the U.S. Postal Service to materials addressed to an applicant or licensee at the address the applicant or licensee last placed on file in writing with the Board.
24. "Day" means calendar day.
25. "*Direct client contact*" means the performance of therapeutic or clinical functions related to the applicant's professional practice level of psychotherapy that includes diagnosis, assessment and treatment and that may include psychoeducation for mental, emotional and behavioral disorders based primarily on verbal or non-verbal communications and intervention with, and in the presence of, one or more clients, including through the use of telehealth pursuant to title 36, chapter 36, article 1. A.R.S. § 32-3251.
26. "Direct supervision" means responsibility and oversight for all services provided by a supervisee as prescribed in R4-6-211.
27. "Disciplinary action" means any action taken by the Board against a licensee, based on a finding that the licensee engaged in unprofessional conduct, including refusing to renew a license or suspending or revoking a license.
28. "Documentation" means written or electronic evidence.
29. "Educational program" means a degree program in counseling, marriage and family therapy, social work, or substance use or addiction counseling that is:
 - a. Offered by a regionally accredited college or university, and
 - b. Not accredited by an organization or entity recognized by the Board.
30. "Electronic signature" means an electronic sound, symbol, or process that is attached to or logically associated with a record and that is executed or adopted by an individual with the intent to sign the record.
31. "Family member" means a parent, sibling, half-sibling, child, cousin, aunt, uncle, niece, nephew, grandparent, grandchild, and present and former spouse, in-law, step-child, stepparent, foster parent, or significant other.
32. "Gross negligence" means careless or reckless disregard of established standards of practice or repeated failure to exercise the care that a reasonable practitioner would exercise within the scope of professional practice.

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33. "Group supervision" means a clinical supervisor provides clinical supervision to two to six supervisees simultaneously.
34. "Inactive status" means the Board has granted a licensee the right to suspend behavioral health practice temporarily by postponing license renewal for a maximum of 48 months.
35. "Independent practice" means engaging in the practice of marriage and family therapy, professional counseling, social work, or addiction counseling without direct supervision.
36. "Individual clinical supervision" means clinical supervision provided by a clinical supervisor to one supervisee.
37. "Informed consent for treatment" means a document authorizing treatment of a client that meets the requirements of R4-6-1101.
38. "Legal representative" means an individual authorized by law to act on a client's behalf.
39. "License" means written authorization issued by the Board that allows an individual to engage in the practice of behavioral health in Arizona.
40. "License period" means the two years between the dates on which the Board issues a license and the license expires.
41. "NASAC" means the National Addiction Studies Accreditation Commission.
42. "Practice of addiction counseling":
 - a. Means the professional application of general counseling theories, principles, and techniques as specifically adapted, based on research and clinical experience, to the specialized needs and characteristics of person who are experiencing an addiction that is a persistent, compulsive dependence on a behavior or substance, including mood-altering behaviors or activities known as process addictions, and related problems and to the families of those persons.
 - b. Includes the following:
 - i. Assessment, appraisal, and diagnosis.
 - ii. The use of psychotherapy for the purpose of evaluation, diagnosis, and treatment of individuals, couples, families, and groups. A.R.S. § 32-3251.
43. "Practice of behavioral health" means the practice of marriage and family therapy, practice of professional counseling, practice of social work and practice of addiction counseling pursuant to this Chapter. A.R.S. § 32-3251.
44. "Practice of marriage and family therapy" means the professional application of family systems theories, principles and techniques to treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral. The practice of marriage and family therapy includes:
 - a. Assessment, appraisal and diagnosis.
 - b. The use of psychotherapy for the purpose of evaluation, diagnosis and treatment of individuals, couples, families and groups. A.R.S. § 32-3251.
45. "Practice of professional counseling" means the professional application of mental health, psychological and human development theories, principles and techniques to:
 - a. Facilitate human development and adjustment throughout the human life span.
 - b. Assess and facilitate career development.
 - c. Treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral.
 - d. Manage symptoms of mental illness.
 - e. Assess, appraise, evaluate, diagnose and treat individuals, couples, families and groups through the use of psychotherapy. A.R.S. § 32-3251.
46. "Practice of social work" means the professional application of social work theories, principles, methods and techniques to:
 - a. Treat mental, behavioral and emotional disorders.
 - b. Assist individuals, families, groups and communities to enhance or restore the ability to function physically, socially, emotionally, mentally and economically.
 - c. Assess, appraise, diagnose, evaluate and treat individuals, couples, families and groups through the use of psychotherapy. A.R.S. § 32-3251.
47. "Progress note" means contemporaneous documentation of a behavioral health service provided to an individual that is dated and signed or electronically acknowledged by the licensee.
48. "Psychoeducation" means the education of a client as part of a treatment process that provides the client with information regarding mental health, emotional disorders or behavioral health." A.R.S. § 32-3251.
49. "Quorum" means a majority of the members of the Board or an ARC. Vacant positions do not reduce the quorum requirement.
50. "Regionally accredited college or university" means the institution has been approved by an entity recognized by the Council for Higher Education Accreditation as a regional accrediting organization.
51. "Significant other" means an individual whose participation a client considers to be essential to the effective provision of behavioral health services to the client.
52. "Supervised private practice" means a master's level licensee who:
 - a. Owns a behavioral health entity approved by the Board;
 - b. Provides behavioral health services under direct and clinical supervision; and
 - c. Is responsible for the behavioral health services provided by the supervised master's level licensee.
53. "Supervised work experience" means practicing clinical social work, marriage and family therapy, professional counseling, or addiction counseling for remuneration or on a voluntary basis under direct supervision and while receiving clinical supervision as prescribed in R4-6-212 and Articles 4 through 7.
54. "Treatment" means the application by a licensee of one or more therapeutic practice methods to improve, eliminate, or manage a client's behavioral health symptoms or disorders.
55. "Treatment goal" means the desired result or outcome of treatment.
56. "Treatment method" means the specific approach a licensee uses to achieve a treatment goal.
57. "Treatment plan" means a description of the specific behavioral health services that a licensee will provide to a client that is documented in the client record, and meets the requirements found in R4-6-1102.

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- B.** For the purposes of this Chapter, notifications or communications required to be “written” or “in writing” may be transmitted or received by mail, electronic transmission, facsimile transmission, or hand delivery and may not be transmitted or received orally. Documents requiring a signature may include a written signature or electronic signature.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 14 A.A.R. 3895, effective September 16, 2008 (Supp. 08-3). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Formatting error with “theories” not in italics in subsection 44 corrected at the request of the Board (Supp. 17-2). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 2. GENERAL PROVISIONS**R4-6-201. Board Meetings; Elections**

- A.** The Board:
1. Shall meet at least annually in June and elect the officers specified in A.R.S. § 32-3252(E);
 2. Shall fill a vacancy that occurs in an officer position at the next Board meeting; and
 3. May hold additional meetings:
 - a. As necessary to conduct the Board’s business; and
 - b. If requested by the Chair, a majority of the Board members, or upon written request from two Board members.
- B.** The Board shall conduct official business only when a quorum is present.
- C.** The vote of a majority of the Board members present is required for Board action.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-202. Repealed**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Section repealed by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-203. Academic Review Committee Meetings; Elections

- A.** Each ARC:
1. Shall meet at least annually in June and elect a Chair and Secretary;
 2. Shall fill a vacancy that occurs in an officer position at the next ARC meeting; and
 3. May hold additional meetings:
 - a. As necessary to conduct the ARC’s business; and

- b. If requested by the Chair of the ARC, a majority of the ARC, or upon written request from two members of the ARC.

- B.** An ARC shall conduct official business only when a quorum is present.

- C.** The vote of a majority of the ARC members present is required for ARC action.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-204. Repealed**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Section repealed by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-205. Change of Contact Information

- A.** The Board shall communicate with a licensee or applicant using the contact information provided to the Board including:
1. Home address and telephone number,
 2. Address and telephone number for all places of employment,
 3. Mobile telephone number, and
 4. E-mail address.
- B.** To ensure timely communication with the Board, a licensee or applicant shall notify the Board in writing within 30 days after any change of the licensee’s or applicant’s contact information listed in subsection (A). The licensee or applicant shall ensure that the written notice provided to the Board includes the new contact information.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4).

R4-6-206. Change of Name

A licensee or an applicant shall notify the Board in writing within 30 days after the applicant’s or licensee’s name is changed. The applicant or licensee shall attach to the written notice:

1. A copy of a legal document that establishes the name change; or
2. A copy of two forms of identification, one of which includes a picture of the applicant or licensee, reflecting the changed name.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-207. Confidential Records

- A.** Except as provided in A.R.S. § 32-3282, the following records are confidential and not open to public inspection:

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1. Minutes of executive session;
 2. Records classified as confidential by other laws, rules, or regulations;
 3. College or university transcripts, licensure examination scores, medical or mental health information, and professional references of applicants except that the individual who is the subject of the information may view or copy the records or authorize release of these records to a third party;
 4. Records for which the Board determines that public disclosure would have a significant adverse effect on the Board's ability to perform its duties or would otherwise be detrimental to the best interests of the state. When the Board determines that the reason justifying the confidentiality of the records no longer exists, the record shall be made available for public inspection and copying; and
 5. All investigative materials regarding any pending or resolved complaint.
- B.** As provided under A.R.S. § 39-121, a person wanting to inspect Board records that are available for public inspection may do so at the Board office by appointment.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-208. Conviction of a Felony or Prior Disciplinary Action

The Board shall consider the following factors to determine whether a felony conviction or prior disciplinary action will result in imposing disciplinary sanctions including refusing to renew the license of a licensee or to issue a license to an applicant:

1. The age of the licensee or applicant at the time of the felony conviction or when the prior disciplinary action occurred;
2. The seriousness of the felony conviction or prior disciplinary action;
3. The factors underlying the conduct that led to the felony conviction or imposition of disciplinary action;
4. The length of time since the felony conviction or prior disciplinary action;
5. The relationship between the practice of the profession and the conduct giving rise to the felony conviction or prior disciplinary action;
6. The licensee's or applicant's efforts toward rehabilitation;
7. The assessments and recommendations of qualified professionals regarding the licensee's or applicant's rehabilitative efforts;
8. The licensee's or applicant's cooperation or non-cooperation with the Board's background investigation regarding the felony conviction or prior disciplinary action; and
9. Other factors the Board deems relevant.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Formatting error to subsection 7; corrected indent at the request of the Board (Supp. 17-2).

R4-6-209. Deadline Extensions

- A.** Deadlines established by date of service may be extended a maximum of two times by the chair of the Board or the chair of the ARC if a written request is postmarked or delivered to the Board no later than the required deadline.
- B.** The Board shall not grant an extension for deadlines regarding renewal submission or late renewal submission.
- C.** If a deadline falls on a Saturday, Sunday, or official state holiday, the Board considers the next business day the deadline.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-210. Practice Limitations

The following licensees shall not engage in the independent practice of behavioral health but rather, shall practice behavioral health only as prescribed in R4-6-211:

1. Licensed baccalaureate social worker,
2. Licensed master social worker,
3. Licensed associate counselor,
4. Licensed associate marriage and family therapist,
5. Licensed addiction technician,
6. Licensed associate addiction counselor, or
7. Temporary licensee.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Section repealed; new Section made by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-211. Supervised Work Experience

- A.** A licensee listed in R4-6-210 is subject to practice limitations and shall practice in a behavioral health entity that is responsible for and provides clinical oversight of the behavioral health services provided by the licensee.
- B.** To meet the supervised work experience requirements for licensure, an applicant shall ensure the applicant's work experience:
 1. Meets the specific supervised work experience requirements contained in Articles 4, 5, 6, or 7, as applicable;
 2. Was acquired after completing the degree required for licensure and receiving certification or licensure from a state regulatory entity;
 3. Was acquired before January 1, 2006, if acquired as an unlicensed professional practicing under an exemption provided in A.R.S. § 32-3271;
 4. Involves the practice of behavioral health under supervision by someone employed by the same entity; and
 5. Occurs in no fewer than 24 months; or
 6. Was acquired under the exemption provided at A.R.S. § 32-3271(A)(13).
- C.** To meet the supervised work experience requirements for independent licensure, an applicant shall ensure that while working under direct or clinical supervision, the applicant:
 1. Does not have an ownership interest in, operate, or manage the entity with immediate responsibility for the behavioral health services provided by the applicant

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unless the Board has approved the applicant for supervised private practice under R4-6-217;

2. Does not receive direct or clinical supervision from:
 - a. A family member;
 - b. An individual whose objective assessment may be limited by a relationship with the applicant; or
 - c. An individual not employed or contracted by the same behavioral health entity as the applicant unless an exemption is granted for clinical supervision under R4-6-212.01;
3. Does not engage in the independent practice of behavioral health; and
4. Is not directly compensated by behavioral health clients unless supervised work experience is completed in a supervised private practice as authorized in R4-6-217.

D. An applicant who acquired supervised work experience outside of Arizona may submit that experience for approval as it relates to the qualifications of the supervisor and the behavioral health entity in which the supervision was acquired. The Board may accept the supervised work experience as it relates to the supervisor and the behavioral health entity if the supervised work experience met the requirements of the state in which the supervised work experience occurred. This subsection does not apply to the supervision requirements in R4-6-403, R4-6-503, R4-6-603 and R4-6-705.

E. If the Board determines an applicant engaged in unprofessional conduct related to services provided while acquiring hours of supervised work experience, including clinical supervision, the Board shall not accept the hours to satisfy the requirements of R4-6-403, R4-6-503, R4-6-603, or R4-6-706. Hours accrued before and after the time during which the conduct that was the subject of the finding of unprofessional conduct occurred, as determined by the Board, may be used to satisfy the requirements of R4-6-403, R4-6-503, R4-6-603, or R4-6-706.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-212. Clinical Supervision Requirements

- A.** The Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervision meets the requirements specified in R4-6-404, R4-6-504, R4-6-604, or R4-6-706, as applicable to the license for which application is made, and was provided by one of the following:
1. A clinical social worker, professional counselor, independent marriage and family therapist, or independent addiction counselor who:
 - a. Holds an active and unrestricted license issued by the Board, and
 - b. Has complied with the educational requirements specified in R4-6-214;

2. A mental health professional who holds an active and unrestricted license issued under A.R.S. Title 32, Chapter 19.1 as a psychologist and has complied with the educational requirements specified in R4-6-214; or

3. An individual who:
 - a. Holds an active and unrestricted license to practice behavioral health,
 - b. Is providing behavioral health services in Arizona:
 - i. Under a contract or grant with the federal government under the authority of 25 U.S.C. § 5301 or § 1601-1683, or
 - ii. By appointment under 38 U.S.C. § 7402 (8-11), and
 - c. Has complied with the educational requirements specified in R4-6-214.

B. Unless an exemption is obtained under R4-6-212.01, the Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervision was provided by an individual who:

1. Was qualified under subsection (A), and
2. Was employed by the behavioral health entity at which the applicant obtained hours of clinical supervision.

C. Through December 31, 2026, the Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervisor verifies the evidence of clinical supervision accurately reflects the clinical supervisor performed all of the following:

1. Reviewed ethical and legal requirements applicable to the supervisee's practice, including unprofessional conduct as defined in A.R.S. § 32-3251;
2. Monitored the supervisee's activities to verify the supervisee is providing services safely and competently;
3. Verified in writing that the supervisee provides clients with appropriate written notice of clinical supervision, including the means to obtain the name and telephone number of the supervisee's clinical supervisor;
4. Documented contemporaneously and in writing the following for each clinical supervision session at each entity:
 - a. Date and duration of the clinical supervision session;
 - b. A detailed description of topics discussed to include themes and demonstrated skills;
 - c. Beginning on July 1, 2006, name and signature of the individual receiving clinical supervision;
 - d. Name and signature of the clinical supervisor and the date signed; and
 - e. Whether the clinical supervision occurred on a group or individual basis;
5. Retained documentation of the clinical supervision required under subsection (C)(4) for at least seven years;
6. Verified that clinical supervision was not acquired from a family member, as prescribed in R4-6-101.
7. Conducted on-going compliance review of the supervisee's clinical documentation to ensure the supervisee maintains adequate written documentation;
8. Provided instruction regarding:
 - a. Assessment,
 - b. Diagnosis,
 - c. Treatment plan development, and
 - d. Treatment;
9. Rated the supervisee's overall performance as at least satisfactory; and
10. Complied with the discipline-specific requirements in Articles 4 through 7 regarding clinical supervision.

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- D.** Beginning January 1, 2027, the Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervisor verifies the evidence of clinical supervision accurately reflects the clinical supervisor performed all of the following:
1. Reviewed ethical and legal requirements applicable to the supervisee's practice, including unprofessional conduct as defined at A.R.S. § 32-3251;
 2. Monitored the supervisee's activities to verify the supervisee provides services ethically, safely, and competently;
 3. Verified in writing that the supervisee provides clients with appropriate written notice of clinical supervision, including the means to obtain the name and telephone number of the supervisee's clinical supervisor;
 4. Documented contemporaneously and in writing the following for each clinical supervision session at which work experience was acquired:
 - a. Date and duration of the clinical supervision session;
 - b. Detailed description of topics discussed including ethics, documentation, clinical themes, and demonstrated skills;
 - c. Name and dated signature of the individual receiving clinical supervision;
 - d. Name and dated signature of the clinical supervisor; and
 - e. Whether the clinical supervision occurred on a group or individual basis;
 5. Retained documentation of the clinical supervision required under subsection (D)(4) for six years or until the supervisee is independently licensed if sooner than six years;
 6. Documented on-going compliance review of the supervisee's clinical documentation to ensure the supervisee maintains adequate written documentation;
 7. Provided instruction regarding:
 - a. Assessment,
 - b. Diagnosis,
 - c. Treatment plan development, and
 - d. Treatment;
 8. Rated the supervisee's overall performance as at least satisfactory; and
 9. Complied with the discipline-specific requirements in Articles 4 through 7 regarding clinical supervision.
- E.** The Board shall accept hours of clinical supervision submitted by an applicant for licensure if:
1. No more than 15 hours of clinical supervision were provided by telephone;
 2. The hours of clinical supervision occurred during a month or months in which the applicant provided direct client contact;
 3. Each clinical supervision session was at least 30 minutes long; and
 4. At least 10 of the clinical supervision hours involve the clinical supervisor observing the supervisee providing treatment and evaluation services to a client. The clinical supervisor may conduct the observation:
 - a. In a face-to-face setting,
 - b. In a virtual videoconference setting,
 - c. By teleconference, or
 - d. By review of audio or video recordings.
- F.** The Board shall accept hours of clinical supervision submitted by an applicant from a maximum of six clinical supervisors.
- G.** The Board shall accept hours of clinical supervision obtained by an applicant in both individual and group sessions, subject to the following restrictions:
1. At least 25 of the clinical supervision hours involve individual supervision, and
 2. Of the minimum 100 hours of clinical supervision required for licensure, the Board may accept:
 - a. Up to 75 of the clinical supervision hours involving a group of two supervisees, and
 - b. Up to 50 of the clinical supervision hours involving a group of three to six supervisees.
- H.** If an applicant provides evidence that a catastrophic event prohibits the applicant from obtaining documentation of clinical supervision that meets the standard specified in subsection (C), the Board may consider alternate documentation.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-212.01. Exemptions to the Clinical Supervision Requirements

The Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervision meets the requirements specified in R4-6-212 and R4-6-404, R4-6-504, R4-6-604, or R4-6-706, as applicable to the license for which application is made, unless an exemption is granted as follows:

1. An individual using supervised work experience acquired in Arizona may apply to the Board for an exemption from the following requirements:
 - a. Qualifications of the clinical supervisor. The Board may grant an exemption to the supervisor qualification requirements in R4-6-212(A) and R4-6-404, R4-6-504, R4-6-604, or R4-6-706, as applicable to the license for which application is made, if the Board determines the behavioral health professional who provided or will provide the clinical supervision has:
 - i. Education, training and experience necessary to provide clinical supervision;
 - ii. Complied with the educational requirements specified in R4-6-214; and
 - iii. An active and unrestricted license issued under A.R.S. Title 32 as a physician under Chapter 13 or 17 with certification in psychiatry or addiction medicine or as a nurse practitioner under Chapter 15 with certification in mental health;
 - b. Employment of clinical supervisor. The Board may grant an exemption to the requirement in R4-6-212(B) regarding employment of the supervisor by the behavioral health entity at which the supervisee obtains hours of clinical supervision if the supervisee provides verification that:

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- i. The supervisor and behavioral health entity have a written contract providing the supervisor the same access to the supervisee's clinical records provided to employees of the behavioral health entity, that is signed and dated by both parties, and
 - ii. Supervisee's clients authorized the release of their clinical records to the supervisor; and
 - c. Discipline-specific changes. The Board may grant an exemption to a requirement in R4-6-404, R4-6-504, R4-6-604, or R4-6-706, as applicable to the license for which application is made, that changed on November 1, 2015, and had the effect of making the clinical supervision previously completed or completed no later than October 31, 2017, non-compliant with the clinical supervision requirements. If the Board grants an exemption under this subsection, the Board shall evaluate the applicant's clinical supervision using the requirements in existence before November 1, 2015.
2. An individual using supervised work experience acquired outside of Arizona may apply to the Board for an exemption from the clinical supervision requirements in R4-6-404, R4-6-504, R4-6-604, or R4-6-706, as applicable to the license for which application is made. The Board may grant an exemption for clinical supervision acquired outside of Arizona if the Board determines that the behavioral health professional providing the supervision met one of the following:
- a. Complied with the educational requirements specified in R4-6-214,
 - b. Complied with the clinical supervisor requirements of the state in which the supervision occurred, or
 - c. Was approved to provide supervision to the applicant by the state in which the supervision occurred.

Historical Note

New Section made by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4).

R4-6-213. Registry of Clinical Supervisors

- A. The Board shall maintain a registry of individuals who have met the educational requirements to provide supervision that are specified in R4-6-214.
- B. To be included on the registry of clinical supervisors, an individual shall submit the following to the Board:
 - 1. A registration form approved by the Board;
 - 2. Evidence of being qualified under R4-6-212(A); and
 - 3. Documentation of having completed the education required under R4-6-214.
- C. The Board shall include an individual who complies with subsection (B) on the registry of clinical supervisors. To remain on the registry of clinical supervisors, an individual shall submit the following to the Board:
 - 1. A registration form approved by the Board;
 - 2. Evidence of being qualified under R4-6-212(A); and
 - 3. Documentation of having completed the continuing education required under R4-6-214.

- D. If the Board notified an individual before November 1, 2015, that the Board determined the individual was qualified to provide clinical supervision, the Board shall include the individual on the registry maintained under subsection (A). To remain on the registry of clinical supervisors, the individual shall comply with subsection (C).

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 14 A.A.R. 3895, effective September 16, 2008 (Supp. 08-3). Section R4-6-213 renumbered to Section R4-6-215; new Section made final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-214. Clinical Supervisor Educational Requirements

- A. Through December 31, 2026, the Board shall consider hours of clinical supervision submitted by an applicant only if the individual who provides the clinical supervision is qualified under R4-6-212(A) and complies with the following:
 - 1. Completes one of the following:
 - a. At least 12 hours of training, approved by the Board and completed within the last three years, which meets the standard specified in R4-6-802(D), addresses clinical supervision, and includes the following:
 - i. Role and responsibilities of a clinical supervisor;
 - ii. Skills in providing effective oversight of and guidance to supervisees who diagnose, create treatment plans, and treat clients;
 - iii. Supervisory methods and techniques;
 - iv. Fair and accurate evaluation of a supervisee's ability to plan and implement clinical assessment and treatment;
 - v. Knowledge of the provision of supervised private practice as described in R4-6-217; and
 - vi. Knowledge of statutes and rules of the Arizona Department of Health Services relating to exemptions to licensure.
 - b. An approved clinical supervisor certification from the National Board for Certified Counselors/Center for Credentialing and Education;
 - c. A clinical supervisor certification from the International Certification and Reciprocity Consortium; or
 - d. A clinical member with an approved supervisor designation from the American Association of Marriage and Family Therapy; and
 - 2. Completes the three clock hour Clinical Supervision Tutorial on Arizona Statutes/Regulations.
- B. Beginning January 1, 2027, the Board shall consider hours of clinical supervision submitted by an applicant if the individual who provides the clinical supervision:
 - 1. Is qualified under R4-6-212(A); and
 - 2. Completes one of the following:
 - a. At least 12 hours of training, approved by the Board or sponsored by one of the four state behavioral health associations, and delivered live in-person or by live webinar within the last three years that meets the standard specified in R4-6-802(E) and addresses the following:

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- i. Role and responsibilities of a clinical supervisor including Arizona eligibility requirements for providing clinical supervision;
 - ii. Skills necessary to provide effective oversight of and guidance to a supervisee who diagnoses, creates treatment plans, and treats clients within the supervisee's scope of competence;
 - iii. Supervisory methods and techniques;
 - iv. Approaches to providing evaluation of a supervisee's ability to practice ethically and competently;
 - v. Arizona work experience and clinical supervision requirements for independent licensure;
 - vi. Arizona requirements for clinical supervision documentation;
 - vii. Arizona requirements and process for completing work experience verification and clinical supervision verification forms;
 - viii. Arizona requirements of supervised private practice as described in R4-6-217; and
 - ix. Arizona exemptions to licensure as related to Arizona Department of Health Services;
 - b. A clinical supervisor certification from the National Board for Certified Counselors/Center for Credentialing and Education;
 - c. A clinical supervisor certification from the International Certification and Reciprocity Consortium; or
 - d. Designation as an approved clinical-member supervisor from the American Association of Marriage and Family Therapy; and
3. Completes the Board's three-hour Clinical Supervision Tutorial regarding Arizona Statutes and Regulations.
- C.** To continue providing clinical supervision through December 31, 2026, an individual qualified under subsection (A)(1)(a) shall, at least every three years, complete a minimum of nine hours of continuing training that:
1. Meets the standard specified in R4-6-802(D);
 2. Concerns clinical supervision;
 3. Addresses the topics listed in subsection (A)(1)(a); and
 4. Includes the three clock hour Clinical Supervision Tutorial on Arizona Statutes/Regulations.
- D.** Beginning January 1, 2027, to continue providing clinical supervision, an individual qualified under subsection (A)(1)(a) shall, at least every three years, complete a minimum of nine hours of continuing training that:
1. Meets the standard specified in R4-6-802(E);
 2. Concerns clinical supervision;
 3. Addresses the topics listed in subsection (B)(1); and
 4. Includes the three clock hour Clinical Supervision Tutorial on Arizona Statutes/Regulations.
- E.** To continue providing clinical supervision, an individual qualified under subsections (A)(1)(b) through (d) shall:
1. Provide documentation that the national certification or designation was renewed before it expired, and
 2. Complete the Clinical Supervision Tutorial on Arizona Statutes/Regulations.
- F.** The Board shall not accept hours of clinical supervision provided by an individual who fails to remain qualified by complying with subsections (C) through (E), as applicable, until the individual becomes qualified again by complying with subsection (A).
- G.** An applicant submitting hours of clinical supervision by an individual qualified by meeting the clinical supervision education requirements in effect before the effective date of this

Section shall provide documentation that the clinical supervisor was compliant with the education requirements during the period of supervision.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Section R4-6-214 renumbered to Section R4-6-216; new Section made final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-215. Fees and Charges

- A.** Under the authority provided by A.R.S. § 32-3272, the Board establishes and shall collect the following fees:
1. Application for license by examination: \$250;
 2. Application for license by endorsement: \$250;
 3. Application for a temporary license: \$50;
 4. Application for approval of educational program: \$500;
 5. Application for approval of an educational program change: \$250;
 6. Biennial renewal of first area of licensure: \$325;
 7. Biennial renewal of each additional area of licensure if all licenses are renewed at the same time: \$163;
 8. Late renewal penalty: \$100 in addition to the biennial renewal fee;
 9. Inactive status request: \$100; and
 10. Late inactive status request: \$100 in addition to the inactive status request fee.
- B.** The Board shall charge the following amounts for the services it provides:
1. Issuing a duplicate license: \$25;
 2. Criminal history background check: \$40;
 3. Paper copy of records: \$.50 per page after the first four pages;
 4. Electronic copy of records: \$25;
 5. Copy of a Board meeting audio recording: \$20;
 6. Verification of licensure: \$20 per discipline or free if downloaded from the Board's web site;
 7. Board's rules and statutes book: \$10 or free if downloaded from the Board's web site;
 8. Mailing list of licensees: \$150, and
 9. Returned check due to insufficient funds: \$50.
- C.** The application fees in subsections (A)(1) and (2) are non-refundable. Other fees established in subsection (A) are not refundable unless the provisions of A.R.S. § 41-1077 apply.
- D.** The Board shall accept payment of fees and charges as follows:
1. For an amount of \$40 or less, a personal or business check;
 2. For amounts greater than \$40, a certified check, cashier's check, or money order; and
 3. By proof of online payment by credit card for the following:
 - a. All fees in subsection (A);
 - b. The charge in subsection (B)(2) for a criminal history background check; and
 - c. The charge in subsection (B)(8) for a mailing list of licensees.

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Historical Note

New Section R4-6-215 renumbered from R4-6-213 and amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Section repealed; new Section made by final rulemaking at 23 A.A.R. 3347, with an immediate effective date of November 28, 2017 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4).

R4-6-216. Foreign Equivalency Determination

The Board shall accept as qualification for licensure a degree from an institution of higher education in a foreign country if the degree is substantially equivalent to the educational standards required in this Chapter for professional counseling, marriage and family therapy, and addiction counseling licensure. To enable the Board to determine whether a foreign degree is substantially equivalent to the educational standards required in this Chapter, the applicant shall, at the applicant's expense, have a course-by-course evaluation of the foreign degree performed by an evaluation service that is a member of the National Association of Credential Evaluation Services, Inc.

1. Any document that is in a language other than English shall be accompanied by a translation with notarized verification of the translation's accuracy and completeness;
2. The translation shall be completed by an individual, other than the applicant, and demonstrates no conflict of interest; and
3. The individual providing the translation may be college or university language faculty, a translation service, or an American consul.

Historical Note

New Section R4-6-216 renumbered from R4-6-214 and amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-217. Supervised Private Practice as Defined at R4-6-101**A. General provisions regarding supervised private practice:**

1. A supervised private practice, the supervised licensee, and the supervised-private-practice supervisor shall be physically located in Arizona;
2. A supervised licensee shall have only one supervised-private-practice supervisor at any given time;
3. A supervised-private-practice supervisor shall not supervise more than five supervised private practices at any given time; and
4. Failure to comply fully with this Section may result in disciplinary action against both the supervised licensee and the supervised-private-practice supervisor.

B. Before providing behavioral health services in a supervised private practice, as defined at R4-6-101, the supervised licensee shall provide the following to the Board for review and receive the Board's approval:

1. The name of the supervised licensee's supervised-private-practice supervisor who meets the following:
 - a. Is independently licensed by the Board in the same discipline as the supervised licensee and has prac-

ticed as an independently licensed behavioral health professional for at least two years after initial licensure in Arizona or another jurisdiction;

- b. Is in compliance with the supervised-private-practice supervisor educational requirements specified in R4-6-214; and
 - c. Is not prohibited from providing clinical supervision by a Board consent agreement;
2. A copy of the agreement between the supervised-private-practice supervisor and supervised licensee demonstrating:
 - a. The supervised licensee and supervised-private-practice supervisor will meet individually:
 - i. For one hour for every 20 hours of direct client contact provided or at least one hour each month if fewer than 20 hours of direct client contact are provided in that month, and
 - ii. At the location of the supervised private practice at least once every 60 calendar days;
 - b. The supervised licensee will notify clients of the supervised-private-practice supervisor's involvement in the client's treatment and the means to contact the supervised-private-practice supervisor;
 - c. The supervised-private-practice supervisor will submit supervision reports to the Board every six months;
 - d. The supervised licensee and supervised-private-practice supervisor will provide 30-days' notice to the other before terminating the agreement;
 - e. The supervised licensee and supervised-private-practice supervisor will notify the Board within 10 days after providing the termination notice required under subsection (B)(2)(d); and
 - f. The supervised licensee will cease providing behavioral health services within 30 days after termination of the agreement unless another agreement is provided to and approved by the Board; and
 3. Beginning January 1, 2026, evidence the supervised licensee completed three clock hours of training in business operations specific to behavioral health care including how to ensure the supervised private practice complies with all provisions of A.R.S. Title 32, Chapter 33.
- C. Supervised licensee responsibilities. A supervised licensee providing behavioral health services in a supervised private practice, as defined at R4-6-101, shall:
 1. Before providing any behavioral health services in the supervised private practice, submit evidence to the Board that the supervised licensee completed three clock hours of training in business operations specific to behavioral health care including how to ensure the supervised private practice complies with all provisions of A.R.S. Title 32, Chapter 33 and this Chapter;
 2. Not employ, contract with, provide clinical oversight of, or have any responsibility for the behavioral health services of another licensee;
 3. Before Board approval of the supervised private practice, include notice in all advertising, marketing, and practice materials that clients are not being accepted; and
 4. After Board approval of the supervised private practice, include notice in all advertising, marketing, and practice materials of the supervised-private-practice supervisor's involvement in the supervised private practice and the

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means to contact the supervised-private-practice supervisor.

D. Supervised-private-practice supervisor responsibilities. A supervised-private-practice supervisor of a supervised private practice shall:

1. Before providing any supervision, submit evidence to the Board that the supervised-private-practice supervisor completed three clock hours of training regarding how to supervise a supervised private practice;
2. Supervise all clinical and non-clinical aspects of the supervised private practice;
3. Regularly review the clinical and non-clinical documentation maintained by the licensed supervisee and attest to the Board that the review was thorough and the documentation complete; and
4. Submit all required reports to the Board within two weeks after the reports are due.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 3. LICENSURE

R4-6-301. Application for a License by Examination

An applicant for a license by examination shall meet the requirements specified in A.R.S. § 32-3275 and submit a completed application packet that contains the following:

1. A statement by the applicant certifying that all information submitted in support of the application is true and correct;
2. The license application fee required under R4-6-215. In accordance with A.R.S. § 32-3272, the Board shall waive the application fee for an independent level license if the applicant paid the fee for an initial or renewal associate level license in this state and applies for the independent level license within 90 days after paying for the initial or renewal associate level license;
3. The applicant's name, date of birth, social security number, and contact information;
4. Each name or alias previously or currently used by the applicant;
5. The name of each college or university the applicant attended and an official transcript for all education used to meet requirements;
6. Verification of current or previous licensure or certification ever held in the practice of behavioral health;
7. A list of every entity for which the applicant has worked during the last seven years;
8. If the relevant licensing examination was previously taken, an official copy of the score the applicant obtained on the examination;
9. A report of the results of a query of the National Practitioner Data Bank;
10. Documentation required under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law;
11. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety; and

12. Other documents or information requested by the Board to determine the applicant's eligibility.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-302. Licensing Time Frames

- A.** The overall time frames described in A.R.S. § 41-1072 for each type of license granted by the Board are listed in Table 1. The person applying for a license and the ARC may agree in writing to extend the substantive review and overall time frames up to 25 percent of the overall time frame.
- B.** The administrative completeness review time frame described in A.R.S. § 41-1072 begins when the Board receives an application packet.
 1. If the application packet is not complete, the Board shall send the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review and overall time frames are suspended from the date the notice is served until the date the Board receives the deficient information from the applicant.
 2. An applicant may assume an application packet is complete when the Board sends the applicant a written notice of administrative completeness or when the administrative completeness time frame specified in Table 1 expires.
- C.** An applicant shall submit all of the deficient information specified in the notice provided under subsection (B)(1) within 60 days after the deficiency notice is served.
 1. If an applicant cannot submit all deficient information within 60 days after the deficiency notice is served, the applicant may obtain a 60-day extension by submitting a written notice to the Board postmarked or delivered before expiration of the 60 days. The written notice of extension shall document the reasons the applicant is unable to meet the 60-day deadline.
 2. An applicant who requires an additional extension shall submit to the Board a written request that is delivered or postmarked before expiration of the initial extension and documents the reasons the applicant requires an additional extension. The Board shall notify the applicant in writing of its decision to grant or deny the request for an extension.
 3. If an applicant fails to submit all of the deficient information within the required time, the Board shall administratively close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is administratively closed shall submit a new application and fee.
- D.** The substantive review time frame described in A.R.S. § 41-1072 begins on the date the administrative completeness time frame is complete as described under subsection (B)(2).

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1. If an application is referred to the ARC for substantive review and the ARC finds that additional information is needed, the ARC shall provide a comprehensive written request for additional information to the applicant. The substantive review and overall time frames are suspended from the date the comprehensive written request for additional information is served until the applicant provides all information to the Board.
 2. As provided under A.R.S. § 41-1075(A), the ARC and the applicant may agree in writing to allow the ARC to make additional supplemental requests for information. If the ARC issues an additional supplemental request for information, the substantive review and overall time frames are suspended from the date of the additional supplemental request for information until the applicant provides the information to the Board.
 3. An applicant shall submit all of the information requested under subsection (D)(1) within 60 days after the comprehensive request for additional information is served. If the ARC issues an additional comprehensive request for information under subsection (D)(2), the applicant shall submit the additional information within 60 days after the additional comprehensive request for information is served. If the applicant cannot submit all requested information within the time provided, the applicant may obtain an extension under the terms specified in subsection (C)(2).
 4. If an applicant fails to submit all of the requested information within the time provided under subsection (D)(3), the Board shall administratively close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is administratively closed shall submit a new application and fee.
- E. An applicant may withdraw an application for licensure under the terms specified in A.R.S. § 32-3275(D).
 - F. After the substantive review of an application is complete:
 1. If the applicant is found ineligible for licensure, a recommendation shall be made to the Board that the applicant be denied licensure;
 2. If the applicant is found eligible for licensure, a recommendation shall be made to the Board that the applicant be granted licensure;
 - G. After reviewing the recommendation made under subsection (F), the Board shall send a written notice to an applicant that either:
 1. Grants a license to an applicant who meets the qualifications and requirements in A.R.S. Title 32, Chapter 33 and this Chapter; or
 2. Denies a license to an applicant who fails to meet the qualifications and requirements in A.R.S. Title 32, Chapter 33 and this Chapter. The Board shall ensure that the written notice of denial includes the information required under A.R.S. § 41-1092.03.
 - H. If a time frame's last day falls on a Saturday, Sunday, or an official state holiday, the Board considers the next business day the time frame's last day.

Table 1. Time Frames (in Days)

Type of License	Statutory Authority	Overall Time Frame	Administrative Completeness Time Frame	Substantive Review Time Frame
License by Examination	A.R.S. § 32-3253 A.R.S. § 32-3275	270	90	180
Temporary License	A.R.S. § 32-3253 A.R.S. § 32-3279	90	30	60
License by Endorsement; License by Universal Recognition; Privilege to Practice; Multistate License	A.R.S. § 32-3253 A.R.S. § 32-3274 A.R.S. § 32-4302 A.R.S. § 32-3306 A.R.S. § 32-3295	270	90	180
License Renewal	A.R.S. § 32-3253 A.R.S. § 32-3273	270	90	180
Application for registration as an out-of-state health care provider of telehealth services	A.R.S. § 32-3253 A.R.S. § 36-3606	270	90	180

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 14 A.A.R. 2714, effective June 6, 2008 (Supp. 08-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Table 1 amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-303. Repealed**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Section repealed by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-304. Application for a License by Endorsement; Application for a License by Universal Recognition; Applica-**tion for a Privilege to Practice; Application for Multistate License**

- A. License by endorsement. An applicant who meets the requirements specified under A.R.S. § 32-3274 for a license by endorsement shall submit a completed application packet and the following:
 1. A statement by the applicant certifying all information submitted in support of the application is true and correct;
 2. The license application fee required under R4-6-215;

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3. The applicant's name, date of birth, social security number, and contact information;
 4. Each name or alias previously or currently used by the applicant;
 5. Verification of any current or previous licensure or certification ever held in the practice of behavioral health;
 6. A list of every entity for which the applicant has worked during the last seven years;
 7. A report of the results of a query of the National Practitioner Data Bank;
 8. Documentation required under A.R.S. § 41-1080(A) showing the applicant's presence in the U.S. is authorized under federal law;
 9. A complete and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
 10. The name of all jurisdictions where the applicant is certified or licensed in the practice of behavior health by a state or federal regulatory entity and has been for at least one year;
 11. Verification the applicant has passed a nationally recognized licensing examination for the behavioral health discipline in which the applicant seeks licensure;
 12. A verification of each certificate or license identified in subsection (A)(10) by the state or federal regulatory entity issuing the certificate or license that includes the following:
 - a. The certificate or license number issued to the applicant by the state or federal regulatory entity;
 - b. The issue and expiration date of the certificate or license;
 - c. Whether the applicant has been the subject of disciplinary proceedings by a state or federal regulatory entity;
 - d. Whether the certificate or license was ever surrendered to avoid discipline; and
 - e. Whether the certificate or license is active and in good standing;
 13. If applying at a practice level listed in A.R.S. § 32-3274(B), include:
 - a. An official transcript as prescribed in R4-6-301(6); and
 - b. If applicable, a foreign degree evaluation prescribed in R4-6-216 or R4-6-401; and
 14. Documentation of completion of the Arizona Statutes/Regulations Tutorial.
- B. License by universal recognition.** An applicant who meets the requirements specified under A.R.S. § 32-4302 for a license by universal recognition shall submit:
1. An application provided by the Board;
 2. A list of all states in which the applicant is currently and has been licensed for at least one year and certification from the licensing states that the applicant's license is in good standing;
 3. Proof of Arizona residency;
 4. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
 5. Verification the applicant has passed a nationally recognized licensing examination for the behavioral health discipline in which the applicant seeks licensure;
 6. The license application fee required under R4-6-215; and
 7. Documentation of completion of the Arizona Statutes/Regulations Tutorial.
- C. Privilege to practice.** An applicant who meets the requirements specified under A.R.S. § 32-3306, Section 4, for a privilege to practice professional counseling shall submit:
1. An application provided by the Board;
 2. Documentation confirming the applicant notified the Commission the applicant is seeking the privilege to practice in a remote state or states;
 3. A list of all states in which the applicant is currently or has been licensed or granted a privilege to practice and certification from the licensing states that the applicant's license is:
 - a. An independent level license to practice counseling,
 - b. Valid,
 - c. Unencumbered, and
 - d. Has not been restricted or encumbered within the previous two years;
 4. Identification of the applicant's home state;
 5. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
 6. Documentation of completion of the Arizona Statutes/Regulations Tutorial; and
 7. The application fee required under R4-6-215.
- D. Multi-state license.** An applicant who meets the requirements specified under A.R.S. § 32-3295, Section 4, for a multistate license in social work shall submit:
1. An application provided by the Board;
 2. Identification of the applicant's home state;
 3. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
 4. Documentation of completion of the Arizona Statutes/Regulations Tutorial; and
 5. The application fee required under R4-6-215.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by exempt rulemaking at 14 A.A.R. 2714, effective June 6, 2008 (Supp. 08-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January

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3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-305. Inactive Status

- A.** A licensee seeking inactive status shall submit:
1. A written request to the Board before expiration of the current license, and
 2. The fee specified in R4-6-215 for inactive status request.
- B.** To be placed on inactive status after license expiration, a licensee shall, within 90 days after the date of license expiration, comply with subsection (A) and submit the fee specified in R4-6-215 for late request for inactive status.
- C.** The Board shall grant a request for inactive status to a licensee upon receiving a written request for inactive status. The Board shall grant inactive status for a maximum of 24 months.
- D.** The Board shall not grant a request for inactive status that is received more than 90 days after license expiration.
- E.** Inactive status does not change:
1. The date on which the license of the inactive licensee expires, and
 2. The Board's ability to start or continue an investigation against the inactive licensee.
- F.** To return to active status, a licensee on inactive status shall:
1. Comply with all renewal requirements prescribed under R4-6-801; and
 2. Establish to the Board's satisfaction that the licensee is competent to practice safely and competently. To assist with determining the licensee's competence, the Board may order a mental or physical evaluation of the licensee at the licensee's expense.
- G.** Upon a showing of good cause, the Board shall grant a written request for modification or reduction of the continuing education requirement received from a licensee on inactive status. The Board shall consider the following to show good cause:
1. Illness or disability,
 2. Active military service, or
 3. Any other circumstance beyond the control of the licensee.
- H.** The Board may, upon a written request filed before the expiration of the original 24 months of inactive status and for good cause, as described in subsection (G), permit an inactive licensee to remain on inactive status for one additional period not to exceed 24 months. To return to active status after being placed on a 24-month extension of inactive status, a licensee shall, comply with the requirements in subsection (F) and complete an additional 30 hours of continuing education during the 24-month extension.
- I.** A licensee on inactive status shall not engage in the practice of behavioral health.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final rulemaking at 14 A.A.R. 4516, effective December 2, 2008 (Supp. 08-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-306. Application for a Temporary License

- A.** To be eligible for a temporary license, an applicant shall:

1. Have submitted an application for a temporary license using a form approved by the Board and paid the fee required under R4-6-215, and
 2. Be one of the following:
 - a. Applying for a license by endorsement or universal recognition;
 - b. Applying for a license by examination, not currently licensed, registered, or certified by a state behavioral health regulatory entity, or
 - c. Applying for a license by examination and currently licensed, registered, or certified by another state behavioral health regulatory entity.
- B.** An individual is not eligible for a temporary license if the individual:
1. Is the subject of a complaint pending before any state behavioral health regulatory entity,
 2. Has had a license or certificate to practice a health care profession suspended or revoked by any state regulatory entity,
 3. Has a criminal history or history of disciplinary action by a state behavioral health regulatory entity unless the Board determines the history is not of sufficient seriousness to merit disciplinary action, or
 4. Has been previously denied a license by the Board.
- C.** The Board shall not issue a temporary license to an applicant until the Board completes a background investigation and resolves any issue identified to the Board's satisfaction.
- D.** A temporary license issued to an applicant expires one year after issuance by the Board.
- E.** A temporary license issued to an applicant who has not previously passed the required examination for licensure expires immediately if the temporary licensee:
1. Fails to take the required examination by the expiration date of the temporary license; or
 2. Fails to pass the required examination by the expiration date of the authorization to test.
- F.** A temporary licensee shall provide written notice and return the temporary license to the Board if the temporary licensee fails the required examination.
- G.** An applicant who is issued a temporary license shall practice as a behavioral health professional only under direct supervision. The temporary license may contain restrictions the Board deems appropriate.
- H.** The Board shall issue a temporary license only in the same discipline for which application is made under subsection (A).
- I.** The Board shall not extend the time of a temporary license or grant an additional temporary license based on the application submitted under subsection (A).
- J.** A temporary licensee is subject to disciplinary action by the Board under A.R.S. § 32-3281. A temporary license may be summarily revoked without a hearing under A.R.S. § 32-3279(C)(4).
- K.** If a temporary licensee withdraws the license application submitted under R4-6-301 for a license by examination or R4-6-304 for a license by endorsement or universal recognition, the temporary license expires.
- L.** Work experience hours, clinical supervision hours, and continuing education hours may be accumulated while the temporary license is active.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking

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pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-307. Approval of an Educational Program

- A.** Under A.R.S. 32-3253(A)(14), a regionally accredited college or university with an educational program not otherwise accredited by an organization or entity recognized by the Board shall obtain the Board's approval of the educational program. To obtain the Board's approval of the educational program, an authorized representative of the regionally accredited college or university shall submit:
1. An application, using a form approved by the Board;
 2. The fee prescribed under R4-6-215; and
 3. Documentary evidence that the educational program is consistent with the curriculum standards specified in A.R.S. Title 32, Chapter 33, and this Chapter.
- B.** The Board shall review the application materials for administrative completeness and determine whether additional information is necessary.
1. If the application packet is incomplete, the Board shall send a written deficiency notice to the applicant specifying the missing or incomplete information. The applicant shall provide the additional information within 60 days after the deficiency notice is served.
 2. The applicant may obtain a 60-day extension of time to provide the deficient information by submitting a written request to the Board before expiration of the time specified in subsection (B)(1).
 3. If an applicant fails to provide the deficient information within the time specified in the written notice or as extended under subsection (B)(2), the Board shall administratively close the applicant's file with no recourse to appeal. To receive further consideration for approval of an educational program, an applicant whose file is administratively closed shall comply with subsection (A).
- C.** When an application for approval of an educational program is administratively complete, the ARC shall substantively review the application packet.
1. If the ARC finds that additional information is needed, the ARC shall provide a written comprehensive request for additional information to the applicant.
 2. The applicant shall provide the additional information within 60 days after the comprehensive request of additional information is served.
 3. If an applicant fails to provide the additional information within the time specified under subsection (C)(2), the Board shall administratively close the applicant's file with no recourse to appeal. To receive further consideration for approval of an educational program, an applicant whose file is administratively closed shall comply with subsection (A).
- D.** After the ARC determines the substantive review is complete:
1. If the ARC finds the applicant's educational program is eligible for approval, the ARC shall recommend to the Board that the educational program be approved.
 2. If the ARC finds the applicant's educational program is ineligible for approval, the ARC shall send written notice to the applicant of the finding of ineligibility with an explanation of the basis for the finding. An applicant may appeal a finding of ineligibility for educational program approval using the following procedure:
 - a. Submit to the ARC a written request for an informal review meeting within 30 days after the notice of ineligibility is served. If the applicant does not request an informal review meeting within the time provided, the ARC shall recommend to the Board that the educational program be denied approval and the applicant's file be closed with no recourse to appeal.
 - b. If the ARC receives a written request for an informal review meeting within the 30 days provided, the ARC shall schedule the informal review meeting and provide at least 30 days' notice of the informal review meeting to the applicant.
 - c. At the informal review meeting, the ARC shall provide the applicant an opportunity to present additional information regarding the curriculum of the educational program.
 - d. When the informal review is complete, the ARC shall make a second finding whether the educational program is eligible for approval and send written notice of the second finding to the applicant.
 - e. An applicant that receives a second notice of ineligibility under subsection (D)(2)(d), may appeal the finding by submitting to the Board, within 30 days after the second notice is served, a written request for a formal administrative hearing under A.R.S. Title 41, Chapter 6, Article 10.
 - f. The Board shall either refer a request for a formal administrative hearing to the Office of Administrative Hearings or schedule the hearing before the Board. If no request for a formal administrative hearing is made under subsection (D)(2)(e), the ARC shall recommend to the Board that the educational program be denied approval and the applicant's file be closed with no recourse to appeal.
 - g. If a formal administrative hearing is held before the Office of Administrative Hearings, the Board shall review the findings of fact, conclusions of law, and recommendation of the Administrative Law Judge and issue an order either granting or denying approval of the educational program.
 - h. If a formal administrative hearing is held before the Board, the Board shall issue findings of fact and conclusions of law and issue an order either granting or denying approval of the educational program.
 - i. The Board shall send the applicant a copy of the findings of fact, conclusions of law, and order.
- E.** The Board shall add an approved educational program to the list of approved educational programs the Board maintains.
- F.** The Board's approval of an educational program is valid for five years unless the accredited college or university makes a change to the educational program that is inconsistent with the curriculum standards specified in A.R.S. Title 32, Chapter 33, and this Chapter.
- G.** An authorized representative of a regionally accredited college or university with a Board-approved educational program shall certify annually, using a form available from the Board, that there have been no changes to the approved educational program.
- H.** If a regionally accredited college or university makes one of the following changes to an approved educational program,

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the regionally accredited college or university shall notify the Board within 60 days after making the change and request approval of the educational program change under subsection (I):

1. Change to more than 25 percent of course competencies;
 2. Change to more than 25 percent of course learning objectives;
 3. Addition of a course in one of the core content areas specified in R4-6-501, R4-6-601, or R4-6-701; or
 4. Deletion of a course in one of the core content areas specified in R4-6-501, R4-6-601, or R4-6-701.
- I.** To apply for approval of an educational program change, an authorized representative of the regionally accredited college or university shall submit:
1. An approved educational program change form available from the Board;
 2. The fee prescribed under R4-6-215; and
 3. Documentary evidence that the change to the approved educational program is consistent with the curriculum standards specified in A.R.S. Title 32, Chapter 33, and this Chapter.
- J.** To maintain approved status of an educational program after five years, an authorized representative of the regionally accredited college or university shall make application under subsection (A).
- K.** The Board shall process the materials submitted under subsections (I) and (J) using the procedure specified in subsections (B) through (D).
- L.** Unless an educational program is currently approved by the Board under this Section, the regionally accredited college or university shall not represent that the educational program is Board approved in any program or marketing materials.

Historical Note

New Section made by exempt rulemaking at 14 A.A.R. 2714, effective June 6, 2008 (Supp. 08-2). Section repealed; new Section by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 4. SOCIAL WORK**R4-6-401. Curriculum**

- A.** An applicant for licensure as a baccalaureate social worker shall have a baccalaureate degree in social work from a regionally accredited college or university in a program accredited by the CSWE or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the CSWE.
- B.** An applicant for licensure as a master or clinical social worker shall have a master or higher degree in social work from a regionally accredited college or university in a program accredited by the CSWE or an equivalent foreign degree as determined by the Foreign Equivalency Determination Service of the CSWE.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-402. Examination

- A.** To be licensed as a baccalaureate social worker, an applicant shall receive a passing score on the bachelors, masters, advanced generalist, or clinical examination offered by ASWB.
- B.** To be licensed as a master social worker, an applicant shall receive a passing score on the masters, advanced generalist, or clinical examination offered by ASWB.
- C.** To be licensed as a clinical social worker, an applicant shall receive a passing score on the clinical examination offered by ASWB.
- D.** An applicant for baccalaureate, master, or clinical social worker licensure shall receive a passing score on an approved examination for the level of licensure requested within 12 months after receiving written examination authorization from the Board. An applicant shall not take an approved licensure examination more than three times during the 12-month testing period.
- E.** If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (D), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is closed shall submit a new application and fee.
- F.** The Board may grant a one-time 90-day examination extension request to an applicant who demonstrates good cause as specified under R4-6-305(G).

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4).

R4-6-403. Supervised Work Experience for Clinical Social Worker Licensure

- A.** An applicant for licensure as a clinical social worker shall demonstrate completion of at least 24 months of supervised work experience in the practice of clinical social work that includes:
1. At least 1600 hours of direct client contact involving the use of psychotherapy;
 2. No more than 400 of the 1600 hours of direct client contact are provided by psychoeducation;
 3. No more than 400 of the 1600 hours of direct client contact are in crisis response; and
 4. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-404.
- B.** For any month in which an applicant provides direct client contact, the applicant shall obtain at least one hour of clinical supervision.
- C.** An applicant may submit more than the required 1600 hours of direct client contact and 100 hours of clinical supervision for consideration by the Board.
- D.** During the period of required supervised work experience specified in subsection (A), an applicant for clinical social worker licensure shall practice behavioral health under the limitations specified in R4-6-210.

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Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-404. Clinical Supervision for Clinical Social Worker Licensure

- A. An applicant for clinical social worker licensure shall demonstrate that the applicant received at least 100 hours of clinical supervision that meet the requirements specified in subsection (B) and R4-6-212 during the supervised work experience required under R4-6-403.
- B. The Board shall accept hours of clinical supervision for clinical social worker licensure if the hours required under subsection (A) meet the following:
 1. At least 50 hours are supervised by a clinical social worker licensed by the Board who meets the supervisor education requirements under R4-6-214, and
 2. The remaining hours are from the following behavioral health professionals who meet the educational requirements under R4-6-214:
 - a. A licensed professional counselor;
 - b. A licensed clinical social worker;
 - c. A licensed marriage and family therapist;
 - d. A licensed psychologist; or
 - e. An individual for whom an exemption was obtained under R4-6-212.01.
- C. The Board shall not accept hours of clinical supervision for clinical social worker licensure provided by an addiction counselor.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-405. Repealed**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Repealed by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

ARTICLE 5. COUNSELING**R4-6-501. Curriculum**

- A. An applicant for licensure as an associate or professional counselor shall have a master's or higher degree with a major emphasis in counseling from:
 1. A program accredited by CACREP or CORE that consists of at least 60 semester or 90 quarter credit hours,

including a supervised counseling practicum as prescribed under subsection (E);

2. An educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) that consists of at least 60 semester or 90 quarter credit hours, including a supervised counseling practicum as prescribed under subsection (E); or
 3. A program from a regionally accredited college or university that consists of at least 60 semester or 90 quarter credit hours, meets the requirements specified in subsections (C) and (D), and includes a supervised counseling practicum as prescribed under subsection (E).
- B. To assist the Board to evaluate a program under subsection (A)(3), an applicant who obtained a degree from a program under subsection (A)(3) shall attach the following to the application required under R4-6-301:
 1. Published college or university course descriptions for the year and semester enrolled for each course submitted to meet curriculum requirements,
 2. Verification, using a form approved by the Board, of completing the supervised counseling practicum required under subsection (E); and
 3. Other documentation requested by the Board.
 - C. The Board shall accept for licensure the curriculum from a program not accredited by CACREP or CORE if the curriculum includes at least 60 semester or 90 quarter credit hours in counseling-related coursework, of which at least three semester or 4 quarter credit hours are in each of the following nine core content areas:
 1. Professional orientation and ethical practice: Studies that provide a broad understanding of professional counseling ethics and legal standards, including but not limited to:
 - a. Professional roles, functions, and relationships;
 - b. Professional credentialing;
 - c. Ethical standards of professional organizations; and
 - d. Application of ethical and legal considerations in counseling;
 2. Social and cultural diversity: Studies that provide a broad understanding of the cultural context of relationships, issues, and trends in a multicultural society, including but not limited to:
 - a. Theories of multicultural counseling, and
 - b. Multicultural competencies and strategies;
 3. Human growth and development: Studies that provide a broad understanding of the nature and needs of individuals at all developmental stages, including theories of individual and family development across the life-span;
 4. Career development: Studies that provide a broad understanding of career development and related life factors, including but not limited to:
 - a. Career development theories, and
 - b. Career decision processes;
 5. Counseling and helping relationship: Studies that provide a broad understanding of counseling processes, including but not limited to:
 - a. Counseling theories and models,
 - b. Essential interviewing and counseling skills, and
 - c. Therapeutic processes;
 6. Group counseling and group work: Studies that provide a broad understanding of group development, dynamics, counseling theories, counseling methods and skills, and other group work approaches, including but not limited to:
 - a. Principles of group dynamics,

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- b. Group leadership styles and approaches, and
 - c. Theories and methods of group counseling;
- 7. Diagnosis and treatment: Studies that provide a broad understand of diagnostic process including but not limited to:
 - a. Differential diagnosis, and
 - b. The use of diagnostic classification systems such as the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases;
- 8. Assessment and testing: Studies that provide a broad understanding of individual and group approaches to assessment and evaluation, including but not limited to:
 - a. Use of assessment for diagnostic and intervention planning purposes, and
 - b. Basic concepts of standardized and non-standardized testing; and
- 9. Research: Studies that provide a broad understanding of recognized research methods and design and basic statistical analysis, including but not limited to:
 - a. Qualitative and quantitative research methods, and
 - b. Statistical methods used in conducting research.
- D. In evaluating the curriculum required under subsection (C), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.
- E. The Board shall accept a supervised counseling practicum and internship that is part of a master's or higher degree program if the supervised counseling practicum and internship meets the following standards:
 - 1. Consists of at least 700 clock hours in a professional counseling setting,
 - 2. Includes at least 240 hours of direct client contact,
 - 3. Provides an opportunity for the supervisee to perform all activities associated with employment as a professional counselor,
 - 4. Oversight of the counseling practicum is provided by a faculty member, and
 - 5. Onsite supervision is provided by an individual approved by the college or university.
- F. The Board shall require that an applicant for professional counselor licensure who received a master's or higher degree before July 1, 1989, from a program that did not include a supervised counseling practicum complete three years of post-master's or higher degree work experience in counseling under direct supervision. One year of a doctoral-clinical internship may be substituted for one year of supervised work experience.
- G. The Board shall accept for licensure only courses that the applicant completed with a passing grade.
- H. The Board shall deem an applicant to meet the curriculum requirements for professional counselor licensure if the applicant:
 - 1. Holds an active and in good standing associate counselor license issued by the Board; and
 - 2. Has a master's degree in a behavioral health field from a regionally accredited university.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-502. Examination

- A. The Board approves the following examinations for applicants for counselor licensure:
 - 1. National Counselor Examination for Licensure and Certification offered by the National Board for Certified Counselors,
 - 2. National Clinical Mental Health Counseling Examination offered by the National Board for Certified Counselors, and
 - 3. Certified Rehabilitation Counselor Examination offered by the Commission on Rehabilitation Counselor Certification.
- B. Except as specified in subsection (E), an applicant shall pass an approved examination within 12 months after receiving written examination authorization from the Board. An applicant shall not take an examination more than three times during the 12-month testing period.
- C. If an applicant does not receive a passing score within the 12 months referenced in subsection (B), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is closed shall submit a new application and fee.
- D. The Board may grant a one-time 90-day examination extension request to an applicant who demonstrates good cause as specified under R4-6-305(G).
- E. The Board shall deem an applicant for professional counselor licensure to meet the exam requirement if the applicant holds an active and in good standing associate counselor license issued by the Board according to A.R.S. § 32-3274 or A.R.S. § 32-4302.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4).

R4-6-503. Supervised Work Experience for Professional Counselor Licensure

- A. An applicant for licensure as a professional counselor shall demonstrate completion of at least 24 months of supervised work experience in the practice of professional counseling that includes:
 - 1. At least 1600 hours of direct client contact involving the use of psychotherapy;
 - 2. No more than 400 of the 1600 hours of direct client contact are in psychoeducation;

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3. No more than 400 of the 1600 hours of direct client contact are in crisis response; and
 4. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-504.
- B.** For any month in which an applicant provides direct client contact, the applicant shall obtain at least one hour of clinical supervision.
- C.** An applicant may submit more than the required hours of supervised work experience for consideration by the Board.
- D.** During the period of supervised work experience specified in subsection (A), an applicant for professional counselor licensure shall practice behavioral health under the limitations specified in R4-6-210.
- E.** There is no supervised work experience requirement for licensure as an associate counselor.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-504. Clinical Supervision for Professional Counselor Licensure

- A.** An applicant for professional counselor licensure shall demonstrate that the applicant received at least 100 hours of clinical supervision that meet the requirements specified in subsection (B) and R4-6-212 during the supervised work experience required under R4-6-503.
- B.** The Board shall accept hours of clinical supervision for professional counselor licensure from the following behavioral health professionals who meet the educational requirements under R4-6-214:
1. A licensed professional counselor;
 2. A licensed clinical social worker;
 3. A licensed marriage and family therapist;
 4. A licensed psychologist; or
 5. An individual for whom an exemption was obtained under R4-6-212.01.
- C.** The Board shall not accept hours of clinical supervision provided by an addiction counselor for professional counselor licensure.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-505. Post-degree Programs

An applicant who has a master's or higher degree with a major emphasis in counseling but does not meet all curriculum requirements specified in R4-6-501 may take post-graduate courses from a

regionally accredited college or university to remove the curriculum deficiencies as follows:

1. An applicant whose degree did not consist of 60 semester or 90 quarter credit hours may take graduate or higher level counseling-related courses to meet the curriculum requirement;
2. An applicant whose degree did not include the eight core content areas specified in R4-6-501(C) may take graduate or higher level courses to meet the core content requirement; and
3. An applicant whose practicum did not meet the requirements specified in R4-6-501(E) may obtain additional graduate level supervised practicum hours.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Section repealed; new Section by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

ARTICLE 6. MARRIAGE AND FAMILY THERAPY**R4-6-601. Curriculum**

- A.** An applicant for licensure as an associate marriage and family therapist or a marriage and family therapist shall have a master's or higher degree from a regionally accredited college or university in a behavioral health science program that:
1. Is accredited by COAMFTE;
 2. Was previously approved by the Board under A.R.S. § 32-3253(A)(14); or
 3. Includes at least three semester or four quarter credit hours in each of the number of courses specified in the core content areas listed in subsection (B).
- B.** Through December 31, 2029, a program under subsection (A)(3) shall include:
1. Marriage and family studies: Three courses from a family systems theory orientation that collectively contain at minimum the following elements:
 - a. Introductory family systems theory;
 - b. Family development;
 - c. Family systems, including marital, sibling, and individual subsystems; and
 - d. Gender and cultural issues;
 2. Marriage and family therapy: Three courses that collectively contain at a minimum the following elements:
 - a. Advanced family systems theory and interventions;
 - b. Major systemic marriage and family therapy treatment approaches;
 - c. Communications; and
 - d. Sex therapy;
 3. Human development: Three courses that may integrate family systems theory that collectively contain at minimum the following elements:
 - a. Normal and abnormal human development;
 - b. Human sexuality; and
 - c. Psychopathology and abnormal behavior;
 4. Professional studies: One course including at minimum:
 - a. Professional ethics as a therapist, including legal and ethical responsibilities and liabilities; and
 - b. Family law;
 5. Research: One course in research design, methodology, and statistics in behavioral health science; and
 6. Supervised practicum: Two courses that supplement the practical experience gained under subsection (F).

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- C. Beginning January 1, 2030, a program under subsection (A)(3) shall include:
- Foundations of relational/systemic practice, theories, and models: Two courses that collectively contain at a minimum the following elements:
 - Historical development of the MFT relational/systemic philosophy;
 - Contemporary conceptual foundations of MFT; and
 - Evidence-based practice and the biopsychosocial framework;
 - Clinical treatment with individuals, couples, and families: Two courses that collectively contain at a minimum the following elements:
 - Developing competencies in treatment approaches designed for use with a wide range of diverse individuals, couples, and families (i.e. same-sex couples and interfaith couples, and young children, adolescents, and the elderly);
 - Crisis and trauma intervention;
 - Sex therapy; and
 - Evidenced-based practice;
 - Biopsychosocial health and development across the life span: One course including at a minimum individual and family development, human sexuality, and biopsychosocial health across the life span;
 - Professional identity, law, ethics, and social responsibility: One course including at a minimum:
 - Development of a MFT identity and socialization;
 - Ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics; and
 - Understanding legal responsibilities;
 - Research and evaluation: One course in research and evaluation methods and evidence based practice;
 - Systemic or relational assessment and mental health diagnosis and treatment: One course including at a minimum:
 - Understanding the traditional psycho-diagnostic categories;
 - Understanding psychopathology;
 - Assessing, diagnosing, and treating major mental health issues;
 - Using a MFT relational or systemic philosophy to address common presenting problems including addiction, suicide, trauma, abuse, and intro-familial violence; and
 - Providing therapy for individuals, couples, and families managing acute chronic medical conditions; and
 - Supervised practicum: Two courses that supplement the practical experience gained under subsection (F).
- D. Beginning January 1, 2030, in addition to the core content areas specified in subsection (C), a MFT curriculum shall include the following. There is no minimum course requirement for these areas:
- Contemporary issues in MFT: Developing awareness of emerging or evolving challenges, problems, or recent developments at the interface of MFT knowledge and practice and the broader local, regional, and global context;
 - Community intersections and collaboration: Practicing within defined contexts such as healthcare settings, schools, military settings, and private practice or nontraditional MFT practice using therapeutic competencies;
 - Telehealth practice: Developing competencies required to comply with R4-6-1106; and
 - Diverse, multicultural, and underserved communities:
 - Understanding and applying knowledge of diversity, power, privilege, and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religion, spiritual beliefs, nation of origin, or other relevant social identities;
 - Practicing with diverse, international, multicultural, marginalized, or underserved communities;
 - Developing competencies in working with sexual and gender minorities and their families; and
 - Developing and implementing anti-racist practices.
- E. In evaluating the curriculum required under subsections (B) and (C), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.
- F. A program's supervised practicum shall meet the following standards:
- Provides an opportunity for the enrolled student to provide marriage and family therapy services to individuals, couples, families, or other systems under the direction of a faculty member or supervisor designated by the college or university;
 - Occurs over a minimum of two semesters of clinical practice;
 - Includes at least 300 client-contact hours, 100 of which are relational hours, provided under direct supervision; and
 - Includes clinical supervision provided by an AAMFT-approved supervisor or an LMFT licensed by the Board.
- G. An applicant may submit a written request to the ARC for an exemption from the requirement specified in subsection (F)(4). The request shall include the name of the behavioral health professional proposed by the applicant to act as supervisor of the practicum, a copy of the proposed supervisor's transcript and curriculum vitae, and any additional documentation requested by the ARC. The ARC shall grant the exemption if the ARC determines the proposed supervisor is qualified by education, experience, and training to provide supervision.
- H. The Board shall deem an applicant to meet the curriculum requirements for marriage and family therapist licensure if the applicant:
- Holds an active and in good standing associate marriage and family therapist license issued by the Board; and
 - Met the curriculum requirements with a master's degree in a behavioral health field from a regionally accredited university when the associate marriage and family therapist license was issued.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021

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(Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-602. Examination

- A. The Board approves the marriage and family therapy licensure examination offered by the Association of Marital and Family Therapy Regulatory Boards.
- B. Except as specified in subsection (E), an applicant shall pass the approved examination within 12 months after receiving written examination authorization from the Board. An applicant shall not take the examination more than three times during the 12-month testing period.
- C. If an applicant does not receive a passing score within the 12 months referenced in subsection (B), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is closed shall submit a new application and fee.
- D. The Board may grant a one-time 90-day examination extension request to an applicant who demonstrates good cause as specified under R4-6-305(G).
- E. The Board shall deem an applicant for marriage and family therapist licensure to meet the examination requirement if the applicant holds an active and in good standing associate marriage and family therapist license issued by the Board according to A.R.S. § 32-3274 or A.R.S. § 32-4302.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt emergency rulemaking at 21 A.A.R. 521, with Attorney General approval effective March 18, 2015 (Supp. 15-1). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4).

R4-6-603. Supervised Work Experience for Marriage and Family Therapy Licensure

- A. An applicant for licensure as a marriage and family therapist shall demonstrate completion of at least 24 months of supervised work experience in the practice of marriage and family therapy that includes:
 - 1. At least 1600 hours of direct client contact involving the use of psychotherapy:
 - a. At least 1000 of the 1600 hours of direct client contact are with couples or families; and
 - b. No more than 400 of the 1600 hours of direct client contact are provided by psychoeducation and at least 60 percent of psychoeducation hours are with couples or families;
 - c. No more than 400 of the 1600 hours of direct client contact are in crisis response and at least 60 percent of the crisis response hours are with couples and families; and
 - 2. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-604.
- B. For any month in which an applicant provides direct client contact, the applicant shall obtain at least one hour of clinical supervision.

- C. An applicant may submit more than the required hours of supervised work experience for consideration by the Board.
- D. During the period of supervised work experience specified in subsection (A), an applicant for marriage and family therapist licensure shall practice behavioral health under the limitations specified in R4-6-210.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-604. Clinical Supervision for Marriage and Family Therapy Licensure

- A. An applicant for marriage and family therapy licensure shall demonstrate that the applicant received at least 100 hours of clinical supervision that meets the requirements specified in subsection (B) and R4-6-212 during the supervised work experience required under R4-6-603.
- B. The Board shall accept hours of clinical supervision for marriage and family therapist licensure if:
 - 1. The hours are supervised by an individual who meets the educational requirements under R4-6-214;
 - 2. At least 50 of the hours are supervised by:
 - a. A marriage and family therapist licensed by the Board, or
 - b. An independently licensed behavioral health professional who holds an Approved Supervisor designation from the American Association for Marriage and Family Therapy; and
 - 3. The remaining hours are from the following behavioral health professionals:
 - a. A licensed professional counselor;
 - b. A licensed clinical social worker;
 - c. A licensed marriage and family therapist; or
 - d. A licensed psychologist; or
 - e. An individual for whom an exemption was obtained under R4-6-212.01.
- C. The Board shall not accept hours of clinical supervision provided by an addiction counselor for marriage and family therapy licensure.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 1386, effective June 4, 2006 (Supp. 06-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-605. Post-degree Programs

An applicant who has a master's or higher degree in a behavioral health science but does not meet all curriculum requirements speci-

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fied in R4-6-601 may take post-graduate courses from a regionally accredited college or university to remove the curriculum deficiencies if:

1. The deficiencies constitute no more than 12 semester or 16 quarter credit hours; and
2. Courses taken to remove the deficiencies are at a graduate or higher level.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-606. Repealed**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Repealed by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

ARTICLE 7. ADDICTION COUNSELING**R4-6-701. Licensed Addiction Technician Curriculum**

A. An applicant for licensure as an addiction technician shall have:

1. An associate's or bachelor's degree from a regionally accredited college or university in a program accredited by NASAC;
2. An associate's or bachelor's degree from a regionally accredited college or university in an educational program previously approved by the Board under A.R.S. § 32-3253(A)(14); or
3. An associate's or bachelor's degree from a regionally accredited college or university in a behavioral health science program that includes coursework from the seven core content areas listed in subsection (B).

B. An associate's or bachelor's degree under subsection (A)(3), shall include at least three semester or four quarter credit hours in each of the following core content areas:

1. Psychopharmacology, including but not limited to effects on mood, behavior, cognition and physiology;
2. Models of treatment and relapse prevention and/or recovery management, including but not limited to philosophies and practices of generally accepted and evidence-supported models;
3. Group work: Group dynamics and processes as they relate to addictions;
4. Social and cultural diversity focused on understanding cultural belief systems, cultural identity development, and counseling strategies;
5. Co-occurring disorders, including but not limited to philosophies and practices of generally accepted and evidence-supported models;
6. Ethics, including but not limited to:
 - a. Legal and ethical responsibilities and liabilities;
 - b. Standards of professional behavior and scope of practice; and
 - c. Confidentiality and informed consent; and
7. Assessment, diagnosis, and treatment. Use of assessment and diagnosis to develop appropriate treatment interventions for addictions.

C. The Board shall waive the education requirement in subsection (A) for an applicant requesting licensure as an addiction technician if the applicant demonstrates all of the following:

1. The applicant provides services under a contract or grant with the federal government under the authority of 25 U.S.C. § 5301 or § 1601 – 1683;
2. The applicant has obtained at least the equivalent of a high school diploma;
3. Because of cultural considerations, obtaining the degree required under subsection (A) would be an extreme hardship for the applicant; and
4. The applicant has completed at least 6400 hours of supervised work experience in addiction counseling, as prescribed in R4-6-705(C), in no less than 48 months within the seven years immediately preceding the date of application.

D. In evaluating the curriculum required under subsection (B), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.

E. An applicant for licensure as an addiction technician who completed the applicant's coursework no later than October 31, 2017, may request that the Board evaluate the applicant's coursework using the standards in effect before the effective date of this Section.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by exempt rulemaking at 14 A.A.R. 4532, effective January 1, 2009 (Supp. 08-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Clerical error correction made to subsection (B)(4); the Office inadvertently did not remove repealed text as filed at 22 A.A.R. 3238; correction made at the request of the Board (Supp. 17-2). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-702. Licensed Associate Addiction Counselor Curriculum

A. An applicant for licensure as an associate addiction counselor shall have one of the following:

1. A bachelor's degree from a regionally accredited college or university in a program accredited by NASAC and supervised work experience that meets the standards specified in R4-6-705(A);
2. A master's or higher degree from a regionally accredited college or university in a program accredited by NASAC;
3. A bachelor's degree from a regionally accredited college or university in a behavioral health science program that meets the core content standards specified in R4-6-

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701(B) and supervised work experience that meets the standards specified in R4-6-705(A);

4. A master's or higher degree from a regionally accredited college or university in a behavioral health science program that meets the core content standards specified in R4-6-701(B) and includes at least 300 hours of supervised practicum as prescribed under subsection (C); or
 5. A bachelor's degree from a regionally accredited college or university in an educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) and supervised work experience that meets the standards specified in R4-6-705(A); or
 6. A master's or higher degree from a regionally accredited college or university in an educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) and includes at least 300 hours of supervised practicum as prescribed under subsection (C).
- B.** In evaluating the curriculum required under subsection (A)(3) or (4), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.
- C.** Supervised practicum. A supervised practicum shall integrate didactic learning related to addiction with face-to-face, direct counseling experience. The counseling experience shall include intake and assessment, treatment planning, discharge planning, documentation, and case management activities.
- D.** The Board shall deem an applicant to meet the curriculum requirements for associate addiction counselor licensure if the applicant:
1. Holds an active and in good standing addiction technician license issued by the Board; and
 2. Met the curriculum requirements with a bachelor's degree when the addiction technician license was issued.
- E.** An applicant for licensure as an associate addiction counselor who completed the applicant's coursework no later than October 31, 2017, may request that the Board evaluate the applicant's coursework using the standards in effect before the effective date of this Section.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-703. Licensed Independent Addiction Counselor Curriculum

- A.** An applicant for licensure as an independent addiction counselor shall have a master's or higher degree from a regionally accredited college or university in one of the following:
1. A program accredited by NASAC;
 2. A behavioral health science program that meets the core content standards specified in R4-6-701(B) and includes

at least 300 hours of supervised practicum as prescribed under subsection (D); or

3. An educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) that includes at least 300 hours of supervised practicum as prescribed under subsection (D).
- B.** In addition to the degree requirement under subsection (A), an applicant for licensure as an independent addiction counselor shall complete the supervised work experience requirements prescribed under R4-6-705(B).
- C.** In evaluating the curriculum required under subsection (A)(2), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.
- D.** Supervised practicum. A supervised practicum shall integrate didactic learning related to addiction with face-to-face, direct counseling experience. The counseling experience shall include intake and assessment, treatment planning, discharge planning, documentation, and case management activities.
- E.** The Board shall deem an applicant to meet the curriculum requirements for independent addiction counselor licensure if the applicant:
1. Holds an active and in good standing associate addiction counselor license issued by the Board; and
 2. Met the curriculum requirements with a master's degree when the associate addiction counselor license was issued.
- F.** An applicant for licensure as an independent addiction counselor who completed the applicant's coursework no later than October 31, 2017, may request that the Board evaluate the applicant's coursework using the standards in effect before the effective date of this Section.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-704. Examination

- A.** The Board approves the following licensure examinations for an applicant for addiction technician licensure:
1. Alcohol and Drug Counselor and Advanced Alcohol and Drug Counselor Examinations offered by the International Certification and Reciprocity Consortium,
 2. Level I or higher examinations offered by the NAADAC, the Association of Addiction Professionals; and
 3. Other examinations approved by the Board.
- B.** The Board approves the following licensure examinations for an applicant for associate or independent addiction counselor licensure:

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1. Advanced Alcohol and Drug Counselor Examination offered by the International Certification and Reciprocity Consortium;
 2. Level II or higher examinations offered by the NAA-DAC, the Association of Addiction Professionals;
 3. Examination for Master Addictions Counselors offered by the National Board for Certified Counselors; and
 4. Other examinations approved by the Board.
- C. The Board shall deem an applicant for independent addiction counselor licensure as meeting the examination requirements if all of the following apply:
1. The applicant has an active associate addiction counselor license;
 2. The applicant passed a written examination listed in subsection (A) before November 1, 2015; and
 3. The applicant submitted an application to the Board on or after November 1, 2015.
- D. An applicant shall pass an approved examination within 12 months after receiving written examination authorization from the Board. An applicant shall not take an approved examination more than three times during the 12-month testing period.
- E. If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (D), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is closed shall submit a new application and fee.
- F. The Board may grant a one-time 90-day examination extension request to an applicant who demonstrates good cause as specified under R4-6-305(G).

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-705. Supervised Work Experience for Addiction Counselor Licensure

- A. An applicant for associate addiction counselor licensure who has a bachelor's degree and is required under R4-6-702(A) to participate in a supervised work experience shall complete at least 24 months of supervised work experience that relates to substance use disorder and addiction and meets the following standards:
1. At least 1600 hours of direct client contact involving the use of psychotherapy related to addiction issues,
 2. No more than 400 of the 1600 hours of direct client contact are provided by psychoeducation,
 3. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-706, and
 4. At least one hour of clinical supervision in any month in which the applicant provides direct client contact.
- B. An applicant for independent addiction counselor licensure shall demonstrate completion of at least 24 months of supervised work experience in addiction counseling. The applicant

shall ensure that the supervised work experience meets the standards specified in subsection (A).

- C. An applicant for addiction technician qualifying under R4-6-701(C) shall complete at least 3400 hours of supervised work experience in no less than 48 months. The applicant shall ensure that the supervised work experience includes:
1. At least 3200 hours of direct client contact;
 2. Using psychotherapy to assess, diagnose, and treat individuals, couples, families, and groups for issues relating to addiction; and
 3. At least 200 hours of clinical supervision as prescribed under R4-6-212 and R4-6-706.
- D. An applicant may submit more than the required number of hours of supervised work experience for consideration by the Board.
- E. During the period of required supervised work experience, an applicant for addiction licensure shall practice behavioral health under the limitations specified in R4-6-210.
- F. There is no supervised work experience requirement for an applicant for licensure as:
1. An addiction technician qualifying under R4-6-701(A), or
 2. An associate addiction counselor qualifying under R4-6-702(A) with a master's or higher degree.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-706. Clinical Supervision for Addiction Counselor Licensure

- A. During the supervised work experience required under R4-6-705, an applicant for addiction counselor licensure shall demonstrate that the applicant received, for the level of licensure sought, at least the number of hours of clinical supervision specified in R4-6-705 that meets the requirements in subsection (B) and R4-6-212.
- B. The Board shall accept hours of clinical supervision for addiction licensure if the focus of the supervised hours relates to addiction and:
1. The supervision is provided by someone who meets the educational requirements under R4-6-214.
 2. At least 50 hours are supervised by:
 - a. An independent addiction counselor licensed by the Board; or
 - b. An independently licensed behavioral health professional who:
 - i. Provides evidence of knowledge and experience in addiction treatment; and
 - ii. Is approved by the ARC or designee, and
 3. The remaining hours are from the following behavioral health professionals who meet the educational requirements under R4-6-214:
 - a. A licensed professional counselor,
 - b. A licensed clinical social worker,
 - c. A licensed marriage and family therapist,

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- d. A licensed psychologist, or
- e. An individual for whom an exemption was obtained under R4-6-212.01.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-707. Post-degree Programs

An applicant who has a behavioral health science degree from a regionally accredited college or university but does not meet all curriculum requirements specified in R4-6-701, R4-6-702, or R4-6-703 may take post-graduate courses from a regionally accredited college or university to remove the curriculum deficiencies. The Board shall accept a post-graduate course from a regionally accredited college or university to remove a curriculum deficiency if the course meets the following requirement, as applicable:

- 1. For an applicant who has an associate's or bachelor's degree, an undergraduate or higher level course; or
- 2. For an applicant who has a master's degree, a graduate or higher level course.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Section repealed; new Section made by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

ARTICLE 8. LICENSE RENEWAL AND CONTINUING EDUCATION**R4-6-801. Renewal of Licensure**

- A. Under A.R.S. § 32-3273, a license issued by the Board under A.R.S. Title 32, Chapter 33 and this Chapter is renewable every two years. A licensee who has more than one license may request in writing that the Board synchronize the expiration dates of the licenses. The licensee shall pay any prorated fees required to accomplish the synchronization.
- B. A licensee holding an active license to practice behavioral health in this state shall complete 30 clock hours of continuing education as prescribed under R4-6-802 between the date the Board received the licensee's last renewal application and the next license expiration date. A licensee may not carry excess continuing education hours from one license period to the next.
- C. To renew licensure, a licensee shall submit the following to the Board on or before the date of license expiration or as specified in A.R.S. § 32-4301:
 - 1. A renewal application form, approved by the Board. The licensee shall ensure that the renewal form:
 - a. Includes a list of 30 clock hours of continuing education that the licensee completed during the license period;
 - b. If the documentation previously submitted under R4-6-301 (11) was a limited form of work authorization issued by the federal government, includes evidence that the work authorization has not expired; and

- c. Is signed by the licensee attesting that all information submitted is true and correct;

- 2. Payment of the renewal fee as prescribed in R4-6-215. In accordance with A.R.S. § 32-3272, the Board shall waive the renewal fee for an associate level license if the licensee has submitted the renewal application and the licensee's application for independent licensure is pending; and
- 3. Other documents requested by the Board to determine that the licensee continues to meet the requirements under A.R.S. Title 32, Chapter 33 and this Chapter.
- D. The Board may audit a licensee to verify compliance with the continuing education requirements under subsection (B). A licensee shall maintain documentation verifying compliance with the continuing education requirements as prescribed under R4-6-803.
- E. A licensee whose license expires shall immediately stop the practice of behavioral health in settings that require a license and stop representation as a licensee. A license may be reinstated within 90 days of expiration by complying with subsection (C) and paying the reinstatement fee. A licensee who engages in the practice of behavioral health between the dates of license expiration and license reinstatement may be subject to disciplinary action for practicing unlicensed.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final rulemaking at 14 A.A.R. 4516, effective December 2, 2008 (Supp. 08-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-802. Continuing Education

- A. A licensee who maintains more than one license may apply the same continuing education hours for renewal of each license if the content of the continuing education relates to the scope of practice of each license. A licensee who obtained continuing education hours while practicing under a temporary license may apply the continuing education hours for license renewal.
- B. For each license period, a licensee may report a maximum of:
 - 1. Ten clock hours of continuing education for first-time presentations by the licensee that deal with current developments, skills, procedures, or treatments related to the practice of behavioral health. The licensee may claim one clock hour for each hour spent preparing, writing, and presenting information;
 - 2. Six clock hours of continuing education for attendance at a Board meeting where the licensee is not:
 - a. A member of the Board,
 - b. The subject of any matter on the agenda, or
 - c. The complainant in any matter that is on the agenda; and
 - 3. Ten clock hours of continuing education for service as a Board or ARC member.
- C. For each license period, a licensee shall report:
 - 1. A minimum of three clock hours of continuing education sponsored, approved, or offered by an entity listed in subsection (D) in each of the following:
 - a. Behavioral health ethics or mental health law;
 - b. Cultural considerations in psychotherapy; and

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- c. Beginning January 1, 2027, technology related to behavioral health such as telehealth, electronic communication, and use of artificial intelligence; and
 2. Completion of the three clock hour Arizona Statutes/Regulations Tutorial.
 - D. A licensee shall participate in continuing education that relates to the scope of practice of the license held and will maintain, improve, and build on the skill and competency of the licensee. The Board has determined that in addition to the continuing education listed in subsections (B) and (C), the following continuing education meets this standard:
 1. Activities sponsored or approved by national, regional, or state professional associations or organizations in the specialties of marriage and family therapy, professional counseling, social work, addiction counseling, or in the allied professions of psychiatry, psychiatric nursing, psychology, or pastoral counseling;
 2. Programs in behavioral health sponsored or approved by a regionally accredited college or university;
 3. In-service training, courses, or workshops in behavioral health sponsored by federal, state, or local social service agencies, public school systems, or licensed health facilities or hospitals;
 4. Graduate or undergraduate courses in behavioral health offered by a regionally accredited college or university. One semester-credit hour or the hour equivalent of one semester hour equals 15 clock hours of continuing education;
 5. Publishing a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of behavioral health. For the license period in which publication occurs, the licensee may claim one clock hour for each hour spent preparing and writing materials; and
 6. Programs in behavioral health sponsored by a state superior court, adult probation department, or juvenile probation department.
 - E. Beginning January 1, 2027, individuals qualified to provide clinical supervision for licensure shall have complied with the requirements prescribed in R4-6-212 and R4-6-214, including completion of clinical supervisor training approved by the Board or sponsored by one of the four state behavioral health associations.
 - F. Board approval of clinical supervision training.
 1. To obtain Board approval of a clinical supervision training, the training provider shall submit to the Board:
 - a. An application, using a form approved by the Board,
 - b. The fee prescribed under R4-6-215, and
 - c. Documentary evidence the training program is consistent with the standards and topics specified in R4-6-214(B).
 2. The Board shall review the materials submitted under subsection (F)(1) and notify the training provider whether the clinical supervision training is approved or denied for deficiencies. If the training is denied for deficiencies, the Board shall allow the training provider 90 days in which to resubmit the materials required under subsection (F)(1) for further review. If the Board denies approval of the clinical supervision training a second time, the training provider may seek approval only by complying again with subsection (F)(1).
 3. When the Board approves a clinical supervision training, the Board shall add the training to the list of approved clinical supervision trainings maintained by the Board.
 4. Board approval of a clinical supervision training is valid for three years unless the training provider makes changes to the training that are inconsistent with the specifications in R4-6-214(B).
 5. To maintain approval of a clinical supervision training after three years, the training provider shall comply with subsection (F)(1).
- Historical Note**
- New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 22 A.A.R. 3238, effective November 1, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).
- R4-6-803. Continuing Education Documentation**
- A. A licensee shall maintain documentation of continuing education for 24 months following the date of the license renewal.
 - B. The licensee shall retain the following documentation as evidence of participation in continuing education:
 1. For conferences, seminars, workshops, and in-service training presentations, a signed certificate of attendance or a statement from the provider verifying the licensee's participation in the activity, including the title of the program, name, address, and telephone number of the sponsoring organization, names of presenters, date of the program, and clock hours involved;
 2. For first-time presentations by a licensee, the title of the program, name, address, and telephone number of the sponsoring organization, date of the program, syllabus, and clock hours required to prepare and make the presentation;
 3. For a graduate or undergraduate course, an official transcript;
 4. For an audited graduate or undergraduate course, an official transcript; and
 5. For attendance at a Board meeting, a signed certificate of attendance prepared by the Board.
- Historical Note**
- New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).
- R4-6-804. Repealed**
- Historical Note**
- New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 2713, effective June 27, 2005 (Supp. 05-2). Repealed by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).
- ARTICLE 9. APPEAL OF LICENSURE OR LICENSURE RENEWAL INELIGIBILITY**
- R4-6-901. Appeal Process for Licensure Ineligibility**

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- A. An applicant for licensure may be found ineligible because of unprofessional conduct or failure to meet licensure requirements.
- B. If the ARC finds an applicant is ineligible because of failure to meet licensure requirements:
 1. The ARC shall send a written notice of the finding of ineligibility to the applicant with an explanation of the basis for the finding.
 2. An applicant who wishes to appeal the finding of ineligibility shall submit a written request for an informal review meeting to the ARC within 30 days after the notice of ineligibility is served. If an informal review meeting is not requested within the time provided, the ARC shall recommend to the Board that licensure be denied and the licensee's file be closed with no recourse to appeal.
 3. If a request for an informal review meeting is received within the 30 days provided under subsection (B)(2), the ARC shall schedule the informal review meeting and provide at least 30-days' notice to the applicant. At the informal review meeting, the ARC shall allow the applicant to present additional information regarding the applicant's qualifications for licensure.
 4. When the review is complete, the ARC shall make a second finding whether the applicant is eligible for licensure. The ARC shall send written notice of this second finding to the applicant with an explanation of the basis for the finding.
 5. If the ARC again finds the applicant is ineligible for licensure, an applicant who wishes to appeal the second finding of ineligibility shall submit a written request to the Board for a formal administrative hearing under the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10, within 30 days after the second notice of ineligibility is served. The Board shall either refer the request for a formal administrative hearing to the Office of Administrative Hearings or schedule the formal administrative hearing before the Board. If a formal administrative hearing is not requested within 30 days, the ARC shall recommend to the Board that licensure be denied and the applicant's file be closed with no recourse to appeal.
 6. If the formal administrative hearing is held before the Office of Administrative Hearings, the Board shall review the findings of fact, conclusions of law, and recommendation and issue an order either to grant or deny licensure.
 7. If the formal administrative hearing is held before the Board, the Board shall issue the findings of fact and conclusions of law and shall issue an order either to grant or deny licensure.
 8. The Board shall send the applicant a copy of the final findings of fact, conclusions of law, and order. An applicant who is denied licensure following a formal administrative hearing is required to exhaust the applicant's administrative remedies as described in R4-6-1002 before seeking judicial review of the Board's final administrative decision.
- C. If the Board receives a complaint against an applicant while the applicant is under review for licensure, the Board shall review the complaint in accordance with the procedures in R4-6-1001. The Board shall not take final action on an application while a complaint is pending against the applicant.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-902. Appeal Process for Licensure Renewal Ineligibility

- A. A licensee who applies for licensure renewal may be found ineligible because of failure to meet licensure renewal requirements.
- B. If the Board finds an applicant for licensure renewal is ineligible because of failure to meet licensure renewal requirements:
 1. The Board shall send a written notice of the finding of ineligibility to the licensee with an explanation of the basis for the finding.
 2. A licensee who wishes to appeal the finding of ineligibility for licensure renewal shall submit a written request for an informal review meeting to the Board within 30 days after the notice of ineligibility is served. If an informal review meeting is not requested within the time provided, the Board shall deny licensure renewal and close the licensee's file with no recourse to appeal.
 3. If a request for an informal review meeting is received within the 30 days provided under subsection (B)(2), the Board shall schedule the informal review meeting and provide at least 30-days' notice to the licensee. At the informal review meeting, the Board shall allow the licensee to present additional information regarding the licensee's qualifications for renewal.
 4. When the informal review meeting is complete, the Board shall make a second finding whether the licensee meets renewal requirements. The Board shall send written notice of this second finding to the licensee with an explanation of the basis for the finding.
 5. If the Board again finds the licensee is ineligible for licensure renewal, a licensee who wishes to appeal the second finding of ineligibility shall submit a written request to the Board for a formal administrative hearing under the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10, within 30 days after the second notice of ineligibility is served. The Board shall either refer the request for a formal administrative hearing to the Office of Administrative Hearings or schedule the formal administrative hearing before the Board. If a formal administrative hearing is not requested within 30 days, the Board shall deny licensure renewal and close the licensee's file with no recourse to appeal.
 6. If the formal administrative hearing is held before the Office of Administrative Hearings, the Board shall review the findings of fact, conclusions of law, and recommendation and issue an order either to grant or deny licensure renewal.
 7. If the formal administrative hearing is held before the Board, the Board shall issue the findings of fact and conclusions of law and issue an order either to grant or deny licensure renewal.
 8. The Board shall send the licensee a copy of the final findings of fact, conclusions of law, and order. A licensee who is denied licensure renewal following a formal administrative hearing is required to exhaust the licensee's administrative remedies as described in R4-6-1002 before seeking judicial review of the Board's final administrative decision.

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Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

ARTICLE 10. DISCIPLINARY PROCESS**R4-6-1001. Disciplinary Process**

- A. If the Board receives a written complaint alleging a licensee is or may be incompetent, guilty of unprofessional practice, or mentally or physically unable to engage in the practice of behavioral health safely, the Board shall send written notice of the complaint to the licensee and require the licensee to submit a written response within 30 days from the date of service of the written notice of the complaint.
- B. The Board shall conduct all disciplinary proceedings according to A.R.S. §§ 32-3281 and 3282 and Title 41, Chapter 6, Article 10.
- C. As provided under A.R.S. § 32-3282(B), a licensee who is the subject of a complaint, or the licensee's designated representative, may review the complaint investigative file at the Board office at least five business days before the meeting at which the Board is scheduled to consider the complaint. The Board may redact confidential information before making the investigative file available to the licensee.
- D. If the Board determines that disciplinary action is appropriate, the Board shall consider factors including, but not limited to, the following when determining the appropriate discipline:
 1. Prior disciplinary offenses;
 2. Dishonest or self-serving motive;
 3. Pattern of misconduct; multiple offenses;
 4. Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the Board;
 5. Submission of false evidence, false statements, or other deceptive practices during the investigative or disciplinary process;
 6. Refusal to acknowledge wrongful nature of conduct; and
 7. Vulnerability of the victim.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-1002. Review or Rehearing of a Board Decision

- A. The Board shall provide for a rehearing or review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.
- B. Except as provided in subsection (I), a party is required to file a motion for rehearing or review of a Board decision to exhaust the party's administrative remedies. A party that has exhausted the party's administrative remedies may apply for judicial review of the final order issued by the Board in accordance with A.R.S. § 12-901 et seq.
- C. When a motion for rehearing or review is based on affidavits, the affidavits shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- D. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.

- E. An aggrieved party may seek a review or rehearing of a Board decision by submitting a written request for a review or rehearing to the Board within 30 days after service of the decision. The request shall specify the grounds for a review or rehearing. The Board shall grant a request for a review or rehearing for any of the following reasons materially affecting the rights of an aggrieved party:
 1. Irregularity in the administrative proceedings or any abuse of discretion that deprived the aggrieved party of a fair hearing;
 2. Misconduct of the Board, its staff, an administrative law judge, or any party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the hearing;
 5. Excessive penalties;
 6. Decision, findings of fact, or conclusions not justified by the evidence or contrary to law; or
 7. Errors regarding the admission or rejection of evidence or errors of law that occurred at the hearing or during the progress of the proceedings.
- F. The Board may affirm or modify the decision or grant a rehearing to any party on all or part of the issues for any of the reasons listed in subsection (E). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order. The rehearing, if granted, shall be limited to the matters specified by the Board.
- G. No later than 30 days after a decision is rendered, the Board may order a rehearing or review on its own initiative, for any reason it might have granted relief on motion of a party.
- H. If the Board grants a request for rehearing, the Board shall hold the rehearing within 60 days after the date on the order granting the rehearing.
- I. If the Board makes a specific finding that a particular decision needs to be effective immediately to preserve the public health, safety, or welfare, and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Board may issue the decision as a final order without an opportunity for a rehearing or review.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

ARTICLE 11. DOCUMENTATION AND STANDARDS OF PRACTICE**R4-6-1101. Consent for Treatment**

A licensee shall:

1. Provide treatment to a client only in the context of a professional relationship based on informed consent for treatment;
2. Document in writing, including by electronic means, for each client the following elements of informed consent for treatment:
 - a. Purpose of treatment;
 - b. General procedures to be used in treatment, including benefits, limitations, and potential risks;
 - c. The client's right to have the client's records and all information regarding the client kept confidential

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- and an explanation of the limitations on confidentiality;
 - d. Notification of the licensee's supervision or involvement with a treatment team of professionals;
 - e. Methods for the client to obtain the client's records or information about the client's records;
 - f. The client's right to participate in treatment decisions and in the development and periodic review and revision of the client's treatment plan;
 - g. The client's right to refuse any recommended treatment or to withdraw consent to treatment and to be advised of the consequences and risks of refusal or withdrawal;
 - h. The client's right to be informed of all fees that the client is required to pay and the licensee's refund and collection policies and procedures;
 - i. Beginning January 1, 2027, notification of the extent, if any, to which clinical services are provided through, recorded or documented with, or involve the use of artificial intelligence, machine learning, deep learning, or any other human simulation modality; and
 - j. Beginning January 1, 2027, a description of the professional nature of the therapeutic relationship.
3. Obtain a dated and signed written informed consent for treatment from a client or the client's legal representative before providing treatment to the client and when a change occurs in an element listed in subsection (2) that might affect the client's consent for treatment;
 4. Obtain a dated and signed written informed consent for treatment from a client or the client's legal representative before audio or video taping the client or permitting a third party to observe treatment provided to the client;
 5. If treatment of a client is by telehealth, the informed consent for treatment required under subsections (3) and (4) may be:
 - a. Obtained verbally, and
 - b. Contemporaneously documented in the client's record.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 3369, effective January 12, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-1102. Treatment Plan

A licensee shall:

1. By completion of the fourth session, work jointly with each client or the client's legal representative to prepare an integrated, individualized, written treatment plan, based on the licensee's provisional or principal diagnosis and assessment of behavior and the treatment needs, abilities, resources, and circumstances of the client, that includes:
 - a. One or more treatment goals;
 - b. One or more treatment methods;

- c. The date, within a maximum of 12 months, when the client's treatment plan will be reviewed and reassessed;
 - d. If a discharge date has been determined, the after-care needed, if applicable;
 - e. The dated signature of the client or the client's legal representative; and
 - f. The dated signature of the licensee;
2. Review and reassessment of the treatment plan:
 - a. According to the review date specified in the treatment plan as required under subsection (1)(c); and
 - b. At least annually the licensee shall document a review of the treatment plan with the client or the client's legal representative to ensure the continued viability and effectiveness of the treatment plan and, update the treatment plan as applicable; and
 3. Ensure all treatment plan revisions include the dated signature of the client or the client's legal representative and the licensee.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-1103. Client Record

- A. A licensee shall ensure that a client record is maintained for each client and:
 1. Is protected at all times from loss, damage, or alteration;
 2. Is confidential;
 3. Is legible and recorded in ink or electronically recorded;
 4. Contains entries that are dated and include the printed name and signature or electronic signature of the individual making the entry;
 5. Is current and accurate;
 6. Contains original documents and original signature, initials, or authentication; and
 7. Is disposed of in a manner that protects client confidentiality.
- B. A licensee shall ensure that a client record contains the following, if applicable:
 1. The client's name, address, and telephone number;
 2. Information or records provided by or obtained from another person regarding the client;
 3. Written authorization to release the client's record or information;
 4. Progress notes;
 5. Informed consent to treatment;
 6. Contemporaneous documentation of:
 - a. Treatment plan and all revisions to the treatment plan;
 - b. Requests for client records and resolution of the requests;
 - c. Release of any information in the client record;
 - d. Contact with the client or another individual that relates to the client's health, safety, welfare, or treatment; and
 - e. Behavioral health services provided to the client;
 7. Other information or documentation required by state or federal law.
 8. Financial records, including:

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- a. Records of financial arrangements for the cost of providing behavioral health services;
 - b. Measures that will be taken for nonpayment of the cost of behavioral health services provided by the licensee.
- C. A licensee shall make client records in the licensee's possession promptly available to another health professional and the client or the client's legal representative in accordance with A.R.S. § 12-2293.
- D. A licensee shall make client records of a minor client in the licensee's possession promptly available to the minor client's parent in accordance with A.R.S. § 25-403.06.
- E. A licensee shall retain records in accordance with A.R.S. § 12-2297.
- F. A licensee shall ensure the safety and confidentiality of any client records the licensee creates, maintains, transfers, or destroys whether the records are written, taped, computerized, or stored in any other medium.
- G. A licensee shall ensure that a client's privacy and the confidentiality of information provided by the client is maintained by subordinates, including employees, supervisees, clerical assistants, and volunteers.
- H. A licensee shall ensure that each progress note includes the following:
- 1. The date a behavioral health service was provided;
 - 2. The time spent providing the behavioral health service;
 - 3. If counseling services were provided, whether the counseling was individual, couples, family, or group; and
 - 4. The dated signature of the licensee who provided the behavioral health service.
- I. In accordance with applicable federal or state law that authorizes release or disclosure; or
2. With written authorization from the client or the client's legal representative.
- B. Written authorization includes:
- 1. The name of the person disclosing the client record or information;
 - 2. The purpose of the disclosure;
 - 3. The individual, agency, or entity requesting or receiving the record or information;
 - 4. A description of the client record or information to be released or disclosed;
 - 5. A statement indicating authorization and understanding that authorization may be revoked at any time;
 - 6. The date or circumstance when the authorization expires, not to exceed 12 months;
 - 7. The date the authorization was signed; and
 - 8. The dated signature of the client or the client's legal representative.
- C. A licensee shall ensure that any written authorization to release a client record or any information regarding a client is maintained in the client record.
- D. If a licensee provides behavioral health services to multiple members of a family, each legally competent, participating family member shall independently provide written authorization to release client records regarding the family member. Without authorization from a family member, the licensee shall not disclose the family member's client record or any information obtained from the family member unless otherwise allowed by state or federal law.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-1104. Financial and Billing Records

A licensee shall:

- 1. Make financial arrangements with a client or the client's legal representative, third-party payer, or supervisee that are reasonably understandable and conform to accepted billing practices;
- 2. Before entering a therapeutic relationship, clearly explain to a client or the client's legal representative, all financial arrangements related to professional services, including the use of collection agencies or legal measures for non-payment;
- 3. Truthfully represent financial and billing facts to a client or the client's legal representative, third-party payer, or supervisee regarding services rendered; and
- 4. Maintain billing records, separate from clinical documentation, which correspond with the client record.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4).

R4-6-1105. Release of Confidential Information

- A. A licensee shall release or disclose client records or any information regarding a client only:

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2). Amended by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R4-6-1106. Telehealth

- A. Except as provided under A.R.S. § 32-3271(A)(2), an individual who provides counseling, social work, marriage and family therapy, or addiction counseling by telehealth to a client located in Arizona shall:
- 1. Be licensed by the Board,
 - 2. Be competent in providing behavioral health services by telehealth, and
 - 3. Ensure that providing behavioral health services by telehealth is appropriate for the client's needs.
- B. Under A.R.S. § 32-3271(A)(2), an individual who is licensed in good standing in another state but who is not licensed by the Board shall not provide counseling, social work, marriage and family therapy, or addiction counseling by telehealth to a client located in Arizona for more than ninety days. The individual providing behavioral health services under A.R.S. § 32-3271(A)(2) by telehealth to a client in Arizona shall ensure the 90 days are consecutive and occur in one calendar year.
- C. Except as otherwise provided by statute, an individual who provides counseling, social work, marriage and family therapy, or addiction counseling by telehealth only to a client located outside Arizona shall comply with the laws and rules of the jurisdiction in which the client is located.
- D. An individual who provides counseling, social work, marriage and family therapy, or addiction counseling by telehealth shall:

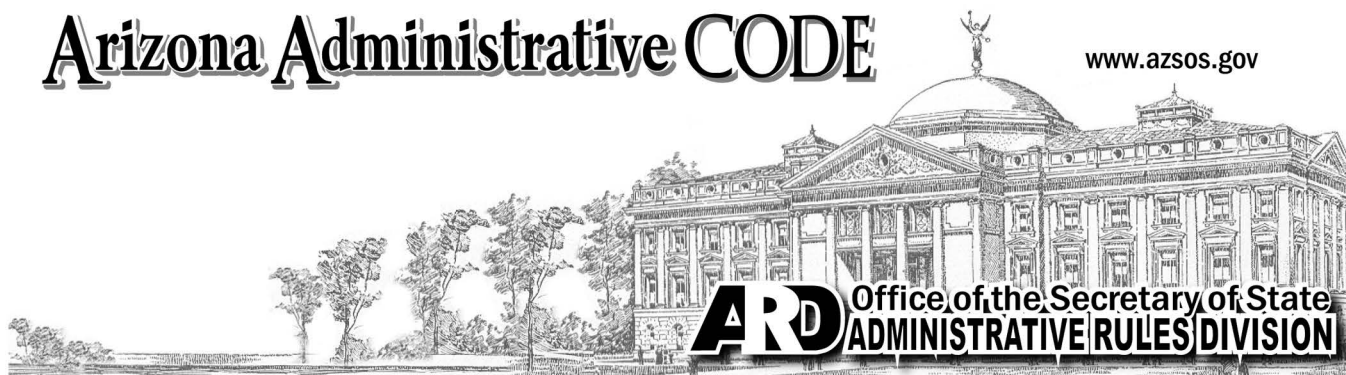
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1. In addition to complying with the requirements in R4-6-1101, document the limitations and risks associated with telehealth, including but not limited to the following:
 - a. Inherent confidentiality risks of electronic communication,
 - b. Potential for technology failure,
 - c. Emergency procedures when the licensee is unavailable,
 - d. Manner of identifying the client when using electronic communication that does not involve video, and
 - e. Local emergency contacts or services; and
2. In addition to complying with the requirements in R4-6-1103, include the following in the progress note required under R4-6-1103(H):
 - a. Mode of session, whether interactive audio, video, or electronic communication; and
 - b. Verification of the client's:
 - i. Physical location during the session; and
 - ii. Local emergency contacts if different from those provided under subsection (D)(1).

Historical Note

New Section made by final exempt rulemaking pursuant to Laws 2015, Chapter 154, § 10, at 21 A.A.R. 2630, effective November 1, 2015 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 2881, effective January 3, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 3032 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).



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Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Ryan Edmonson
Title: Executive Director
Telephone: (602) 542-4493
Email: ryan.edmonson@dentalboard.az.gov
Board: State Board of Dental Examiners
Address: 1740 W. Adams St., Suite 2470
Phoenix, AZ 85007
Website: <https://dentalboard.az.gov>

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

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

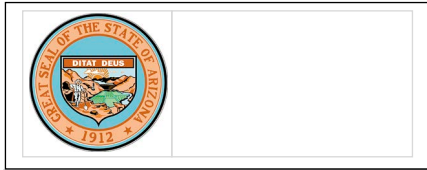
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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

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Administrative Rules Division

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

Authority: A.R.S. §§ 32-1201 et seq.

Supp. 25-3

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

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

Article 2, consisting of Sections R4-11-201 and R4-11-203, renumbered to Article 3, Sections R4-11-301 and R4-11-302; Sections R4-11-202 and R4-11-204 through R4-11-216 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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

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Article 9, consisting of Sections R4-11-901 through R4-11-905, renumbered from Article 10, Sections R4-11-1001 through R4-11-1005 and amended; Section R4-11-906 adopted, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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

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

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

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

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

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Article 16, consisting of Section R4-11-1601 expired under A.R.S. § 41-1056(E) at 14 A.A.R. 3183, effective April 30, 2008 (Supp. 08-3).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Drug” means:

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

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

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

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

“Emerging scientific technology” means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental, dental therapy, or dental hygiene school and use of the technology poses material risks.

“Epithelial attachment” means the layer of cells that extends apically from the depth of the gingival sulcus along the tooth, forming an organic attachment.

“Ex-parte communication” means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.

“General anesthesia” is a Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or Drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

“General supervision” means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.

“Homebound patient” means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.

“Irreversible procedure” means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.

“Licensee” means a dentist, dental therapist, dental hygienist, dental consultant, retired licensee, or person who holds a restricted permit under A.R.S. §§ 32-1237 or 32-1292.

“Local anesthesia” is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic Drug.

“Minimal sedation” is a minimally depressed level of consciousness that retains a patient’s ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation, not limited to reflex withdrawal from a painful stimulus, or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

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“Mobile dental permit holder” means a Licensee or dentist who holds a mobile permit under R4-11-1301, R4-11-1302, or R4-11-1303.

“Moderate sedation” is Drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation, not limited to reflex withdrawal from a painful stimulus. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained. The Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of a Drug before the effects of previous dosing can be fully recognized may result in a greater alteration of the state of consciousness than intended by the permit holder.

“Nitrous oxide analgesia” means nitrous oxide used as an inhalation analgesic.

“Official compendium” means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.

“Oral sedation” is the enteral administration of a Drug or non-Drug substance or combination inhalation and enterally administered Drug or non-Drug substance in a dental office or dental clinic to achieve Minimal Sedation or Moderate Sedation.

“Parenteral sedation” is a minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a pharmacological or non-pharmacological method or a combination of both methods of administration in which the Drug bypasses the gastrointestinal tract.

“Periodontal pocket” means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the Epithelial Attachment.

“Plaque” means a film-like sticky substance composed of mucoid secretions containing bacteria and toxic products, dead tissue cells, and debris.

“Polishing” means a procedure limited to the removal of Plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and Polishing agent. A Licensee or dental assistant shall not represent that this procedure alone constitutes an oral Prophylaxis.

“Prescription-only device” means:

Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or

Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend “Rx Only.”

“Prescription-only Drug” does not include a Controlled Substance but does include:

Any Drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience

to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;

Any Drug that is limited by an approved new Drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;

Every potentially harmful Drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer; or

Any Drug required by the federal act to bear on its label the legend “RX Only.”

“President’s designee” means the Board’s executive director, an investigator, or a Board member acting on behalf of the Board president.

“Preventative and therapeutic agents” means substances that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

“Prophylaxis” means a Scaling and Polishing procedure performed on patients with healthy tissues to remove coronal Plaque, Calculus, and stains.

“Recognized continuing dental education” means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized dentist school, or sponsored by a national or state dental, dental therapy, dental hygiene, or dentist association, American Dental Association Continuing Education Recognition Program or Academy of General Dentistry, Program Approval for Continuing Education approved provider, dental, dental therapy, dental hygiene, or dentist Study Club, governmental agency, commercial dental supplier, non-profit organization, accredited hospital, or programs or courses approved by other state, district, or territorial dental licensing boards.

“Restricted permit holder” means a dentist who meets the requirements of A.R.S. § 32-1237, or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

“Retired” means a dentist, dental therapist, dental hygienist, or dentist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism.

“Root planing” means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with Calculus, or contaminated with toxins or microorganisms.

“Scaling” means use of instruments on the crown and root surfaces of the teeth to remove Plaque, Calculus, and stains from these surfaces.

“Section 1301 permit” means a permit to administer General Anesthesia and Deep Sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

“Section 1302 permit” means a permit to administer Parenteral Sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

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“Section 1303 permit” means a permit to administer Oral Sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

“Section 1304 permit” means a permit to employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

“Study club” means a group of at least five Arizona licensed dentists, dental therapists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

“Treatment records” means all documentation related directly or indirectly to the dental treatment of a patient.

Historical Note

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-02 renumbered as Section R4-11-102 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-101 renumbered to R4-11-201, new Section R4-11-101 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 334 and at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-102. Licensee Participation

At least once per year, the Board shall provide an opportunity for any Licensee, Certificate Holder, or Business Entity to provide advice and/or assistance to the Board during a public meeting of the Board as indicated on the Board’s meeting agendas.

Historical Note

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-02 renumbered as Section R4-11-102 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-102 renumbered to R4-11-202 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-103. Renumbered**Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-03 renumbered as Section R4-11-103 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-103 renumbered to R4-11-203 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-104. Repealed**Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-04 renumbered as Section R4-11-104 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-104 repealed by final rulemaking at 5

A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-105. Repealed**Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-05 renumbered as Section R4-11-105 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-105 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

ARTICLE 2. LICENSURE BY CREDENTIAL

New Article 2, consisting of Sections R4-11-201 through R4-11-205, made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3).

R4-11-201. Clinical Examination; Requirements

- A. If an applicant is applying under A.R.S. §§ 32-1240, 32-1276.07, or 32-1292.01, the Board shall ensure that the applicant has passed the clinical examination of A.R.S. §§ 32-1233(2) for dentists, or 32-1276.01(B)(3)(a) for dental therapists, or 32-1285(2) for dental hygienists, notwithstanding each respective statute’s timing stipulation. Satisfactory completion of the clinical examination may be demonstrated by certified documentation, sent directly from another state, United States territory, District of Columbia or a testing agency that meets the requirements of A.R.S. §§ 32-1233(2) for dentists, or 32-1276.01(B)(3)(a) for dental therapists, or 32-1285(2) for dental hygienists, notwithstanding each respective statute’s timing stipulation, that confirms successful completion of the clinical examination or multiple examinations administered by the state, United States territory, District of Columbia or testing agency. The certified documentation shall contain the name of the applicant, date of examination or examinations and proof of a passing score.
- B. An applicant shall meet the licensure requirements in R4-11-301 and R4-11-303.

Historical Note

Former Rule 2a; Amended effective November 20, 1979 (Supp. 79-6). Amended effective November 28, 1980 (Supp. 80-6). Former Section R4-11-11 renumbered as Section R4-11-201 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-201 renumbered to R4-11-301, new Section R4-11-201 renumbered from R4-11-101 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E), effective April 30, 2001 (Supp. 01-2). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-202. Dental Licensure by Credential; Application

- A. A dentist applying under A.R.S. § 32-1240 shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dentist applying under A.R.S. § 32-1240 shall:
 1. Have a current dental license in another state, territory or district of the United States;
 2. Submit a written affidavit affirming that the dentist has practiced dentistry for a minimum of 5000 hours during the five years immediately before applying for licensure by credential. For purposes of this subsection, dental practice includes experience as a dental educator at a den-

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tal program accredited by the Commission on Dental Accreditation or another post-secondary dental education program accrediting agency recognized by the U.S. Department of Education, or employment as a dentist in a public health setting;

3. Submit a written affidavit affirming that the applicant has complied with the continuing dental education requirement of the state in which the applicant is currently licensed;
 4. Provide evidence regarding the clinical examination by complying with R4-11-201(A); and
 5. Pass the Arizona jurisprudence examination with a minimum score of 75%.
- C. For any application submitted under A.R.S. § 32-1240, the Board may request additional clarifying evidence required under R4-11-201(A).
- D. An applicant for dental licensure by credential shall pay the fee prescribed in A.R.S. § 32-1240, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas, such as declared or eligible Health Professional Shortage Areas; or
 2. Other facilities caring for underserved populations as recognized by the Arizona Department of Health Services and approved by the Board.
- E. An applicant for dental licensure by credential who works in areas or facilities described in subsection (D) shall:
1. Commit to a three-year, exclusive service period,
 2. File a copy of a contract or employment verification statement with the Board, and
 3. As a Licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- F. A Licensee's failure to comply with the requirements in subsection (E) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

Historical Note

Former Rule 2b; Former Section R4-11-12 renumbered as Section R4-11-202 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-202 repealed, new Section R4-11-202 renumbered from R4-11-102 and the heading amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Labeling changes made to reflect current style requirements (Supp. 99-1). Section expired under A.R.S. § 41-1056(E), effective April 30, 2001 (Supp. 01-2). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-203. Dental Hygienist Licensure by Credential; Application

- A. A dental hygienist applying under A.R.S. § 32-1292.01 shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dental hygienist applying under A.R.S. § 32-1292.01 shall:
1. Have a current dental hygienist license in another state, territory, or district of the United States;
 2. Submit a written affidavit affirming that the applicant has practiced as a dental hygienist for a minimum of 1000 hours during the two years immediately before applying

for licensure by credential. For purposes of this subsection, dental hygienist practice includes experience as a dental hygienist educator at a dental program accredited by the Commission on Dental Accreditation or another post-secondary dental education program accrediting agency recognized by the U.S. Department of Education, or employment as a dental hygienist in a public health setting;

3. Submit a written affidavit affirming that the applicant has complied with the continuing dental hygienist education requirement of the state in which the applicant is currently licensed;
 4. Provide evidence regarding the clinical examination by complying with R4-11-201(A); and
 5. Pass the Arizona jurisprudence examination with a minimum score of 75%.
- C. For any application submitted under A.R.S. § 32-1292.01, the Board may request additional clarifying evidence as required under R4-11-201(A).
- D. An applicant for dental hygienist licensure by credential shall pay the fee prescribed in A.R.S. § 32-1292.01, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas such as declared or eligible Health Professional Shortage Areas; or
 2. Other facilities caring for underserved populations, as recognized by the Arizona Department of Health Services and approved by the Board.
- E. An applicant for dental hygienist licensure by credential who works in areas or facilities described in subsection (D) shall:
1. Commit to a three-year exclusive service period,
 2. File a copy of a contract or employment verification statement with the Board, and
 3. As a Licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- F. A Licensee's failure to comply with the requirements in R4-11-203(E) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

Historical Note

Former Rule 2c; Former Section R4-11-13 repealed, new Section R4-11-13 adopted effective November 20, 1979 (Supp. 79-6). Amended effective October 30, 1980 (Supp. 80-5). Former Section R4-11-13 renumbered as Section R4-11-203 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-203 renumbered to R4-11-302, new Section R4-11-203 renumbered from R4-11-103 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E), effective April 30, 2001 (Supp. 01-2). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-204. Dental Assistant Radiography Certification by Credential

Eligibility. To be eligible for dental assistant radiography certification by credential, an applicant shall have a current certificate or other form of approval for taking dental radiographs, issued by a professional licensing agency in another state, United States terri-

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tory or the District of Columbia that required successful completion of a written dental radiography examination.

Historical Note

Former Rule 2d; Former Section R4-11-14 repealed, new Section R4-11-14 adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-14 renumbered as Section R4-11-204, repealed, and new Section R4-11-204 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-204 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1).

R4-11-205. Application for Dental Assistant Radiography Certification by Credential

- A.** An applicant for dental assistant radiography certification by credential shall provide to the Board a completed application, on a form furnished by the Board that contains the following information:
1. A sworn statement of the applicant's eligibility, and
 2. A letter from the issuing institution that verifies compliance with R4-11-204.
- B.** Based upon review of information provided under subsection (A), the Board or its designee shall request that an applicant for dental assistant radiography certification by credential provide a copy of a certified document that indicates the reason for a name change if the applicant's documentation contains different names.

Historical Note

Former Rule 2e; Former Section R4-11-15 renumbered as Section R4-11-205 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-205 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3).

R4-11-206. Dental Therapist Licensure by Credential; Application

- A.** A dental therapist applying under A.R.S. § 32-1276.07 shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B.** A dental therapist applying under A.R.S. § 32-1276.07 shall:
1. Have a current dental therapy license in another state, territory or district of the United States with substantially the same scope of practice as defined in A.R.S. § 32-1276.03;
 2. Submit a written affidavit affirming that the applicant has practiced as a dental therapist for a minimum of 3000 hours during the five years immediately before applying for licensure by credential. For purposes of this subsection, dental therapy practice includes experience as a dental therapy educator at a dental program accredited by the Commission on Dental Accreditation or another post-secondary dental education program accrediting agency recognized by the U.S. Department of Education, or employment as a dental therapist in a public health setting;
 3. Submit a written affidavit affirming that the applicant has complied with the continuing dental therapy education requirement of the state in which the applicant is currently licensed;

4. Provide evidence showing that five years or more before applying for licensure under this Section, the applicant completed the clinical examination by complying with R4-11-201(A);
 5. Submit official transcripts to the Board directly from a recognized dental therapy school as defined by A.R.S. § 32-1201(21) or an approved third party showing a degree was conferred to the applicant; and
 6. Not be required to obtain an Arizona dental hygienist license, if the dental therapist submits one of the following:
 - a. Certified documentation of a current or past dental hygiene license sent directly from the applicable state, United States territory, District of Columbia to the Board; or
 - b. Official transcripts sent to the Board directly from a recognized dental hygiene school as defined by A.R.S. § 32-1201(19) or an approved third party showing a degree was conferred to the applicant; or
 - c. A written affidavit from a recognized dental therapy school as defined in A.R.S. § 32-1201(21) affirming that all dental hygiene procedures defined in A.R.S. § 32-1281 were part of the education the applicant received.
- C.** For any application submitted under A.R.S. § 32-1276.07, the Board may request additional clarifying evidence required under R4-11-201(A).
- D.** If an applicant meets all the requirements set forth in this Section except that their current dental therapy license is from a state, territory, or district of the United States that does not include one or more of the following procedures in its legally defined scope, then the applicant must provide evidence of competency before being granted a dental therapy license by credential:
1. Fabricating soft occlusal guards;
 2. Administering Nitrous Oxide Analgesia;
 3. Performing nonsurgical extractions of periodontally diseased permanent teeth that exhibit plus or grade three mobility and that are not impacted, fractured, unerupted or in need of sectioning for removal;
 4. Suturing; or
 5. Placing space maintainers.
- E.** The Board will accept the any of following as evidence of competency in the aforementioned procedures:
1. A certificate or credential in the procedure or procedures issued by a state licensing jurisdiction; or
 2. A signed affidavit from a recognized dental therapy school, recognized dental hygiene school, or recognized dental school, affirming that the applicant successfully completed academic coursework that included both theory and supervised clinical practice in the procedure or procedures.
- F.** Subject to A.R.S. § 32-1276.04, an applicant for licensure under this Section shall pay the fee prescribed in A.R.S. § 32-1276.07, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas, such as declared or eligible Health Professional Shortage Areas; or
 2. Other facilities caring for underserved populations as recognized by the Arizona Department of Health Services and approved by the Board.
- G.** An applicant for dental therapist licensure by credential who works in areas or facilities described in subsection (F) shall:
1. Commit to a three-year, exclusive service period,

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2. File a copy of a contract or employment verification statement with the Board, and
3. As a Licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.

H. A Licensee's failure to comply with the requirements in subsection (G) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

Historical Note

Former Rule 2f; Amended as an emergency effective July 7, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-4). Former emergency adoption now adopted and amended effective September 7, 1979 (Supp. 79-5). Former Section R4-11-16 renumbered as Section R4-11-206 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-206 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-207. Repealed**Historical Note**

Former Rule 2g; Former Section R4-11-17 renumbered as Section R4-11-207, repealed, and new Section R4-11-207 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-207 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-208. Repealed**Historical Note**

Former Section R4-11-20 repealed, new Section R4-11-20 adopted effective May 12, 1977 (Supp. 77-3). Amended effective October 30, 1980 (Supp. 80-5). Former Section R4-11-20 renumbered as Section R4-11-208 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-208 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-209. Repealed**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-19 renumbered as R4-11-209 and repealed. Former Section R4-11-21 renumbered as Section R4-11-209 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-209 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-210. Repealed**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Amended effective June 7, 1978 (Supp. 78-3). Former Section R4-11-22 renumbered as Section R4-11-210 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-210 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-211. Repealed**Historical Note**

Adopted effective August 26, 1977 (Supp. 77-4). Former Section R4-11-23 renumbered as Section R4-11-211

without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-211 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-212. Repealed**Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-24 renumbered as Section R4-11-212 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-212 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-213. Repealed**Historical Note**

Adopted as an emergency effective July 7, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-4). Former emergency adoption now adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-25 renumbered as Section R4-11-213, repealed, and new Section R4-11-213 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-213 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-214. Repealed**Historical Note**

Former Rule 2h; Amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-18 renumbered as Section R4-11-214 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-214 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-215. Repealed**Historical Note**

Adopted effective June 16, 1982 (Supp. 82-3). Former Section R4-11-215 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-216. Repealed**Historical Note**

Adopted effective June 16, 1982 (Supp. 82-3). Former Section R4-11-216 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME- FRAMES

R4-11-301. Application

A. An applicant for licensure or certification shall provide the following information and documentation:

1. A sworn statement of the applicant's qualifications for the license or certificate on a form provided by the Board;
2. A photograph of the applicant that is no more than 6 months old;
3. An official, sealed transcript sent directly to the Board from either:
 - a. The applicant's dental, dental therapy, dental hygiene, or denturist school, or
 - b. A verified third-party transcript provider.
4. Except for a dental consultant license applicant, a dental, dental therapy, and dental hygiene license applicant shall provide proof of successfully completing a clinical examination by submitting:

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- a. If applying for dental licensure by examination, a copy of the certificate or scorecard sent to the Board directly from a clinical examination administered by a state or testing agency that meets the requirements of A.R.S. § 32-1233(2), indicating that the applicant passed a state or regional testing agency examination that meets the requirements of A.R.S. § 32-1233(2) within the five years immediately before the date the application is filed with the Board;
 - b. If applying for dental therapy licensure by examination, a copy of the certificate or scorecard sent to the Board directly from a clinical examination administered by a state, United States territory, District of Columbia or testing agency that meets the requirements of A.R.S. § 32-1276.01(B)(3)(a). The certificate or scorecard must indicate that the applicant passed the examination within the five years immediately before the date the application is filed with the Board. The application must also include the applicant's Arizona dental hygiene license number;
 - c. If applying for dental hygiene licensure by examination, a copy of the certificate or scorecard sent to the Board directly from a clinical examination administered by a state, United States territory, District of Columbia or testing agency that meets the requirements of A.R.S. § 32-1285(2). The certificate or scorecard must indicate that the applicant passed the examination within the five years immediately before the date the application is filed with the Board;
5. Except for a dental consultant license applicant as provided in A.R.S. § 32-1234(A)(7), dental and dental hygiene license applicants must have an official scorecard sent directly from the National Board examination to the Board;
 6. A copy showing the expiration date of the applicant's current cardiopulmonary resuscitation healthcare provider level certificate from the American Red Cross, the American Heart Association, or another certifying agency that follows the same procedures, standards, and techniques for cardiopulmonary resuscitation training and certification as the American Red Cross or American Heart Association;
 7. A license or certification verification from any other jurisdiction in which an applicant is licensed or certified, sent directly from that jurisdiction to the Board. If the license verification cannot be sent directly to the Board from the other jurisdiction, the applicant must submit a written affidavit affirming that the license verification submitted was issued by the other jurisdiction;
 8. If an applicant has been licensed or certified in another jurisdiction, a copy of the self-inquiry from the National Practitioner Data Bank that is no more than 30 calendar days old;
 9. If the applicant is in the military or employed by the United States government, a letter sent to the Board directly from the applicant's commanding officer or supervisor verifying the applicant is licensed or certified by the military or United States government; and
 10. The jurisprudence examination fee paid by a method authorized by law.

B. The Board may request that an applicant provide:

1. An official copy of the applicant's dental, dental therapy, dental hygiene, or denturist school diploma from the issuing institution;
 2. A copy of a certified document that indicates the reason for a name change if the applicant's application contains different names;
 3. Written verification of the applicant's work history; and
 4. A copy of a high school diploma or equivalent certificate.
- C.** An applicant shall pass the Arizona jurisprudence examination with a minimum score of 75%.

Historical Note

Former Rule 3A; Former Section R4-11-29 repealed, new Section R4-11-29 adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-29 renumbered as Section R4-11-301 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-301 repealed, new Section R4-11-301 renumbered from R4-11-201 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-302. Repealed

Historical Note

Former Rule 3B; Former Section R4-11-30 repealed, new Section R4-11-30 adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-30 renumbered as Section R4-11-302 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-302 repealed, new Section R4-11-302 renumbered from R4-11-203 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1).

R4-11-303. Application Processing Procedures: Issuance, Denial, and Renewal of Dental Licenses, Dental Therapy Licenses, Restricted Permits, Dental Hygiene Licenses, Dental Consultant Licenses, Denturist Certificates, Drug or Device Dispensing Registrations, Business Entity Registration and Mobile Dental Facility and Portable Dental Unit Permits

- A.** The Board office shall complete an administrative completeness review within 30 calendar days of the date of receipt of an application for a license, certificate, permit, or registration.
1. Within 30 calendar days of receiving an initial or renewal application for a dental license, restricted permit, dental therapy license, dental hygiene license, dental consultant license, denturist certificate, Business Entity registration, mobile dental facility or portable dental unit permit, the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
 2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 30 calendar day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.

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3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 30 calendar days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 30 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a license, certificate, permit, or registration shall apply again as required in R4-11-301.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of A.A.C. Title 4, Chapter 11, Article 3.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 90 calendar days from the date on which the administrative completeness review of an application package is complete.
 1. If the Board finds an applicant to be eligible for a license, certificate, permit, or registration and grants the license, certificate, permit, or registration, the Board office shall notify the applicant in writing.
 2. If the Board finds an applicant to be ineligible for a license, certificate, permit, or registration, the Board office shall issue a written notice of denial to the applicant that includes:
 - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
 - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
 3. If the Board finds deficiencies during the substantive review of an application package, the Board office may issue a comprehensive written request to the applicant for additional documentation. An additional supplemental written request for information may be issued upon mutual agreement between the Board or Board office and the applicant.
 4. The 90-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received. The applicant shall submit the additional documentation before the next regularly scheduled Board meeting.
 5. If the applicant and the Board office mutually agree in writing, the 90-day substantive review time-frame may be extended once for no more than 28 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
 1. Administrative completeness review time-frame: 30 calendar days.
 2. Substantive review time-frame: 90 calendar days.
 3. Overall time-frame: 120 calendar days.
- G. An applicant whose license is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may

seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

Former Rule 3C; Former Section R4-11-31 renumbered as Section R4-11-303 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-303 repealed, new Section R4-11-303 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-304. Application Processing Procedures: Issuance and Denial of Dental Assistant Certificates Radiography Certification by Credential

- A. Within 30 calendar days of receiving an application from an applicant for a dental assistant radiography certification by credential, the Board or its designee shall notify the applicant, in writing, that the application package is complete or incomplete. If the package is incomplete, the notice shall specify what information is missing.
- B. An applicant with an incomplete application package shall supply the missing information within 60 calendar days from the date of the notice. If the applicant fails to do so, an applicant shall begin the application process anew.
- C. Upon receipt of all missing information, within 10 calendar days, the Board or its designee shall notify the applicant, in writing, that the application is complete.
- D. The Board or its designee shall not process an application until the applicant has fully complied with the requirements of this Article.
- E. The Board or its designee shall notify an applicant, in writing, whether the certificate is granted or denied, no later than 90 calendar days after the date of the notice advising the applicant that the package is complete.
- F. The notice of denial shall inform the applicant of the following:
 1. The reason for the denial, with a citation to the statute or rule which requires the applicant to pass the examination;
 2. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 3. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 4. The name and telephone number of an agency contact person or a designee who can answer questions regarding the application process.
- G. The following time-frames apply for certificate applications governed by this Section:
 1. Administrative completeness review time-frame: 24 calendar days.
 2. Substantive review time-frame: 90 calendar days.
 3. Overall time-frame: 114 calendar days.
- H. An applicant whose certificate is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

Former Rule 3D; Former Section R4-11-32 renumbered as Section R4-11-304 without change effective July 29,

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1981 (Supp. 81-4). Former Section R4-11-304 repealed, new Section R4-11-304 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or Certified Registered Nurse Anesthetist

- A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application for a permit.
 1. Within 30 calendar days of receiving an initial or renewal application for a General Anesthesia and Deep Sedation permit, parenteral sedation permit, Oral Sedation permit or permit to employ a physician anesthesiologist or Certified Registered Nurse Anesthetist the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
 2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
 1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
 2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
 - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
 - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;

- c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.
 4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 36 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
 1. Administrative completeness review time-frame: 24 calendar days.
 2. Substantive review time-frame: 120 calendar days.
 3. Overall time-frame: 144 calendar days.

Historical Note

New Section R4-11-305 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

ARTICLE 4. FEES

R4-11-401. Retired or Disabled Licensure Renewal Fee

As expressly authorized under A.R.S. § 32-1207(B)(3)(c), the licensure renewal fee for a Retired Licensee or Disabled Licensee is \$15 and shall be paid by a method authorized by law.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-42 renumbered as Section R4-11-401 and repealed effective July 29, 1981 (Supp. 81-4). Adopted effective February 16, 1995 (Supp. 95-1). Former Section R4-11-401 repealed, new Section R4-11-401 renumbered from R4-11-901 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-402. Business Entity Fees

As expressly authorized under A.R.S. § 32-1213, the Board establishes and shall collect the following fees from a Business Entity offering dental services paid by credit card on the Board's website or by money order or cashier's check:

1. Initial triennial registration, \$300 per location;
2. Renewal of triennial registration, \$300 per location; and
3. Late triennial registration renewal, \$100 per location in addition to the fee under subsection (2).

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Adopted effective December 6, 1974 (Supp. 75-1). amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-43 renumbered as Section R4-11-402, repealed, and new Section R4-11-402 adopted effective July 29, 1981 (Supp. 81-4). Amended effective February 16, 1995 (Supp. 95-1). Former Section R4-11-402 renumbered to R4-11-601, new Section R4-11-402 renumbered from R4-11-902 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (05-1). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-403. Licensing Fees

- A.** As expressly authorized under A.R.S. §§ 32-1236, 32-1276.02, 32-1287, 32-1297.06, and 32-1299.23, the Board establishes and shall collect up to the following licensing fees paid by a method authorized by law:
1. Dentist triennial renewal fee: \$650;
 2. Dentist prorated initial license fee: \$110;
 3. Dental therapist triennial renewal fee: \$375;
 4. Dental therapist prorated initial license fee: \$80;
 5. Dental hygienist triennial renewal fee: \$325;
 6. Dental hygienist prorated initial license fee: \$55;
 7. Denturist triennial renewal fee: \$300;
 8. Denturist prorated initial license fee: \$46; and
 9. Mobile dental facility permit initial license or annual renewal fee: \$200.
- B.** The following license-related fees are established in or expressly authorized by statute. The Board shall collect the following fees paid by a method authorized by law:
1. Jurisprudence examination fee:
 - a. Dentists: \$300;
 - b. Dental therapists: \$200;
 - c. Dental hygienists: \$100; and
 - d. Denturists: \$250.
 2. Licensure by credential fee:
 - a. Dentists: \$2,000; and
 - b. Dental therapists: \$1,500;
 - c. Dental hygienists: \$1,000.
 3. Penalty to reinstate an expired license or certificate: \$100 for a dentist, mobile dental facility permit, dental therapist, dental hygienist, or denturist in addition to renewal fee specified under subsection (A).
 4. Penalty for a dentist, mobile dental facility permit, dental therapist, dental hygienist, or denturist who fails to notify Board of a change of mailing address:
 - a. Failure after 10 days: \$50; and
 - b. Failure after 30 days: \$100.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-44 renumbered as Section R4-11-403 and repealed effective July 29, 1981 (Supp. 81-4). Adopted effective February 16, 1995 (Supp. 95-1). Former Section R4-11-403 renumbered to R4-11-602, new Section R4-11-403 renumbered from R4-11-903 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new

Section adopted by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section repealed by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (05-1). New Section made by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 3791 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

R4-11-404. Repealed**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-45 renumbered as Section R4-11-404 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-404 renumbered from R4-11-904 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section repealed by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (05-1).

R4-11-405. Charges for Board Services

The Board shall charge the following fees for the services provided paid by credit card on the Board's website or by money order or cashier's check:

1. Duplicate license: \$25;
2. Duplicate certificate: \$25;
3. License verification: \$25;
4. Copy of audio recording: \$10;
5. Photocopies (per page): \$.25;
6. Mailing lists of Licensees in digital format: \$100

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-46 repealed, new Section R4-11-46 adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-46 renumbered as Section R4-11-405 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-405 renumbered from R4-11-905 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-406. Anesthesia and Sedation Permit Fees

- A.** As expressly authorized under A.R.S. § 32-1207, the Board establishes and shall collect the following fees:
1. Section 1301 permit fee: \$300 plus \$25 for each additional location;
 2. Section 1302 permit fee: \$300 plus \$25 for each additional location;
 3. Section 1303 permit fee: \$300 plus \$25 for each additional location; and
 4. Section 1304 permit fee: \$300 plus \$25 for each additional location.
- B.** Upon successful completion of an initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301, 1302, 1303, or 1304 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every fifth year.

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C. Permit renewal fees:

1. Section 1301 permit renewal fee: \$300 plus \$25 for each additional location;
2. Section 1302 permit renewal fee: \$300 plus \$25 for each additional location;
3. Section 1303 permit renewal fee: \$300 plus \$25 for each additional location; and
4. Section 1304 permit renewal fee: \$300 plus \$25 for each additional location.

Historical Note

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-47 renumbered as Section R4-11-406 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-406 renumbered from R4-11-906 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section R4-11-406 renumbered from R4-11-407 and amended by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 4130, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4).

R4-11-407. Renumbered**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-48 renumbered as Section R4-11-407 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-407 renumbered from R4-11-909 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section R4-11-407 renumbered to R4-11-406 by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1).

R4-11-408. Repealed**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-49 renumbered as Section R4-11-408 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1).

R4-11-409. Repealed**Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3).

ARTICLE 5. DENTISTS**R4-11-501. Dentist of Record**

- A. A dentist of record shall ensure that each patient record has the treatment records for a patient treated in any dental office, clinic, hospital dental clinic, or charitable organization that offers dental services, and the full name of a dentist who is responsible for all of the patient's treatment.
- B. A dentist of record shall obtain a patient's consent to change the treatment plan before changing the treatment plan that the patient originally agreed to, including any additional costs the patient may incur because of the change.
- C. When a dentist who is a dentist of record decides to leave the practice of dentistry or a particular place of practice in which the dentist is the dentist of record, the dentist shall ensure before leaving the practice that a new dentist of record is entered on each patient record.

- D. A dentist of record is responsible for the care given to a patient while the dentist was the dentist of record even after being replaced as the dentist of record by another dentist.

E. A dentist of record shall:

1. Remain responsible for the care of a patient during the course of treatment; and
2. Be available to the patient through the dentist's office, an emergency number, an answering service, or a substituting dentist.

- F. A dentist's failure to comply with subsection (E) constitutes patient abandonment, and the Board may impose discipline under A.R.S. Title 32, Chapter 11, Article 3.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-62 renumbered as Section R4-11-501 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-501 repealed, new Section R4-11-501 renumbered from R4-11-1102 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-502. Affiliated Practice

- A. A dentist in a private for profit setting shall not enter into more than 15 affiliated practice relationships under A.R.S. § 32-1289 at one time.
- B. There is no limit to the number of affiliated practice relationships a dentist may enter into when working in a government, public health, or non-profit organization under Section 501(C)(3) of the Internal Revenue Code.
- C. Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- D. The affiliated practice agreement shall include a provision for a substitute dentist in addition to the requirements of A.R.S. § 32-1289(E), to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, or consultation with the affiliated practice dental hygienist.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-63 renumbered as Section R4-11-502 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-502 renumbered to R4-11-701 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 29 A.A.R. 3793 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

R4-11-503. Repealed**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-64 repealed, new Section R4-11-64 adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-64 renumbered as Section R4-11-503 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-503 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-504. Renumbered

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Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-65 repealed, new Section R4-11-65 adopted effective May 23, 1976 (Supp. 76-2). Former Section R4-11-65 renumbered as Section R4-11-504, repealed, and new Section R4-11-504 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-504 renumbered to R4-11-702 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-505. Repealed**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-66 renumbered as Section R4-11-505 and repealed effective July 29, 1981 (Supp. 81-4).

R4-11-506. Repealed**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-67 renumbered as Section R4-11-506 and repealed effective July 29, 1981 (Supp. 81-4).

ARTICLE 6. DENTAL HYGIENISTS**R4-11-601. Duties and Qualifications**

- A. A dental hygienist may apply Preventative and Therapeutic Agents under the general supervision of a licensed dentist.
- B. A dental hygienist may perform a procedure not specifically authorized by A.R.S. § 32-1281, including botulinum toxin type A or dermal fillers, as identified in A.R.S. § 32-1202, when all of the following conditions are satisfied:
 1. The procedure is recommended or prescribed by the supervising dentist;
 2. The dental hygienist has received instruction, training, or education to perform the procedure in a safe manner; and
 3. The procedure is performed under the general supervision of a licensed dentist.
- C. A dental hygienist shall not perform an Irreversible Procedure, except for botulinum toxin type A or dermal fillers as identified in A.R.S. § 32-1202.
- D. To qualify to use Emerging Scientific Technology as authorized by A.R.S. § 32-1281(C)(2), a dental hygienist shall successfully complete a course of study that meets the following criteria:
 1. Is a course offered by a recognized dental school as defined in A.R.S. § 32-1201, a recognized dental hygiene school as defined in A.R.S. § 32-1201, or sponsored by a national or state dental or dental hygiene association or government agency;
 2. Includes didactic instruction with a written examination;
 3. Includes hands-on clinical instruction; and
 4. Is technology that is scientifically based and supported by studies published in peer reviewed dental journals.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-82 renumbered as Section R4-11-601 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-601 repealed, new Section R4-11-601 renumbered from R4-11-402 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2012 (June 27, 2025),

effective August 3, 2025 (Supp. 25-2).

R4-11-602. Care of Homebound Patients

Dental hygienists treating homebound patients shall provide only treatment prescribed by the dentist of record in the diagnosis and treatment plan. The diagnosis and treatment plan shall be based on examination data obtained not more than 12 months before the treatment is administered.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-83 renumbered as Section R4-11-602 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-602 renumbered to R4-11-1001, new Section R4-11-602 renumbered from R4-11-403 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-603. Limitation on Number Supervised

A dentist shall not supervise more than three dental hygienists at a time.

Historical Note

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-84 renumbered as Section R4-11-603 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-603 renumbered to R4-11-1002, new Section R4-11-603 renumbered from R4-11-408 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-604. Repealed**Historical Note**

New Section R4-11-604 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-605. Repealed**Historical Note**

New Section R4-11-605 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-606. Repealed**Historical Note**

New Section R4-11-606 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-607. Repealed**Historical Note**

New Section R4-11-607 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-608. Dental Hygiene Consultants

After submission of a current curriculum vitae or resume and approval by the Board, dental hygiene consultants may:

1. Act as dental hygiene examiners for the clinical portion of the dental hygiene examination;

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2. Act as dental hygiene examiners for the Local Anesthesia portion of the dental hygiene examination;
3. Participate in Board-related procedures, including Clinical Evaluations, investigation of complaints concerning infection control, insurance fraud, or the practice of supervised personnel, and any other procedures not directly related to evaluating a dentist's quality of care; and
4. Participate in onsite office evaluations for infection control, as part of a team.

Historical Note

New Section R4-11-608 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-609. Affiliated Practice

- A.** To perform dental hygiene services under an affiliated practice relationship pursuant to A.R.S. § 32-1289.01, a dental hygienist shall:
1. Provide evidence to the Board of successfully completing a total of 12 hours of Recognized Continuing Dental Education that consists of the following subject areas:
 - a. A minimum of four hours in medical emergencies; and
 - b. A minimum of eight hours in at least two of the following areas:
 - i. Pediatric or other special health care needs,
 - ii. Preventative dentistry, or
 - iii. Public health community-based dentistry, and
 2. Hold a current certificate in basic cardiopulmonary resuscitation.
- B.** A dental hygienist shall complete the required continuing dental education before entering an affiliated practice relationship. The dental hygienist shall complete the continuing dental education in subsection (A) before renewing the dental hygienist's license. The dental hygienist may take the continuing dental education online but shall not exceed the allowable hours indicated in R4-11-1209(B)(1).
- C.** To comply with A.R.S. § 32-1287(B) and this Section, a dental hygienist shall submit a completed affidavit on a form supplied by the Board office. Board staff shall review the affidavit to determine compliance with all requirements.
- D.** Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- E.** The affiliated practice agreement shall include a provision for a substitute dentist, to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, and consultation with the affiliated practice dental hygienist.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

ARTICLE 7. DENTAL ASSISTANTS**R4-11-701. Procedures and Functions Performed by a Dental Assistant under Supervision**

- A.** A dental assistant may perform the following procedures and functions under the Direct Supervision of a licensed dentist or a licensed dental therapist:

1. Place dental material into a patient's mouth in response to a licensed dentist's or licensed dental therapist's instruction;
 2. Cleanse the supragingival surface of the tooth in preparation for:
 - a. The placement of bands, crowns, and restorations;
 - b. Dental dam application;
 - c. Acid etch procedures; and
 - d. Removal of dressings and packs;
 3. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments;
 4. Remove temporary cement, interim restorations, and periodontal dressings with hand instruments;
 5. Remove sutures;
 6. Place and remove dental dams and matrix bands;
 7. Fabricate and place interim restorations with temporary cement;
 8. Apply sealants;
 9. Apply topical fluorides;
 10. Take final digital impressions for any activating orthodontic appliance, fixed, or removable prosthesis;
 11. Prepare a patient for Nitrous Oxide Analgesia administration upon the direct instruction and presence of a dentist or licensed dental therapist; or
 12. Observe a patient during Nitrous Oxide Analgesia as instructed by the dentist or licensed dental therapist.
- B.** A dental assistant may perform the following procedures and functions under the general supervision of a licensed dentist or a licensed dental therapist:
1. Train or instruct patients in oral hygiene techniques, preventive procedures, dietary counseling for caries and Plaque control, and provide pre-and post-operative instructions relative to specific office treatment;
 2. Collect and record information pertaining to extraoral conditions; and
 3. Collect and record information pertaining to existing intraoral conditions.

Historical Note

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-100 renumbered as Section R4-11-701 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-701 renumbered to R4-11-1701, new Section R4-11-701 renumbered from R4-11-502 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-702. Limitations on Procedures or Functions Performed by a Dental Assistant under Supervision

A dental assistant shall not perform the following procedures or functions:

1. A procedure which by law only licensed dentists, licensed dental therapists, licensed dental hygienists, or certified denturists can perform;
2. Intraoral carvings of dental restorations or prostheses;
3. Final jaw registrations;
4. Taking final impressions, other than digital impressions, for any activating orthodontic appliance, fixed or removable prosthesis;
5. Activating orthodontic appliances; or
6. An Irreversible Procedure.

Historical Note

Adopted effective April 27, 1977 (Supp. 77-2). Former

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Section R4-11-101 renumbered as Section R4-11-702 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-702 repealed, new Section R4-11-702 renumbered from R4-11-504 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-703. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-102 renumbered as Section R4-11-703 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-703 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-704. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-103 renumbered as Section R4-11-704 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-704 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-705. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-104 renumbered as Section R4-11-705 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-705 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-706. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-105 renumbered as Section R4-11-706 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-706 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-707. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-106 renumbered as Section R4-11-707 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-707 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-708. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-107 renumbered as Section R4-11-708 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-708 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-709. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-108 renumbered as Section R4-11-709 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-709 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-710. Repealed**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-109 renumbered as Section R4-11-710 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-710 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

ARTICLE 8. DENTURISTS**R4-11-801. Expired****Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-120 renumbered as Section R4-11-801 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-801 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-801 repealed, new Section R4-11-801 renumbered from R4-11-1201 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

R4-11-802. Expired**Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-121 renumbered as Section R4-11-802 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-802 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-802 renumbered to R4-11-1301, new Section R4-11-802 renumbered from R4-11-1202 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

R4-11-803. Renumbered**Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-122 renumbered as Section R4-11-803 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-803 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-803 renumbered to R4-11-1302 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-804. Renumbered**Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-123 renumbered as Section R4-11-804 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-804 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Former Section R4-11-804 renumbered to R4-11-1303 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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R4-11-805. Renumbered**Historical Note**

Adopted as filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-805 renumbered to R4-11-1304 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-806. Renumbered**Historical Note**

Adopted effective May 17, 1995 (Supp. 95-2). Former Section R4-11-806 renumbered to R4-11-1305 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

ARTICLE 9. RESTRICTED PERMITS**R4-11-901. Application for Restricted Permit**

- A.** An applicant for a restricted permit shall provide the following information and documentation on a form provided by the Board:
1. A sworn statement of the applicant's qualifications for a restricted permit;
 2. A photograph of the applicant that is no more than six months old;
 3. A letter from any other jurisdiction in which an applicant is licensed or certified verifying that the applicant is licensed or certified in that jurisdiction, sent directly from that jurisdiction to the Board;
 4. If the applicant is in the military or employed by the United States government, a letter from the applicant's commanding officer or supervisor verifying the applicant is licensed or certified by the military or United States government;
 5. A copy of the applicant's current cardiopulmonary resuscitation certification that meets the requirements of R4-11-301(A)(6); and
 6. A copy of the applicant's pending contract with a Charitable Dental Clinic or Organization offering dental or dental hygiene services.
- B.** The Board may request that an applicant provide a copy of a certified document that indicates the reason for a name change if the applicant's application contains different names.

Historical Note

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-130 renumbered as Section R4-11-901, repealed, and new Section R4-11-901 adopted effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-2). Emergency amendment adopted effective June 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Adopted effective July 13, 1992 (Supp. 92-3). Former Section R4-11-901 renumbered to R4-11-401, new Section R4-11-901 renumbered from R4-11-1001 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-902. Issuance of a Restricted Permit

Before issuing a restricted permit under A.R.S. §§ 32-1237 through 32-1239 or 32-1292, the Board shall investigate the statutory qualifications of the charitable dental clinic or organization. The Board

shall not recognize a dental clinic or organization under A.R.S. §§ 32-1237 through 32-1239 or 32-1292 as a charitable dental clinic or organization permitted to employ dentists or dental hygienists not licensed in Arizona who hold restricted permits unless the Board makes the following findings of fact:

1. That the entity is a dental clinic or organization offering professional dental or dental hygiene services in a manner consistent with the public health;
2. That the dental clinic or organization offering dental or dental hygiene services is operated for charitable purposes only, offering dental or dental hygiene services either without compensation to the clinic or organization or with compensation at the minimum rate to provide only reimbursement for dental supplies and overhead costs;
3. That the persons performing dental or dental hygiene services for the dental clinic or organization do so without compensation; and
4. That the charitable dental clinic or organization operates in accordance with applicable provisions of law.

Historical Note

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-131 renumbered as Section R4-11-902, repealed, and new Section R4-11-902 adopted effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-2). Emergency amendment adopted effective June 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Adopted effective July 13, 1992 (Supp. 92-3). Former Section R4-11-902 renumbered to R4-11-402, new Section R4-11-902 renumbered from R4-11-1002 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-903. Recognition of a Charitable Dental Clinic or Organization

In order for the Board to make the findings required in R4-11-902, the charitable clinic or organization shall provide information to the Board, such as employment contracts with restricted permit holders, Articles and Bylaws, and financial records.

Historical Note

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-132 renumbered as Section R4-11-903, repealed, and new Section R4-11-903 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-903 renumbered to R4-11-403, new Section R4-11-903 renumbered from R4-11-1003 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 29 A.A.R. 3793 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

R4-11-904. Determination of Minimum Rate

In determining whether professional services are provided at the minimum rate to provide reimbursement for dental supplies and overhead costs under A.R.S. §§ 32-1237(1) or 32-1292(A)(1), the Board shall obtain and review information relating to the actual cost of dental supplies to the dental clinic or organization, the actual overhead costs of the dental clinic or organization, the amount of charges for the dental or dental hygiene services offered, and any other information relevant to its inquiry.

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Historical Note

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-133 renumbered as Section R4-11-904 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-904 renumbered to R4-11-404, new Section R4-11-904 renumbered from R4-11-1004 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-905. Expired**Historical Note**

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-134 renumbered as Section R4-11-905 without change effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-2). Former Section R4-11-905 renumbered to R4-11-405, new Section R4-11-905 renumbered from R4-11-1005 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

R4-11-906. Expired**Historical Note**

Adopted effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-4). Emergency amendment adopted effective June 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Adopted effective July 13, 1992 (Supp. 92-3). Former Section R4-11-906 renumbered to R4-11-406, new Section R4-11-906 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

R4-11-907. Repealed**Historical Note**

Adopted effective April 4, 1986 (Supp. 86-2). Former Section R4-11-907 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-908. Repealed**Historical Note**

Adopted effective April 4, 1986 (Supp. 86-2). Former Section R4-11-908 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-909. Renumbered**Historical Note**

Adopted effective May 17, 1995 (Supp. 95-2). Former Section R4-11-909 renumbered to R4-11-407 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

ARTICLE 10. DENTAL TECHNICIANS**R4-11-1001. Expired****Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-140 renumbered as Section R4-11-

1001 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1001 renumbered to R4-11-901, new Section R4-11-1001 renumbered from R4-11-602 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

R4-11-1002. Expired**Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-141 renumbered as Section R4-11-1002 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1002 renumbered to R4-11-902, new Section R4-11-1002 renumbered from R4-11-603 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

R4-11-1003. Renumbered**Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-142 renumbered as Section R4-11-1003 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1003 renumbered to R4-11-903 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-1004. Renumbered**Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-143 renumbered as Section R4-11-1004 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1004 renumbered to R4-11-904 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-1005. Renumbered**Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-144 renumbered as Section R4-11-1005 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1005 renumbered to R4-11-905 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-1006. Repealed**Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3).

ARTICLE 11. ADVERTISING**R4-11-1101. Advertising**

A dentist may advertise specific dental services or certification in a non-specialty area only if the advertisement includes the phrase "Services provided by an Arizona licensed general dentist." A dental hygienist may advertise specific dental hygiene services only if the advertisement includes the phrase "Services provided by an Arizona licensed dental hygienist." A denturist may advertise specific denture services only if the advertisement includes the phrase "Services provided by an Arizona certified denturist."

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Historical Note

Adopted effective July 29, 1981 (Supp. 81-4). Amended by repealing the former guideline on “Management of Craniomandibular Disorders” and adopting a new guideline effective June 16, 1982 (Supp. 82-3). Repealed effective November 20, 1992 (Supp. 92-4). Former Section R4-11-1101 repealed, new Section R4-11-1101 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1102. Advertising as a Recognized Specialist

- A.** A dentist may advertise as a specialist or use the terms “specialty” or “specialist” to describe professional services only if the dentist limits the dentist’s practice exclusively to one or more specialty area that are:
1. Recognized by a board that certifies specialists for the area of specialty; and
 2. Accredited by the Commission on Dental Accreditation of the American Dental Association.
- B.** The following specialty areas meet the requirements of subsection (A):
1. Endodontics,
 2. Oral and maxillofacial surgery,
 3. Orthodontics and dentofacial orthopedics,
 4. Pediatric dentistry,
 5. Periodontics,
 6. Prosthodontics,
 7. Dental Public Health,
 8. Oral and Maxillofacial Pathology, and
 9. Oral and Maxillofacial Radiology.
- C.** For purposes of this Article, a dentist who wishes to advertise as a specialist or a multiple-specialist in a recognized field under subsection (B) shall meet the criteria in one or more of the following categories:
1. Grandfathered: A dentist who declared a specialty area before December 31, 1964, according to requirements established by the American Dental Association, and has a practice limited to a dentistry area approved by the American Dental Association;
 2. Educationally qualified: A dentist who has successfully completed an educational program of two or more years in a specialty area accredited by the Commission on Dental Accreditation of the American Dental Association, as specified by the Council on Dental Education of the American Dental Association;
 3. Board eligible: A dentist who has met the guidelines of a specialty board that operates in accordance with the requirements established by the American Dental Association in a specialty area recognized by the Board, if the specialty board:
 - a. Has established examination requirements and standards,
 - b. Appraised an applicant’s qualifications,
 - c. Administered comprehensive examinations, and
 - d. Upon completion issues a certificate to a dentist who has achieved diplomate status; or
 4. Board certified: A dentist who has met the requirements of a specialty board referenced in subsection (C)(3), and who has received a certificate from the specialty board, indicating the dentist has achieved diplomate status.
- D.** A dentist, dental hygienist, or denturist whose advertising implies that services rendered in a dental office are of a specialty area other than those listed in subsection (B) and recog-

nized by a specialty board that has been accredited by the Commission on Dental Accreditation of the American Dental Association violates this Article and A.R.S. § 32-1201(18)(u), and is subject to discipline under A.R.S. Title 32, Chapter 11.

Historical Note

Adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1102 renumbered to R4-11-501 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1103. Reserved**R4-11-1104. Repealed****Historical Note**

Adopted effective November 25, 1985 (Supp. 85-6). Former Section R4-11-1104 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-1105. Repealed**Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5).
Repealed effective July 21, 1995 (Supp. 95-3).

**ARTICLE 12. CONTINUING DENTAL EDUCATION AND
RENEWAL REQUIREMENTS**

R4-11-1201. Continuing Dental Education

- A.** A Licensee or Certificate Holder shall:
1. Satisfy a continuing dental education requirement that is designed to provide an understanding of current developments, skills, procedures, or treatment related to the Licensee’s or Certificate Holder’s practice; and
 2. Complete the Recognized Continuing Dental Education required by this Article each renewal period.
- B.** A Licensee or Certificate Holder receiving an initial license or certificate shall complete the prescribed credit hours of Recognized Continuing Dental Education by the end of the first full renewal period.

Historical Note

Adopted effective May 21, 1982 (Supp. 82-3). Former Section R4-11-1201 renumbered to R4-11-801, new Section R4-11-1201 renumbered from R4-11-1402 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 2012 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-1202. Continuing Dental Education Compliance and Renewal Requirements

- A.** When applying for a renewal license, certificate, or restricted permit, a Licensee, dentist, or Restricted Permit Holder shall complete a renewal application provided by the Board.
- B.** Before receiving a renewal license or certificate, each Licensee or dentist shall possess a current form of one of the following:
1. A cardiopulmonary resuscitation healthcare provider level certificate from the American Red Cross, the American Heart Association, or another certifying agency;
 2. Advanced cardiac life support course completion confirmation from the American Heart Association or another agency. The confirmation must indicate that the course

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was completed within two years immediately before submitting a renewal application; or

3. Pediatric advanced life support course completion confirmation from the American Heart Association or another agency. The confirmation must indicate that the course was completed within two years immediately before submitting a renewal application.
- C. A Licensee or denturist shall include an affidavit affirming the Licensee's or denturist's completion of the prescribed Credit Hours of Recognized Continuing Dental Education with a renewal application. A Licensee or denturist shall include on the affidavit the Licensee's or denturist's name, license or certificate number, the number of hours completed in each category, and the total number of hours completed for activities defined in R4-11-1209(A)(4).
- D. A Licensee or denturist shall submit a written request for an extension before the renewal deadline prescribed in A.R.S. §§ 32-1236, 32-1276.02, 32-1287, and 32-1297.06. If a Licensee or denturist fails to meet the Credit Hours requirement because of military service, dental or religious missionary activity, residence in a foreign country, or other extenuating circumstances as determined by the Board, the Board, upon written request, may grant an extension of time to complete the Recognized Continuing Dental Education Credit Hour requirement.
- E. The Board shall:
 1. Only accept Recognized Continuing Dental Education credits accrued during the prescribed period immediately before license or certificate renewal, and
 2. Not allow Recognized Continuing Dental Education credit accrued in a renewal period in excess of the amount required in this Article to be carried forward to the next renewal period.
- F. A Licensee or denturist shall maintain Documentation of Attendance for each program for which credit is claimed that verifies the Recognized Continuing Dental Education Credit Hours the Licensee or denturist participated in during the most recently completed renewal period.
- G. Each year, the Board shall audit continuing dental education requirement compliance on a random basis or when information is obtained which indicates a Licensee or denturist may not be in compliance with this Article. A Licensee or denturist selected for audit shall provide the Board with Documentation of Attendance that shows compliance with the continuing dental education requirements within 35 calendar days from the date the Board issues notice of the audit by certified mail.
- H. If a Licensee or denturist is found to not be in compliance with the continuing dental education requirements, the Board may take any disciplinary or non-disciplinary action authorized by A.R.S. Title 32, Chapter 11.

Historical Note

Adopted effective May 21, 1982 (Supp. 82-3). Former Section R4-11-1202 renumbered to R4-11-802, new Section R4-11-1202 renumbered from R4-11-1403 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 21 A.A.R. 921, effective August 3, 2015 (Supp. 15-2). Amended by final rulemaking at 28 A.A.R. 344 (February 4, 2022), effective March 14, 2022 (Supp. 22-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1203. Dentists and Dental Consultants

Dentists and dental consultants shall complete 63 hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 36 Credit Hours in any one or more of the following areas: Dental and medical health, preventive services, dental diagnosis and treatment planning, dental record-keeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, chemical dependency, tobacco cessation, and behavioral and biological sciences that are oriented to dentistry. A Licensee who holds a permit to administer General Anesthesia, Deep Sedation, Parenteral Sedation, or Oral Sedation who is required to obtain continuing education pursuant to Article 13 may apply those Credit Hours to the requirements of this Section;
2. No more than 15 Credit Hours in one or more of the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
3. At least three Credit Hours in opioid education;
4. At least three Credit Hours in infectious diseases or infectious disease control;
5. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support or pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
6. At least three Credit Hours in ethics or Arizona dental jurisprudence.
7. If the dentist provides botulinum toxin type A or dermal fillers to a patient, at least 12 Credit Hours in didactic or clinical training related to botulinum toxin type A or dermal fillers, as identified in A.R.S. § 32-1202.

Historical Note

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3). New Section R4-11-1203 renumbered from R4-11-1404 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1012 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

R4-11-1204. Dental Hygienists

- A. A dental hygienist shall complete 45 Credit Hours of Recognized Continuing Dental Education in each renewal period as follows:
 1. At least 25 Credit Hours in any one or more of the following areas: Dental and medical health, and dental hygiene services, periodontal disease, care of implants, maintenance of cosmetic restorations and sealants, radiology safety and techniques, managing medical emergencies, pain management, dental recordkeeping, dental public health, and new concepts in dental hygiene;
 2. No more than 11 Credit Hours in one or more of the following areas: Dental hygiene practice organization and

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management, patient management skills, and methods of health care delivery;

3. At least three Credit Hours in one or more of the following areas: chemical dependency, tobacco cessation, ethics, risk management, or Arizona dental jurisprudence;
4. At least three Credit Hours in infectious diseases or infectious disease control; and
5. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support and pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills.
6. If the hygienist provides botulinum toxin type A or dermal fillers to a patient, at least 12 Credit Hours in didactic or clinical training related to botulinum toxin type A or dermal fillers, as identified in A.R.S. § 32-1202.

- B.** A Licensee who performs dental hygiene services under an affiliated practice relationship who is required to obtain continuing education under R4-11-609 may apply those Credit Hours to the requirements of this Section.

Historical Note

New Section R4-11-1204 renumbered from R4-11-1405 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2012 (June 27, 2025), effective August 3, 2025; removed the hyphen in “requires” in subsection (A)(5) (Supp. 25-2).

R4-11-1205. Denturists

Denturists shall complete 27 Credit Hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 15 Credit Hours in any one or more of the following areas: Medical and dental health, laboratory procedures, clinical procedures, dental recordkeeping, removable prosthetics, pain management, dental public health, and new technology in dentistry;
2. No more than three Credit Hours in one or more of the following areas: Denturist practice organization and management, patient management skills, and methods of health care delivery;
3. At least one Credit Hour in chemical dependency, which may include tobacco cessation;
4. At least two Credit Hours in infectious diseases or infectious disease control;
5. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support and pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
6. At least three Credit Hours in ethics or Arizona dental jurisprudence.

Historical Note

New Section R4-11-1205 renumbered from R4-11-1406 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19

A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). The Division removed the hyphen in “requires” in subsection (5) (Supp. 25-2).

R4-11-1206. Restricted Permit Holders - Dental

In addition to the requirements in R4-11-1202, a dental Restricted Permit Holder shall comply with the following requirements:

1. When applying for renewal under A.R.S. § 32-1238, the Restricted Permit Holder shall provide information to the Board that the Restricted Permit Holder has completed 15 Credit Hours of Recognized Continuing Dental Education yearly.
2. To determine whether to grant the renewal, the Board shall only consider Recognized Continuing Dental Education credits accrued during the 36 months immediately before the renewal deadline prescribed in A.R.S. § 32-1236.
3. A dental Restricted Permit Holder shall complete the 15 hours of Recognized Continuing Dental Education before renewal as follows:
 - a. At least six Credit Hours in one or more of the subjects enumerated in R4-11-1203(1);
 - b. No more than three Credit Hours in one or more of the subjects enumerated in R4-11-1203(2);
 - c. At least one Credit Hour in the subjects enumerated in R4-11-1203(3);
 - d. At least one Credit Hour in the subjects enumerated in R4-11-1203(4).
 - e. At least three Credit Hours in the subjects enumerated in R4-11-1203(5); and
 - f. At least one Credit Hour in the subjects enumerated in R4-11-1203(6).

Historical Note

New Section R4-11-1206 renumbered from R4-11-1407 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 344 (February 4, 2022), effective March 14, 2022 (Supp. 22-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1207. Restricted Permit Holders - Dental Hygiene

In addition to the requirements in R4-11-1202, a dental hygiene Restricted Permit Holder shall comply with the following:

1. When applying for renewal under A.R.S. § 32-1292, the Restricted Permit Holder shall provide information to the Board that the Restricted Permit Holder has completed nine Credit Hours of Recognized Continuing Dental Education yearly.
2. To determine whether to grant renewal, the Board shall only consider Recognized Continuing Dental Education credits accrued during the 36 months immediately before the renewal deadline prescribed in A.R.S. § 32-1287.
3. A dental hygiene Restricted Permit Holder shall complete the nine hours of Recognized Continuing Dental Education before renewal as follows:
 - a. At least three Credit Hours in one or more of the subjects enumerated in R4-11-1204(1);
 - b. No more than three Credit Hours in one or more of the subjects enumerated in R4-11-1204(2);

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- c. At least one Credit Hour in the subjects enumerated in R4-11-1204(3);
- d. At least two Credit Hours in the subjects enumerated in R4-11-1204(4) and
- e. At least three Credit Hours in the subjects enumerated in R4-11-1204(5).

Historical Note

New Section R4-11-1207 renumbered from R4-11-1408 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 344 (February 4, 2022), effective March 14, 2022 (Supp. 22-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1208. Retired Licensees or Retired Denturists

A Retired Licensee or Retired dentist shall:

1. Except for the number of Credit Hours required, comply with the requirements in R4-11-1202; and
2. When applying for renewal under A.R.S. § 32-1236 for a dentist, A.R.S. § 32-1276.02 for a dental therapist, A.R.S. § 32-1287 for a dental hygienist, and A.R.S. § 32-1297.06 for a denturist, provide information to the Board that the Retired Licensee or Retired dentist has completed the following Credit Hours of Recognized Continuing Dental Education per renewal period:
 - a. Dentist - 24 Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation-healthcare provider level;
 - b. Dental therapist - 21 Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation- healthcare provider level;
 - c. Dental hygienist - 18 Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation-healthcare provider level; and
 - d. Denturist - six Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation-healthcare provider level.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1209. Types of Courses

- A. A Licensee or denturist shall obtain Recognized Continuing Dental Education from one or more of the following activities:
 1. Seminars, symposiums, lectures, or programs designed to provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry;
 2. Seminars, symposiums, lectures, or programs designed to provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry by means of audio-video technology in which the Licensee is provided all seminar, symposium, lecture or program materials and the technology permits attendees to fully participate; or
 3. Curricula designed to prepare for specialty board certification as a specialist or recertification examinations or

advanced training at an accredited institution as defined in A.R.S. Title 32, Chapter 11; and

4. Subject to the limitations in subsection (B), any of the following activities that provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry:
 - a. A correspondence course, video, internet or similar self-study course, if the course includes an examination and the Licensee or denturist passes the examination;
 - b. Participation on the Board, in Board complaint investigations including Clinical Evaluations or anesthesia and sedation permit evaluations;
 - c. Participation in peer review of a national or state dental, dental therapy, dental hygiene, or denturist association or participation in quality of care or utilization review in a hospital, institution, or governmental agency;
 - d. Providing dental-related instruction to dental, dental therapy, dental hygiene, or denturist students, or allied health professionals in a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized denturist school or providing dental-related instruction sponsored by a national, state, or local dental, dental therapy, dental hygiene, or denturist association;
 - e. Publication or presentation of a dental paper, report, or book authored by the Licensee or denturist that provides information on current developments, skills, procedures, or treatment related to the practice of dentistry. A Licensee or denturist may claim Credit Hours:
 - i. Only once for materials presented;
 - ii. Only if the date of publication or original presentation was during the applicable renewal period; and
 - iii. One Credit Hour for each hour of preparation, writing, and presentation; or
 - f. Providing dental, dental therapy, dental hygiene, or denturist services in a Board-recognized Charitable Dental Clinic or Organization.

- B. The following limitations apply to the total number of Credit Hours earned per renewal period in any combination of the activities listed in subsection (A)(4):

1. Dentists, no more than 21 hours;
2. Dental therapists, no more than 18 hours;
3. Dental hygienists, no more than 15 hours;
4. Denturists, no more than nine hours;
5. Retired or Restricted Permit Holder dentists, dental therapists, or dental hygienists, no more than two hours; and
6. Retired denturists, no more than two hours.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1210. Dental Therapists

Dental therapists shall complete 54 hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 31 Credit Hours in any one or more of the following areas: Dental and medical health, dental therapy ser-

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- vices, dental therapy treatment planning, preventive services, dental diagnosis and treatment planning, dental recordkeeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, periodontal disease, care of implants, maintenance of cosmetic restorations and sealants, radiology safety and techniques, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, and behavioral and biological sciences that are oriented to dentistry;
2. No more than 14 Credit Hours in any one or more of the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
 3. At least three Credit Hours in infectious diseases or infectious disease control;
 4. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support or pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
 5. At least three Credit Hours in any one or more of the following areas: ethics, risk management, chemical dependency, tobacco cessation, or Arizona dental jurisprudence.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION**R4-11-1301. General Anesthesia and Deep Sedation**

- A. Before administering General Anesthesia, or Deep Sedation by any means, in a dental office or dental clinic, a dentist shall possess a Section 1301 Permit issued by the Board. The dentist may renew a Section 1301 Permit every five years by complying with R4-11-1307.
 - B. To obtain or renew a Section 1301 Permit, a dentist shall:
 1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307, includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any office or dental clinic where the dentist will administer General Anesthesia or Deep Sedation:
 - a. Contains the following properly operating equipment and supplies during the provision of General Anesthesia and Deep Sedation:
 - i. Emergency Drugs;
 - ii. Electrocardiograph monitor;
 - iii. Pulse oximeter;
 - iv. Cardiac defibrillator or automated external defibrillator;
 - v. Positive pressure oxygen and supplemental oxygen;
 - vi. Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
 - vii. Laryngoscope, multiple blades, backup batteries, and backup bulbs;
 - viii. Endotracheal tubes and appropriate connectors;
 - ix. Magill forceps;
 - x. Oropharyngeal and nasopharyngeal airways;
 - xi. Auxiliary lighting;
 - xii. Stethoscope; and
 - xiii. Blood pressure monitoring device; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring General Anesthesia or Deep Sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation healthcare provider level;
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration; and
 5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. Advanced cardiac life support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric advanced life support in a practice treating pediatric patients; or
 - c. A recognized continuing education course in advanced airway management.
- C. Initial applicants shall meet one or more of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:
 1. Complete, within the three years before submitting the permit application, a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school level in a training program described in R4-11-1306(A), offered by a hospital accredited by the Joint Commission on Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation;
 2. Be, within the three years before submitting the permit application, a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial surgeons, a Fellow of the American Association of Oral and Maxillofacial surgeons, a Fellow of the American Dental Society of Anesthesiology, a Diplomate of the National

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Dental Board of Anesthesiology, or a Diplomate of the American Dental Board of Anesthesiology; or

3. For an applicant who completed the requirements of subsections (C)(1) or (C)(2) more than three years before submitting the permit application, provide the following documentation:

- a. On a form provided by the Board, a written affidavit affirming that the applicant has administered General Anesthesia or Deep Sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application;
- b. A copy of the General Anesthesia or Deep Sedation permit in effect in another state or certification of military training in General Anesthesia or Deep Sedation from the applicant's commanding officer; and
- c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).

- D. After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer General Anesthesia or Deep Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, a Section 1301 Permit shall be issued to the applicant.

1. The onsite evaluation team shall consist of:
 - a. Two dentists who are Board members, or Board designees for initial applications; or
 - b. One dentist who is a Board member or Board designee for renewal applications.
2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of General Anesthesia or Deep Sedation to a patient by the applicant in the presence of the evaluation team;
 - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
 - e. Proper recordkeeping as specified in subsection (E) by reviewing the records generated for the patient specified in subsection (D)(2)(b); and
 - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a

subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;

- d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
- e. Category 3 Evaluation Failure. The applicant must complete Board approved remedial continuing education with the subject matter outlined in R4-11-1306 as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
4. The onsite evaluation of an additional dental office or dental clinic in which General Anesthesia or Deep Sedation is administered by an existing Section 1301 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
5. A Section 1301 mobile permit may be issued if a Section 1301 Permit holder travels to dental offices or dental clinics to provide anesthesia or Deep Sedation. The applicant must submit a completed affidavit verifying:
 - a. That the equipment and supplies for the provision of anesthesia or Deep Sedation as required in subsection (B)(2)(a) either travel with the Section 1301 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where anesthesia or Deep Sedation is provided, and
 - b. Compliance with subsection (B)(2)(b).
- E. A Section 1301 Permit holder shall keep an anesthesia or Deep Sedation record for each General Anesthesia and Deep Sedation procedure that includes the following entries:
 1. Pre-operative and post-operative electrocardiograph documentation;
 2. Pre-operative, intra-operative, and post-operative pulse oximeter documentation;
 3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation;
 4. A list of all medications given, with dosage and time intervals, and route and site of administration;
 5. Type of catheter or portal with gauge;
 6. Indicate nothing by mouth or time of last intake of food or water;
 7. Consent form; and
 8. Time of discharge and status, including name of escort.
- F. The Section 1301 Permit holder, for intravenous access, shall use a new infusion set, including a new infusion line and new bag of fluid, for each patient.
- G. The Section 1301 Permit holder shall utilize supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure.
- H. The Section 1301 Permit holder shall continuously supervise the patient from the initiation of anesthesia or Deep Sedation until termination of the anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable. The Section 1301 Permit holder shall not commence with the

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administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.

- I. A Section 1301 Permit holder may employ the following health care professionals to provide anesthesia or sedation services and shall ensure that the health care professional continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable:

1. An allopathic or osteopathic physician currently licensed in Arizona by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners who has successfully completed a residency program in anesthesiology approved by the American Council on Graduate Medical Education or the American Osteopathic Association or who is certified by either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and is credentialed with anesthesia privileges through an Arizona licensed medical facility, or
2. A Certified Registered Nurse Anesthesiology currently licensed in Arizona who provides services under the Nurse Practice Act in A.R.S. Title 32, Chapter 15.

- J. A Section 1301 Permit holder may also administer parenteral sedation without obtaining a Section 1302 Permit.

Historical Note

New Section R4-11-1301 renumbered from R4-11-802 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1302. Parenteral Sedation

- A. Before administering parenteral sedation in a dental office or dental clinic, a dentist shall possess a Section 1302 Permit issued by the Board. The dentist may renew a Section 1302 Permit every five years by complying with R4-11-1307.

1. A Section 1301 Permit holder may also administer parenteral sedation.
2. A Section 1302 Permit holder shall not administer or employ any agents which have a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, or similarly acting Drugs, agents, or techniques, or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of Moderate Sedation.

- B. To obtain or renew a Section 1302 Permit, the dentist shall:

1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307, includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and

- vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and

- b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;

2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer parenteral sedation by intravenous or intramuscular route:

- a. Contains the following properly operating equipment and supplies during the provision of parenteral sedation by the permit holder or General Anesthesia or Deep Sedation by a physician anesthesiologist or Certified Registered Nurse Anesthetist:

- i. Emergency Drugs;
- ii. Positive pressure oxygen and supplemental oxygen;
- iii. Stethoscope;
- iv. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
- v. Oropharyngeal and nasopharyngeal airways;
- vi. Pulse oximeter;
- vii. Auxiliary lighting;
- viii. Blood pressure monitoring device; and
- ix. Cardiac defibrillator or automated external defibrillator; and

- b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:

- i. Holds a current course completion confirmation in cardiopulmonary resuscitation health-care provider level;
- ii. Is present during the parenteral sedation procedure; and
- iii. After the procedure, monitors the patient until discharge;

3. Hold a valid license to practice dentistry in this state;
4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:

- a. Advanced cardiac life support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
- b. Pediatric advanced life support in a practice treating pediatric patients; or
- c. A recognized continuing education course in advanced airway management.

- C. Initial applicants shall meet one of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:

1. Successfully complete Board-recognized undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that includes the following:
 - a. Sixty didactic hours of basic parenteral sedation to include:
 - i. Physical evaluation;

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- ii. Management of medical emergencies;
 - iii. The importance of and techniques for maintaining proper documentation; and
 - iv. Monitoring and the use of monitoring equipment; and
- b. Hands-on administration of parenteral sedative medications to at least 20 patients in a manner consistent with this Section; or
- 2. An applicant who completed training in parenteral sedation more than three years before submitting the permit application shall provide the following documentation:
 - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered parenteral sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
 - b. A copy of the parenteral sedation permit in effect in another state or certification of military training in parenteral sedation from the applicant's commanding officer; and
 - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(b) through (f).
- D. After submitting the application and written evidence of compliance with requirements outlined in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer parenteral sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1302 Permit to the applicant.
 - 1. The onsite evaluation team shall consist of:
 - a. Two dentists who are Board members, or Board designees for initial applications, or
 - b. One dentist who is a Board member or Board designee for renewal applications.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of parenteral sedation to a patient by the applicant in the presence of the evaluation team;
 - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of all Controlled Substances;
 - e. Proper recordkeeping as specified in subsection (E) by reviewing the records generated for the patient receiving parenteral sedation as specified in subsection (D)(2)(b); and
 - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
 - 3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
- c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
- d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
- e. Category 3 Evaluation Failure. The applicant must complete Board approved remedial continuing education with the subject matter outlined in R4-11-1306 as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
- 4. The onsite evaluation of an additional dental office or dental clinic in which parenteral sedation is administered by an existing Section 1302 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
- 5. A Section 1302 mobile permit may be issued if a Section 1302 Permit holder travels to dental offices or dental clinics to provide parenteral sedation. The applicant must submit a completed affidavit verifying:
 - a. That the equipment and supplies for the provision of parenteral sedation as required in R4-11-1302(B)(2)(a) either travel with the Section 1302 Permit holder or are in place and in appropriate working condition at the dental office or dental clinic where parenteral sedation is provided, and
 - b. Compliance with R4-11-1302(B)(2)(b).
- E. A Section 1302 Permit holder shall keep a parenteral sedation record for each parenteral sedation procedure that:
 - 1. Includes the following entries:
 - a. Pre-operative, intra-operative, and post-operative pulse oximeter documentation;
 - b. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation;
 - c. A list of all medications given, with dosage and time intervals and route and site of administration;
 - d. Type of catheter or portal with gauge;
 - e. Indicate nothing by mouth or time of last intake of food or water;
 - f. Consent form; and
 - g. Time of discharge and status, including name of escort; and
 - 2. May include pre-operative and post-operative electrocardiograph report.
- F. The Section 1302 Permit holder shall establish intravenous access on each patient receiving parenteral sedation utilizing a new infusion set, including a new infusion line and new bag of fluid.
- G. The Section 1302 Permit holder shall utilize supplemental oxygen for patients receiving parenteral sedation for the duration of the procedure.

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- H.** The Section 1302 Permit holder shall continuously supervise the patient from the initiation of parenteral sedation until termination of the parenteral sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1302 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- I.** A Section 1302 Permit holder may employ a health care professional as specified in R4-11-1301(I).

Historical Note

New Section R4-11-1302 renumbered from R4-11-803 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1303. Oral Sedation

- A.** Before administering Oral Sedation in a dental office or dental clinic, a dentist shall possess a Section 1303 Permit issued by the Board. The dentist may renew a Section 1303 Permit every five years by complying with R4-11-1307.
1. A Section 1301 Permit holder or Section 1302 Permit holder may also administer Oral Sedation without obtaining a Section 1303 Permit.
 2. The administration of a single Drug for Minimal Sedation does not require a Section 1303 Permit if:
 - a. The administered dose is within the Food and Drug Administration's maximum recommended dose as printed in the Food and Drug Administration's approved labeling for unmonitored home use;
 - i. Incremental multiple doses of the Drug may be administered until the desired effect is reached, but does not exceed the maximum recommended dose; and
 - ii. During Minimal Sedation, a single supplemental dose may be administered. The supplemental dose may not exceed one-half of the initial dose and the total aggregate dose may not exceed one and one-half times the Food and Drug Administration's maximum recommended dose on the date of treatment; and
 - b. Nitrous oxide/oxygen may be administered in addition to the oral Drug as long as the combination does not exceed Minimal Sedation.
- B.** To obtain or renew a Section 1303 Permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307, includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer Oral Sedation:
 - a. Contains the following properly operating equipment and supplies during the provision of sedation:
 - i. Emergency Drugs;
 - ii. Cardiac defibrillator or automated external defibrillator;
 - iii. Positive pressure oxygen and supplemental oxygen;
 - iv. Stethoscope;
 - v. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - vi. Pulse oximeter;
 - vii. Blood pressure monitoring device; and
 - viii. Auxiliary lighting; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
 - i. Holds a current certificate in cardiopulmonary resuscitation healthcare provider level;
 - ii. Is present during the Oral Sedation procedure; and
 - iii. After the procedure, monitors the patient until discharge;
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
 5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. Cardiopulmonary resuscitation healthcare provider level from the American Heart Association, American Red Cross, or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
 - b. Pediatric advanced life support in a practice treating pediatric patients; or
 - c. A recognized continuing education course in advanced airway management.
- C.** Initial applicants shall meet one of the following by submitting to the Board verification of meeting the condition directly from the issuing institution:
1. Complete a Board-recognized post-doctoral residency program that includes documented training in Oral Sedation within the last three years before submitting the permit application; or
 2. Complete a Board recognized post-doctoral residency program that includes documented training in Oral Sedation more than three years before submitting the permit application shall provide the following documentation:
 - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered Oral Sedation to a minimum of 25 patients within the

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- year or 75 patients within the last five years before submitting the permit application;
 - b. A copy of the Oral Sedation permit in effect in another state or certification of military training in Oral Sedation from the applicant's commanding officer; and
 - c. On a form provided by the Board, a written affidavit affirming the completion of 30 hours of continuing education taken within the last five years as outlined in R4-11-1306(C)(1)(a) through (f); or
- 3. Provide proof of participation in 30 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in Oral Sedation within the three years before submitting the permit application that includes:
 - a. Training in basic Oral Sedation,
 - b. Pharmacology,
 - c. Physical evaluation,
 - d. Management of medical emergencies,
 - e. The importance of and techniques for maintaining proper documentation, and
 - f. Monitoring and the use of monitoring equipment.
- D. After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1303 Permit to the applicant.
 - 1. The onsite evaluation team shall consist of:
 - a. For initial applications, two dentists who are Board members, or Board designees.
 - b. For renewal applications, one dentist who is a Board member, or Board designee.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - c. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
 - d. Proper recordkeeping as specified in subsection (E) by reviewing the forms that document the Oral Sedation record; and
 - e. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
 - 3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substance, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before permit will be issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency; or
 - d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency.
 - 4. The onsite evaluation of an additional dental office or dental clinic in which Oral Sedation is administered by a Section 1303 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
 - 5. A Section 1303 mobile permit may be issued if the Section 1303 Permit holder travels to dental offices or dental clinics to provide Oral Sedation. The applicant must submit a completed affidavit verifying:
 - a. That the equipment and supplies for the provision of Oral Sedation as required in R4-11-1303(B)(2)(a) either travel with the Section 1303 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where Oral Sedation is provided, and
 - b. Compliance with R4-11-1303(B)(2)(b).
- E. A Section 1303 Permit holder shall keep an Oral Sedation record for each Oral Sedation procedure that:
 - 1. Includes the following entries:
 - a. Pre-operative, intra-operative, and post-operative, pulse oximeter oxygen saturation and pulse rate documentation;
 - b. Pre-operative and post-operative blood pressure;
 - c. Documented reasons for not taking vital signs if a patient's behavior or emotional state prevents monitoring personnel from taking vital signs;
 - d. List of all medications given, including dosage and time intervals;
 - e. Patient's weight;
 - f. Consent form;
 - g. Special notes, such as, nothing by mouth or last intake of food or water; and
 - h. Time of discharge and status, including name of escort; and
 - 2. May include the following entries:
 - a. Pre-operative and post-operative electrocardiograph report; and
 - b. Intra-operative blood pressures.
- F. The Section 1303 Permit holder shall utilize supplemental oxygen for patients receiving Oral Sedation for the duration of the procedure.
- G. The Section 1303 Permit holder shall ensure the continuous supervision of the patient from the administration of Oral Sedation until oxygenation, ventilation and circulation are stable and the patient is appropriately responsive for discharge from the dental office or dental clinic.
- H. A Section 1303 Permit holder may employ a health care professional to provide anesthesia services, if all of the following conditions are met:
 - 1. The physician anesthesiologist or Certified Registered Nurse Anesthetist meets the requirements as specified in R4-11-1301(I);
 - 2. The Section 1303 Permit holder has completed coursework within the two years prior to submitting the permit application in one or more of the following:

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- a. Advanced cardiac life support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
- b. Pediatric advanced life support in a practice treating pediatric patients;
- c. A recognized continuing education course in advanced airway management;
3. The Section 1303 Permit holder ensures that:
 - a. The dental office or clinic contains the equipment and supplies listed in R4-11-1304(B)(2)(a) during the provision of anesthesia or sedation by the physician anesthesiologist or Certified Registered Nurse Anesthetist;
 - b. The anesthesia or sedation record contains all the entries listed in R4-11-1304(D);
 - c. For intravenous access, the physician anesthesiologist or Certified Registered Nurse Anesthetist uses a new infusion set, including a new infusion line and new bag of fluid for each patient; and
 - d. The patient is continuously supervised from the administration of anesthesia or sedation until the termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1303 Permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

Historical Note

New Section R4-11-1303 renumbered from R4-11-805 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Former Section R4-11-1303 renumbered to R4-11-1304; new Section R4-11-1303 made by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1304. Permit to Employ or Work with a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)

- A.** This Section does not apply to a Section 1301 permit holder or a Section 1302 permit holder practicing under the provisions of R4-11-1302(I) or a Section 1303 permit holder practicing under the provisions of R4-11-1303(H). A dentist may utilize a physician anesthesiologist or certified registered nurse anesthetist (CRNA) for anesthesia or sedation services while the dentist provides treatment in the dentist's office or dental clinic after obtaining a Section 1304 permit issued by the Board.
1. The physician anesthesiologist or CRNA meets the requirements as specified in R4-11-1301(I).
 2. The dentist permit holder shall provide all dental treatment and ensure that the physician anesthesiologist or CRNA remains on the dental office or dental clinic premises until any patient receiving anesthesia or sedation services is discharged.
 3. A dentist may renew a Section 1304 permit every five years by complying with R4-11-1307.
- B.** To obtain or renew a Section 1304 permit, a dentist shall:

1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307 includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist provides treatment during administration of general anesthesia or sedation by a physician anesthesiologist or CRNA:
 - a. Contains the following properly operating equipment and supplies during the provision of general anesthesia and sedation:
 - i. Emergency drugs;
 - ii. Electrocardiograph monitor;
 - iii. Pulse oximeter;
 - iv. Cardiac defibrillator or automated external defibrillator (AED);
 - v. Positive pressure oxygen and supplemental continuous flow oxygen;
 - vi. Suction equipment, including endotracheal, tonsillar or pharyngeal and emergency backup medical suction device;
 - vii. Laryngoscope, multiple blades, backup batteries and backup bulbs;
 - viii. Endotracheal tubes and appropriate connectors;
 - ix. Magill forceps;
 - x. Oropharyngeal and nasopharyngeal airways;
 - xi. Auxiliary lighting;
 - xii. Stethoscope; and
 - xiii. Blood pressure monitoring device; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Health Care Provider level;
3. Hold a valid license to practice dentistry in this state; and
4. Provide confirmation of completing coursework within the last two years prior to submitting the permit application in one or more of the following:
 - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;

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- b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - c. A recognized continuing education course in advanced airway management.
- C. After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the applicant a Section 1304 permit.
 - 1. The onsite evaluation team shall consist of one dentist who is a Board member, or Board designee.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances; and
 - c. Proper recordkeeping as specified in subsection (E) by reviewing previous anesthesia or sedation records.
 - 3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation; or
 - b. Conditional approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued.
 - 4. The evaluation of an additional dental office or dental clinic in which a Section 1304 permit holder provides treatment during the administration general anesthesia or sedation by a physician anesthesiologist or CRNA may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (B)(2).
- D. A Section 1304 permit holder shall keep an anesthesia or sedation record for each general anesthesia and sedation procedure that includes the following entries:
 - 1. Pre-operative and post-operative electrocardiograph documentation;
 - 2. Pre-operative, intra-operative, and post-operative, pulse oximeter documentation;
 - 3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation; and
 - 4. A list of all medications given, with dosage and time intervals and route and site of administration;
 - 5. Type of catheter or portal with gauge;
 - 6. Indicate nothing by mouth or time of last intake of food or water;
 - 7. Consent form; and
 - 8. Time of discharge and status, including name of escort.
- E. For intravenous access, a Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient.
- F. A Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA utilizes supplemental continuous flow oxygen for patients receiving general anesthesia or sedation for the duration of the procedure.
- G. The Section 1304 permit holder shall continuously supervise the patient from the administration of anesthesia or sedation

until termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1304 permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

Historical Note

New Section R4-11-1304 renumbered from R4-11-805 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Former Section R4-11-1304 renumbered to R4-11-1305; new Section R4-11-1304 renumbered from R4-11-1303 and amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Section repealed; new Section made by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

R4-11-1305. Reports of Adverse Occurrences

If a death, or incident requiring emergency medical response, occurs in a dental office or dental clinic during the administration of or recovery from general anesthesia, deep sedation, moderate sedation, or minimal sedation, the permit holder and the treating dentist involved shall submit a complete report of the incident to the Board within 10 days after the occurrence.

Historical Note

New Section R4-11-1305 renumbered from R4-11-806 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Former Section R4-11-1305 renumbered to R4-11-1306; new Section R4-11-1305 renumbered from R4-11-1304 and amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Section repealed; new Section made by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

R4-11-1306. Education; Continued Competency

- A. To obtain a Section 1301, permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post-graduate education program in pain control.
 - 1. The program shall include instruction in the following subject areas:
 - a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;
 - b. Physiological and psychological risks for the use of various modalities of pain control;
 - c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;
 - d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and
 - e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.
 - 2. The program shall consist of didactic and clinical training. The didactic component of the program shall:
 - a. Be the same for all dentists, whether general practitioners or specialists; and
 - b. Include each subject area listed in subsection (A)(1).

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3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301(B)(6)(a).
- B.** To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302 a permit holder shall:
 1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. General anesthesia,
 - b. Parenteral sedation,
 - c. Physical evaluation,
 - d. Medical emergencies,
 - e. Monitoring and use of monitoring equipment, or
 - f. Pharmacology of drugs and non-drug substances used in general anesthesia or parenteral sedation; and
 2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
 - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - c. A recognized continuing education course in advanced airway management;
 3. Complete at least 10 general anesthesia, deep sedation or parenteral sedation cases a calendar year; and
 4. Apply a maximum of six hours from subsection (B)(2) toward the continuing education requirements for subsection (B)(1).
- C.** To maintain a Section 1303 permit issued under R4-11-1303, a permit holder shall:
 1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. Oral sedation,
 - b. Physical evaluation,
 - c. Medical emergencies,
 - d. Monitoring and use of monitoring equipment, or
 - e. Pharmacology of oral sedation drugs and non-drug substances; and
 2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
 - a. Cardiopulmonary resuscitation (CPR) Health Care Provider level from the American Heart Association, American Red Cross or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
 - b. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - c. Pediatric advanced life support (PALS);
 - d. A recognized continuing education course in advanced airway management; and
 3. Complete at least 10 oral sedation cases a calendar year.

Historical Note

Section R4-11-1306 renumbered from R4-11-1305 and amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

R4-11-1307. Renewal of Permit

- A.** To renew a Section 1301, 1302, or 1303 permit, the permit holder shall:
 1. Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1306;
 2. Provide written documentation of compliance with the continued competency requirements in R4-11-1306;
 3. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
 4. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1301, R4-11-1302, or R4-11-1303.
- B.** To renew a Section 1304 permit, the permit holder shall:
 1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1304; and
 2. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1304.
- C.** After the permit holder successfully completes the evaluation and submits the required affidavits, the Board shall renew a Section 1301, 1302, 1303, 1304 permit, as applicable.
- D.** The Board may stagger due dates for renewal applications.

Historical Note

Made by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

ARTICLE 14. DISPENSING DRUGS AND DEVICES**R4-11-1401. Prescribing**

- A.** In addition to the requirements of A.R.S. § 32-1298(C), a dentist shall ensure that a prescription order contains the following information:
 1. Date of issuance;
 2. Name and address of the patient to whom the prescription is issued;
 3. Name, strength, dosage form, and quantity of the drug or name and quantity of the device prescribed;
 4. Name and address of the dentist prescribing the drug; and
 5. Drug Enforcement Administration registration number of the dentist, if prescribing a controlled substance.
- B.** Before dispensing a drug or device, a dentist shall present to the patient a written prescription for the drug or device being dispensed that includes on the prescription the following statement in bold type: "This prescription may be filled by the prescribing dentist or by a pharmacy of your choice."

Historical Note

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1401 repealed, new Section R4-11-1401 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1402. Labeling and Dispensing

- A.** A dentist shall include the following information on the label of all drugs and devices dispensed:
 1. The dentist's name, address, and telephone number;
 2. The serial number;
 3. The date the drug or device is dispensed;
 4. The patient's name;

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5. Name, strength, and quantity of drug or name and quantity of device dispensed;
 6. The name of the drug or device manufacturer or distributor;
 7. Directions for use and cautionary statement necessary for safe and effective use of the drug or device; and
 8. If a controlled substance is prescribed, the cautionary statement "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."
- B.** Before delivery to the patient, the dentist shall prepare and package the drug or device to ensure compliance with the prescription and personally inform the patient of the name of the drug or device, directions for its use, precautions, and storage requirements.
- C.** A dentist shall purchase all dispensed drugs and devices from a manufacturer, distributor, or pharmacy that is properly licensed in this state or one of the other 49 states, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States of America.
- D.** When dispensing a prescription drug or device from a prescription order, a dentist shall perform the following professional practices:
1. Verify the legality and pharmaceutical feasibility of dispensing a drug based upon:
 - a. A patient's allergies,
 - b. Incompatibilities with a patient's currently-taken medications,
 - c. A patient's use of unusual quantities of dangerous drugs or narcotics, and
 - d. The frequency of refills;
 2. Verify that the dosage is within proper limits;
 3. Interpret the prescription order;
 4. Prepare, package, and label, or assume responsibility for preparing, packaging, and labeling, the drug or device dispensed under each prescription order;
 5. Check the label to verify that the label precisely communicates the prescriber's directions and hand-initial each label;
 6. Record, or assume responsibility for recording, the serial number and date dispensed on the front of the original prescription order; and
 7. Record on the original prescription order the name or initials of the dentist who dispensed the order.

Historical Note

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1402 renumbered to R4-11-1201, new Section R4-11-1402 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1403. Storage and Packaging

A dentist shall:

1. Keep all prescription-only drugs and devices in a secured area and control access to the secured area by written procedure. The dentist shall make the written procedure available to the Board or its authorized agents on demand for inspection or copying;
2. Keep all controlled substances secured in a locked cabinet or room, control access to the cabinet or room by written procedure, and maintain an ongoing inventory of the contents. The dentist shall make the written procedure

- available to the Board or its authorized agents on demand for inspection or copying;
3. Maintain drug storage areas so that the temperature in the drug storage areas does not exceed 85° F;
4. Not dispense a drug or device that has expired or is improperly labeled;
5. Not redispense a drug or device that has been returned;
6. Dispense a drug or device:
 - a. In a prepackaged container or light-resistant container with a consumer safety cap, unless the patient or patient's representative requests a non-safety cap; and
 - b. With a label that is mechanically or electronically printed;
7. Destroy an outdated, deteriorated, or defective controlled substance according to Drug Enforcement Administration regulations or by using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration; and
8. Destroy an outdated, deteriorated, or defective non-controlled substance drug or device by returning it to the supplier or by using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration.

Historical Note

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1403 renumbered to R4-11-1202, new Section R4-11-1403 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1404. Recordkeeping

A. A dentist shall:

1. Chronologically date and sequentially number prescription orders in the order that the drugs or devices are originally dispensed;
2. Sequentially file orders separately from patient records, as follows:
 - a. File Schedule II drug orders separately from all other prescription orders;
 - b. File Schedule III, IV, and V drug orders separately from all other prescription orders; and
 - c. File all other prescription orders separately from orders specified in subsections (A)(2)(a) and (b);
3. Record the name of the manufacturer or distributor of the drug or device dispensed on each prescription order and label;
4. Record the name or initials of the dentist dispensing the drug or device on each prescription order and label; and
5. Record the date the drug or device is dispensed on each prescription order and label.

B. A dentist shall record in the patient's dental record the name, dosage form, and strength of the drug or device dispensed, the quantity or volume dispensed, the date the drug or device is dispensed, and the dental therapeutic reasons for dispensing the drug or device.

C. A dentist shall maintain:

1. Purchase records of all drugs and devices for three years from the date purchased; and
2. Dispensing records of all drugs and devices for three years from the date dispensed.

D. A dentist who dispenses controlled substances:

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1. Shall inventory Schedule II, III, IV, and V controlled substances as prescribed by A.R.S. § 36-2523;
2. Shall perform a controlled substance inventory on March 1 annually, if directed by the Board, and at the opening or closing of a dental practice;
3. Shall maintain the inventory for three years from the inventory date;
4. May use one inventory book for all controlled substances;
5. When conducting an inventory of Schedule II controlled substances, shall take an exact count;
6. When conducting an inventory of Schedule III, IV, and V controlled substances, shall take an exact count or may take an estimated count if the stock container contains fewer than 1001 units.

E. A dentist shall maintain invoices for drugs and devices dispensed for three years from the date of the invoices, filed as follows:

1. File Schedule II controlled substance invoices separately from records that are not Schedule II controlled substance invoices;
2. File Schedule III, IV, and V controlled substance invoices separately from records that are not Schedule III, IV, and V controlled substance invoices; and
3. File all non-controlled substance invoices separately from the invoices referenced in subsections (E)(1) and (2).

F. A dentist shall file Drug Enforcement Administration order form (DEA Form 222) for a controlled substance sequentially and separately from every other record.

Historical Note

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1404 renumbered to R4-11-1203, new Section R4-11-1404 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1405. Compliance

A. A dentist who determines that there has been a theft or loss of Drugs or Controlled Substances from the dentist's office shall immediately notify a local law enforcement agency and the Board and provide written notice of the theft or loss in the following manner:

1. For non-Controlled Substance Drug theft or loss, provide the law enforcement agency and the Board with a written report explaining the theft or loss; or
2. For Controlled Substance theft or loss, complete a Drug Enforcement Administration's 106 form; and
3. Provide copies of the Drug Enforcement Administration's 106 form to the Drug Enforcement Administration and the Board within one day of the discovery.

B. A dentist who dispenses Drugs or devices in a manner inconsistent with this Article is subject to discipline under A.R.S. Title 32, Chapter 11, Article 3.

Historical Note

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1405 renumbered to R4-11-1204, new Section R4-11-1405 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

R4-11-1406. Expired**Historical Note**

Adopted effective July 21, 1995; inadvertently not published with Supp. 95-3 (Supp. 95-4). Former Section R4-11-1406 renumbered to R4-11-1205, new Section R4-11-1406 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 2553 (July 25, 2025), effective July 1, 2025 (Supp. 25-3).

R4-11-1407. Renumbered**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1407 renumbered to R4-11-1206 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-1408. Renumbered**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1408 renumbered to R4-11-1207 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

R4-11-1409. Repealed**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1409 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

ARTICLE 15. COMPLAINTS, INVESTIGATIONS, DISCIPLINARY ACTION**R4-11-1501. Ex-parte Communication**

A complainant, licensee, certificate holder, business entity or mobile dental permit holder against whom a complaint is filed, shall not engage in ex-parte communication by means of a written or oral communication between a decision maker, fact finder, or Board member and only one party to the proceeding.

Historical Note

New Section R4-11-1501 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1).

R4-11-1502. Dental Consultant Qualifications

A dentist, dental therapist, dental hygienist, or denturist approved as a Board dental consultant shall:

1. Possess a valid license or certificate to practice in Arizona;
2. Have practiced at least five years in Arizona; and
3. Not have been disciplined by the Board within the past five years.

Historical Note

New Section R4-11-1502 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-1503. Initial Complaint Review

A. The Board's procedures for complaint notification are:

TITLE 4. PROFESSIONS AND OCCUPATIONS

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1. The Board shall notify the Licensee, denturist, Business Entity or Mobile Dental Permit Holder by certified U.S. Mail when the following occurs:
 - a. A formal interview is scheduled, and
 - b. A subpoena, notice, or order is issued.
 2. The Board shall notify the Licensee, denturist, Business Entity, or Mobile Dental Permit Holder by U.S. mail or email when the following occurs:
 - a. The complaint is tabled, and
 - b. The Board grants a postponement or continuance.
 3. Board shall provide the Licensee, denturist, Business Entity, or Mobile Dental Permit Holder with a copy of the complaint.
 4. If a complaint alleges a violation of the state or federal criminal code, the Board shall refer the complaint to the proper law enforcement agency.
- B.** The Board's procedures for complaints referred to Clinical Evaluation are:
1. Except as provided in subsection (B)(1)(a), the President's Designee shall appoint one or more dental consultants to perform a Clinical Evaluation. If there is more than one dental consultant, the dental consultants do not need to be present at the same time.
 - a. If the complaint involves a dental hygienist, denturist, dental therapist, or dentist who is a recognized specialist in one of the areas listed in R4-11-1102(B), the President's Designee shall appoint a dental consultant from that area of practice or specialty.
 - b. The Board shall disclose the identity of the Licensee, denturist, Business Entity, or Mobile Dental Permit Holder to a dental consultant performing a Clinical Evaluation before the Board receives the dental consultant's report.
 2. The dental consultant shall prepare and submit a Clinical Evaluation report. The President's Designee shall provide a copy of the Clinical Evaluation report to the Licensee or denturist. The Licensee or denturist may submit a written response to the Clinical Evaluation report.
- C.** Notwithstanding any other provision, the Board may take immediate action consistent with A.R.S. §§ 32-1201.01 or 32-1263 in order to protect public health and safety.

Historical Note

New Section R4-11-1503 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 3793 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

R4-11-1504. Postponement of Interview

- A.** The licensee, certificate holder, business entity, or mobile dental permit holder may request a postponement of a formal interview. The Board or its designee shall grant a postponement until the next regularly scheduled Board meeting if the licensee, certificate holder, business entity, or mobile dental permit holder makes a postponement request and the request:
1. Is made in writing,
 2. States the reason for the postponement, and

3. Is received by the Board within 15 calendar days after the date the respondent received the formal interview request.

- B.** Within 48 hours of receipt of a request for postponement of a formal interview, the Board or its designee shall:
1. Review and either deny or approve the request for postponement; and
 2. Notify in writing the complainant and licensee, certificate holder, business entity, or mobile dental permit holder of the decision to either deny or approve the request for postponement.

Historical Note

New Section R4-11-1504 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 3669, effective April 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1).

ARTICLE 16. DENTAL THERAPISTS**R4-11-1601. Duties and Qualifications**

- A.** A dental therapist may perform a procedure not specifically authorized by A.R.S. § 32-1276.03 when all of the following conditions are satisfied:
1. The procedure is recommended or prescribed by the supervising dentist;
 2. The dental therapist has received training by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized denturist school, as defined under A.R.S. § 32-1201, to perform the procedure in a safe manner; and
 3. The procedure is performed under the Direct Supervision of, or according to, a written collaborative practice agreement with a licensed dentist.
- B.** A dental therapist may administer Nitrous Oxide Analgesia as authorized by A.R.S. § 32-1276.03(B)(12) if the dental therapist submits proof directly from an issuing institution of completing courses in the administration of Nitrous Oxide Analgesia offered by a recognized dental school, recognized dental therapy school, or recognized dental hygiene school, as defined under A.R.S. § 32-1201, that include both theory and supervised clinical practice in the procedures.
- C.** A dental therapist may perform suturing and suture removal as authorized by A.R.S. § 32-1276.03(B)(21) if the dental therapist submits proof directly from an issuing institution of completing courses in suturing and suture removal offered by a recognized dental school, recognized dental therapy school, or recognized dental hygiene school, as defined under A.R.S. § 32-1201, that include both theory and supervised clinical practice in the procedures.
- D.** A dental therapist may perform an Irreversible Procedure only if it is specifically authorized by A.R.S. § 32-1276.03 or meets the conditions of R4-11-1601(A).

Historical Note

New Section R4-11-1601 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 3183, effective April 30, 2008. New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-1602. Limitation on Number Supervised

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A dentist shall not provide direct supervision for more than three dental therapists while the dental therapists are providing services or performing procedures under A.R.S. § 32-1276.03 or R4-11-1601.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-1603. Dental Therapy Consultants

After submission of a current curriculum vitae or resume and approval by the Board, dental therapy consultants may:

1. Participate in Board-related procedures, including a Clinical Evaluation, investigation of complaints concerning infection control, insurance fraud, or the practice of supervised personnel, and any other procedures not directly related to evaluating a dentist's or denturist's quality of care; and
2. Participate in onsite office evaluations for infection control, as part of a team.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

R4-11-1604. Written Collaborative Practice Agreements; Collaborative Practice Relationships

- A. A dental therapist shall submit a signed affidavit to the Board affirming that:
 1. The Collaborative Practice Agreement complies with all the requirements listed in A.R.S. § 32-1276.04.
 2. The dental therapist is and will be continuously certified in basic life support, including healthcare provider level cardiopulmonary resuscitation and training in automated external defibrillator.
 3. The dental therapist is in compliance with the continuing dental education requirements of this state.
- B. Each dentist who enters into a Collaborative Practice Agreement shall be available telephonically or electronically during the business hours of the dental therapist to provide an appropriate level of contact, communication, and consultation.
- C. A Collaborative Practice Agreement shall include a provision for a substitute dentist, to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, and consultation with the dental therapist.
- D. A Collaborative Practice Agreement shall include a signed and dated statement from the dentist providing Direct Supervision, verifying the dental therapist's completion of 1000 hours of dental therapy clinical practice according to A.R.S. § 32-1276.04(B).
- E. A Collaborative Practice Agreement shall be between one dentist and one dental therapist.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

ARTICLE 17. REHEARING OR REVIEW**R4-11-1701. Procedure**

- A. Except as provided in subsection (F), a licensee, certificate holder, or business entity who is aggrieved by an order issued by the Board may file a written motion for rehearing or review with the Board, pursuant to A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.
- B. A licensee, certificate holder, or business entity filing a motion for rehearing or review under this rule may amend the motion

at any time before it is ruled upon by the Board. The opposing party may file a response within 15 days after the date the motion for rehearing or review is filed. The Board may require that the parties file supplemental memoranda explaining the issues raised in the motion, and may permit oral argument.

- C. The Board may grant a rehearing or review of the order for any of the following causes materially affecting a licensee, certificate holder, or business entity's rights:
 1. Irregularity in the proceedings of the Board or any order or abuse of discretion, which deprived a licensee, certificate holder, or business entity of a fair hearing;
 2. Misconduct of the Board, its personnel, the administrative law judge, or the prevailing party;
 3. Accident or surprise which could not have been prevented by ordinary prudence;
 4. Excessive or insufficient penalties;
 5. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceeding;
 6. That the findings of fact or decision is arbitrary, capricious, or an abuse of discretion;
 7. That the findings of fact or decision is not justified by the evidence or is contrary to law; or
 8. Newly discovered, material evidence which could not, with reasonable diligence, have been discovered and produced at the original hearing.
- D. The Board may affirm or modify the order or grant a rehearing or review to all or part of the issues for any of the reasons in subsection (C). The Board, within the time for filing a motion for rehearing or review, may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. An order granting a rehearing or review shall specify the grounds on which rehearing or review is granted, and any rehearing or review shall cover only those matters specified.
- E. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after such service, serve opposing affidavits.
- F. If the Board makes specific findings that the immediate effectiveness of the order is necessary for the preservation of public health and safety and that a rehearing or review is impracticable, unnecessary, or contrary to the public interest, the order may be issued as a final order without an opportunity for a rehearing or review. If an order is issued as a final order without an opportunity or rehearing or review, the aggrieved party shall make an application for judicial review of the order within the time limits permitted for application for judicial review of the Board's final order.
- G. The Board shall rule on the motion for rehearing or review within 15 days after the response has been filed, or at the Board's next meeting after the motion is received, whichever is later.

Historical Note

New Section R4-11-1701 renumbered from R4-11-701 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 21 A.A.R. 2971, effective January 2, 2016 (Supp. 15-4).

ARTICLE 18. BUSINESS ENTITIES**R4-11-1801. Application**

Before offering dental services, a business entity required to be registered under A.R.S. § 32-1213 shall apply for registration on an

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application form supplied by the Board. In addition to the requirements of A.R.S. § 32-1213(B) and the fee under R4-11-402, the registration application shall include a sworn statement from the applicant that:

1. The information provided by the business entity is true and correct, and
2. No information is omitted from the application.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

R4-11-1802. Display of Registration

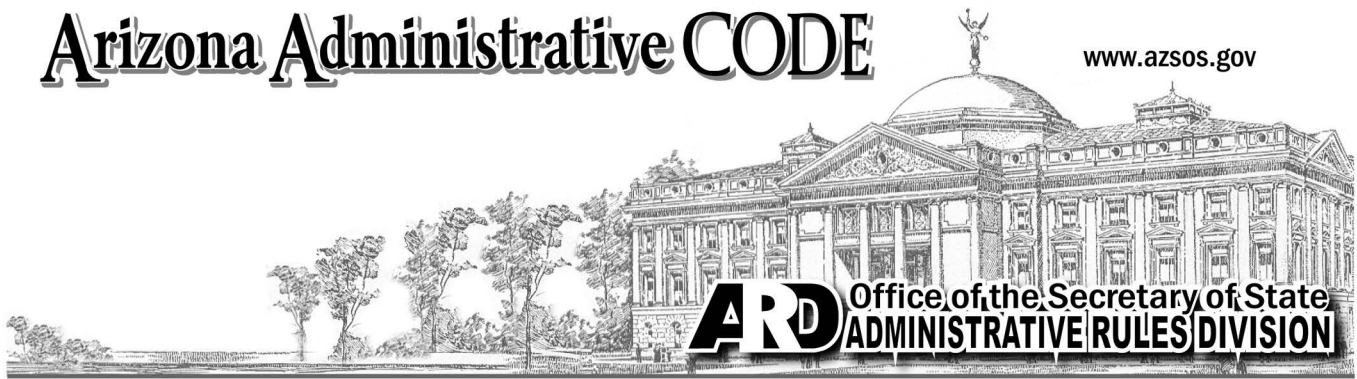
- A. A business entity shall ensure that the receipt for the current registration period is:

1. Conspicuously displayed in the dental practice in a manner that is always readily observable by patients and visitors, and
2. Exhibited to members of the Board or to duly authorized agents of the Board on request.

- B. A business entity's receipt for the licensure period immediately preceding shall be kept on display until replaced by the receipt for the current period.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).



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CHAPTER 23. BOARD OF PHARMACY

4 A.A.C. 23

Supplement Information Supp. 25-3

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

Editor's note: This Chapter contains an amendment to R4-23-411 promulgated under a Notice of Emergency Rulemaking. Since an emergency rulemaking is effective for 180 days, the original codified rules remain in the Chapter for reference if the emergency rule expires. The Board may choose to renew the emergency for an additional 180 days; or choose to let the emergency expire after 180 days. The Board may also choose to promulgate these rules under the regular rulemaking process while the emergency rules are enforced (Supp. 25-3).

For questions, contact:

Name: Kamlesh Gandhi
Title: Executive Director
Telephone: (602) 771-2727
Email: kgandhi@azpharmacy.gov
Board: Board of Pharmacy
Address: 1110 W. Washington St., Suite 260
Phoenix, AZ 85007
Website: www.azpharmacy.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 24-4, 1-81 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

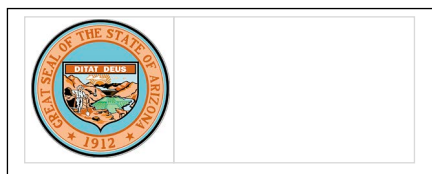
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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

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Administrative Rules Division

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 23. BOARD OF PHARMACY

Authority: A.R.S. § 32-1904 et seq.

Supp. 25-3

Editor's note: This Chapter contains an amendment to R4-23-411 promulgated under a Notice of Emergency Rulemaking. Since an emergency rulemaking is effective for 180 days, the original codified rules remain in the Chapter for reference if the emergency rule expires. The Board may choose to renew the emergency for an additional 180 days; or choose to let the emergency expire after 180 days. The Board may also choose to promulgate these rules under the regular rulemaking process while the emergency rules are enforced (Supp. 25-3).

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New Article 5, consisting of Sections R4-23-501 through R4-23-505, made effective August 2, 2014 (Supp. 14-2).

Article 5, consisting of Sections R4-23-501 through R4-23-505, expired effective August 30, 2013 (Supp. 14-1).

Article 5, consisting of Sections R4-23-501 and R4-23-502, recodified to Article 8 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

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ARTICLE 1. ADMINISTRATION**R4-23-101. General**

- A. This Chapter applies to all actions and proceedings of the Board and shall be deemed part of the record in any Board action or proceeding without formal introduction of, or reference to the rules. A party to a Board action is deemed to have knowledge of the rules.
- B. The Board, within its jurisdiction, may, in the interest of justice, excuse the failure of any person to comply with the rules.
- C. The Board, within its jurisdiction, may grant an extension of time within which to comply with any rule when it deems the extension to be in the interest of justice.

Historical Note

Former Rules 1.1000, 1.1200, and 1.1300; Amended effective August 23, 1978 (Supp. 78-4). Amended by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-102. Meetings

- A. The Board shall hold not less than four meetings per fiscal year to conduct general business and interview permit and license applicants.
- B. A special meeting of the Board may be held at any time subject to the call of the President or a majority of the Board members and in compliance with the notification requirements of A.R.S. § 38-431.02.

Historical Note

Former Rules 1.2100, 1.2200, 1.2300, and 1.2400. Amended by final rulemaking at 7 A.A.R. 2143, effective May 1, 2001 (Supp. 01-2).

R4-23-103. Repealed**Historical Note**

Former Rules 1.3100, 1.3200, 1.3300, and 1.3400; Amended subsection (C) effective August 9, 1983 (Supp. 83-4). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-104. Repealed**Historical Note**

Former Rules 1.4011, 1.4110, 1.4120, 1.4200, 1.4210, 1.4220, 1.4300, 1.4400, 1.5500, 1.5600, 1.5700, and 1.4500; Amended effective August 23, 1978 (Supp. 78-5); Amended by deleting subsection (B) and renumbering subsections (C) through (J) as subsections (B) through (I) effective August 9, 1983 (Supp. 83-4). Amended effective February 8, 1991 (Supp. 91-1). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-105. Repealed**Historical Note**

Former Rules 1.5100, 1.5200, 1.5300, and 1.5400; Amended subsection (B) effective August 9, 1983 (Supp. 83-4). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-106. Repealed**Historical Note**

Former Rules 1.5800 and 1.5900. Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-107. Repealed**Historical Note**

Former Rules 1.5910, 1.5920, 1.5921, and 1.5922. Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-108. Repealed**Historical Note**

Former Rule 1.5930. Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-109. Repealed**Historical Note**

Former Rules 1.7100, 1.7200, and 1.7300. Amended effective July 14, 1977 (Supp. 77-4). Amended effective February 8, 1991 (Supp. 91-1). Section repealed by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1); Historical Note updated (Supp. 06-2).

R4-23-110. Definitions

In addition to definitions in A.R.S. § 32-1901, the following definitions apply to this Chapter:

“Active ingredient” means any component that furnishes pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease or that affects the structure or any function of the body of man or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug, that are present in the finished drug product in a modified form, and that furnish the specified activity or effect.

“AHCCCS” means the Arizona Health Care Cost Containment System.

“Annual family income” means the combined yearly gross earned income and unearned income of all adult individuals within a family unit.

“Approved course in pharmacy law” means a continuing education activity that addresses practice issues related to state or federal pharmacy statutes, rules, or regulations.

“Approved Provider” means an individual, institution, organization, association, corporation, or agency that is approved by the Accreditation Council for Pharmacy Education (ACPE) in accordance with ACPE’s policy and procedures or by the Board as meeting criteria indicative of the ability to provide quality continuing education.

“Assisted living facility” means a residential care institution as defined in A.R.S. § 36-401.

“Authentication of product history” means identifying the purchasing source, the ultimate fate, and any intermediate handling of any component of a radiopharmaceutical or other drug.

“Automated dispensing system” means a mechanical system in a long-term care facility that performs operations or activities, other than compounding or administration, relative to the storage, packaging, counting, labeling, and dispensing of med-

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ications, and which collects, controls, and maintains all transaction information.

“Automated storage and distribution system” means a mechanical system that performs operations or activities other than counting, compounding, or administration, relative to the storage, packaging, or distributing of drugs or devices and that collects, controls, and maintains all transaction information.

“Batch” means a specific quantity of drug that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

“Beyond-use date” means:

A date determined by a pharmacist and placed on a prescription label at the time of dispensing to indicate a time beyond which the contents of the prescription are not recommended to be used; or

A date determined by a pharmacist and placed on a compounded pharmaceutical product’s label at the time of preparation as specified in R4-23-410(B)(3)(d), R4-23-410(I)(6)(e), or R4-23-410(J)(1)(d) to indicate a time beyond which the compounded pharmaceutical product is not recommended to be used.

“Biological safety cabinet” means a containment unit suitable for the preparation of low to moderate risk agents when there is a need for protection of the product, personnel, and environment, consistent with National Sanitation Foundation (NSF) standards, published in the National Sanitation Foundation Standard 49, Class II (Laminar Flow) Biohazard Cabinetry, NSF International P. O. Box 130140, Ann Arbor, MI, revised June 1987 edition, (and no future amendments or editions), incorporated by reference and on file with the Board.

“Care-giver” means a person who cares for someone who is sick or disabled or an adult who cares for an infant or child and includes a patient’s husband, wife, son, daughter, mother, father, sister, brother, legal guardian, nurse, or medical practitioner.

“Change of ownership,” as used in A.R.S. § 32-1901.01(A), means a change of at least 30 percent in voting stock or vested interest that has direct operational oversight.

“Community pharmacy” means any place under the direct supervision of a pharmacist where the practice of pharmacy occurs or where prescription orders are compounded and dispensed other than a hospital pharmacy or a limited service pharmacy.

“Component” means any ingredient used in compounding or manufacturing drugs in dosage form, including an ingredient that may not appear in the finished product.

“Compounding and dispensing counter” means a pharmacy counter working area defined in this Section where a pharmacist, intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist compounds, mixes, combines, counts, pours, or prepares and packages a prescription medication to dispense an individual prescription order or prepackages a drug for future dispensing.

“Computer system” means an automated data-processing system that uses a programmable electronic device to store, retrieve, and process data.

“Computer system audit” means an accounting method, involving multiple single-drug usage reports and audits, used to determine a computer system’s ability to store, retrieve, and process original and refill prescription dispensing information.

“Contact hour” means 50 minutes of participation in a continuing education activity sponsored by an Approved Provider.

“Container” means:

A receptacle, as described in the official compendium or the federal act, that is used in manufacturing or compounding a drug or in distributing, supplying, or dispensing the finished dosage form of a drug; or

A metal receptacle designed to contain liquefied or vaporized compressed medical gas and used in manufacturing, transfilling, distributing, supplying, or dispensing a compressed medical gas.

“Continuing education” means a structured learning process required of a licensee to maintain licensure that includes study in the general areas of socio-economic and legal aspects of health care; the properties and actions of drugs and dosage forms; etiology, characteristics and therapeutics of disease status; or pharmacy practice.

“Continuing education activity” means continuing education obtained through an institute, seminar, lecture, conference, workshop, mediated instruction, programmed learning course, or postgraduate study in an accredited college or school of pharmacy.

“Continuing education unit” or “CEU” means 10 contact hours of participation in a continuing education activity sponsored by an Approved Provider.

“Continuous quality assurance program” or “CQA program” means a planned process designed by a pharmacy permittee to identify, evaluate, and prevent medication errors.

“Correctional facility” has the same meaning as in A.R.S. §§ 13-2501 and 31-341.

“CRT” means a cathode ray tube or other mechanism used to view information produced or stored by a computer system.

“CSPMP” means the Controlled Substances Prescription Monitoring Program established under A.R.S. Title 36, Chapter 28.

“Current good compounding practices” means the minimum standards for methods used in, and facilities or controls used for, compounding a drug to ensure that the drug has the identity and strength and meets the quality and purity characteristics it is represented to possess.

“Current good manufacturing practice” means the minimum standard for methods used in, and facilities or controls used for manufacturing, processing, packing, or holding a drug to ensure that the drug meets the requirements of the federal act as to safety, and has the identity and strength and meets the quality and purity characteristics it is represented to possess.

“Cytotoxic” means a pharmaceutical that is capable of killing living cells.

“Day” means a calendar day unless otherwise specified.

“DEA” means the Drug Enforcement Administration as defined in A.R.S. § 32-1901.

“Declared disaster areas” means areas designated by the governor or by a county, city, or town under A.R.S. § 32-1910 as

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those areas that have been adversely affected by a natural disaster or terrorist attack and require extraordinary measures to provide adequate, safe, and effective health care for the affected population.

“Delinquent license” means a pharmacist, intern, or pharmacy technician license the Board suspends for failure to renew or pay all required fees on or before the date the renewal is due.

“Dietary supplement or food supplement,” as used in A.R.S. § 32-1904(B), means a product (other than tobacco) that:

Is intended to supplement the diet that contains one or more of the following dietary ingredients: a vitamin, mineral, herb or other botanical, amino acid, dietary substance for use by humans to supplement the diet by increasing the total daily intake, or concentrate, metabolite, constituent, extract, or combinations of these ingredients;

Is intended for ingestion in pill, capsule, tablet, or liquid form;

Is not represented for use as a conventional food or as the sole item of a meal or diet; and

Is labeled as a “dietary supplement” or “food supplement.”

“Digital signature” has the same meaning as in A.R.S. § 41-132(E).

“Dispensing pharmacist” means a pharmacist who, in the process of dispensing a prescription medication after the complete preparation of the prescription medication and before delivery of the prescription medication to a patient or patient’s agent, verifies, checks, and initials the prescription medication label, as required in R4-23-402(A).

“Drug sample” means a unit of a prescription drug that a manufacturer provides free of charge to promote the sale of the drug.

“Durable medical equipment” or “DME” means technologically sophisticated medical equipment that may be used by a patient or consumer in a home or residence. DME may be prescription-only devices as defined in A.R.S. § 32-1901. DME includes:

- Air-fluidized beds,
- Apnea monitors,
- Blood glucose monitors and diabetic testing strips,
- Continuous Positive Airway Pressure (CPAP) machines,
- Electronic and computerized wheelchairs and seating systems,
- Feeding pumps,
- Home phototherapy devices,
- Hospital beds,
- Infusion pumps,
- Medical oxygen and oxygen delivery systems excluding compressed medical gases,
- Nebulizers,
- Respiratory disease management devices,
- Sequential compression devices,

Transcutaneous electrical nerve stimulation (TENS) unit, and

Ventilators.

“Earned income” means monetary payments received by an individual as a result of work performed or rental property owned or leased by the individual, including:

Wages,

Commissions and fees,

Salaries and tips,

Profit from self-employment,

Profit from rent received from a tenant or boarder, and

Any other monetary payments received by an individual for work performed or rental of property.

“Electronic signature” has the same meaning as in A.R.S. § 44-7002.

“Eligible patient” means a patient who a pharmacist determines is eligible to receive an immunization using professional judgment after consulting with the patient regarding the patient’s current health condition, recent health condition, and allergies.

“Emergency drug supply unit” means those drugs that may be required to meet the immediate and emergency therapeutic needs of long-term care facility residents and hospice inpatient facility patients, and which are not available from any other authorized source in sufficient time to prevent risk of harm to residents or patients.

“Extreme emergency” means the occurrence of a fire, water leak, electrical failure, public disaster, or other catastrophe constituting an imminent threat of physical harm to pharmacy personnel or patrons.

“Family unit” means:

A group of individuals residing together who are related by birth, marriage, or adoption; or

An individual who:

Does not reside with another individual; or

Resides only with another individual or group of individuals to whom the individual is unrelated by birth, marriage, or adoption.

“FDA” means the Food and Drug Administration, a federal agency within the United States Department of Health and Human Services, established to set safety and quality standards for foods, drugs, cosmetics, and other consumer products.

“Health care decision maker” has the same meaning as in A.R.S. § 12-2291.

“Health care institution” has the same meaning as in A.R.S. § 36-401.

“Hospice inpatient facility” means a health care institution licensed under A.R.S. § 36-401 and Article 8 that provides hospice services to a patient requiring inpatient services.

“Immediate notice” means a required notice sent by mail, fax, or electronic mail to the Board Office within 24 hours.

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“Immunizations training program” means an immunization training program for pharmacists and interns that meets the requirements of R4-23-411(E).

“Inactive ingredient” means any component other than an “active ingredient” present in a drug.

“Internal test assessment” means performing quality assurance or other procedures necessary to ensure the integrity of a test.

“ISO Class 5 environment” means an atmospheric environment that complies with the ISO/TC209 International Cleanroom Standards, specifically ANSI/EST/ISO-14644-1:1999: Cleanrooms and associated controlled environments--Part 1: Classification of air cleanliness, first edition dated May 1, 1999, (and no future amendments or editions), incorporated by reference and on file in the Board office.

“ISO Class 7 environment” means an atmospheric environment that complies with the ISO/TC209 International Cleanroom Standards, specifically ANSI/EST/ISO-14644-1:1999: Cleanrooms and associated controlled environments--Part 1: Classification of air cleanliness, first edition dated May 1, 1999, (and no future amendments or editions), incorporated by reference and on file in the Board office.

“Licensed health care professional” means an individual who is licensed and regulated under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 18, 25, 29, or 35.

“Limited-service correctional pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that:

 Holds a current Board permit under A.R.S. § 32-1931;

 Is located in a correctional facility; and

 Uses pharmacists, interns, and support personnel to compound, produce, dispense, and distribute drugs.

“Limited-service long-term care pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board-issued permit and dispenses prescription medication or prescription-only devices to patients in long-term care facilities.

“Limited-service mail-order pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and dispenses a majority of its prescription medication or prescription-only devices by mailing or delivering the prescription medication or prescription-only device to an individual by the United States mail, a common or contract carrier, or a delivery service.

“Limited-service nuclear pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and provides radiopharmaceutical services.

“Limited-service pharmacy permittee” means a person who holds a current limited-service pharmacy permit in compliance with A.R.S. §§ 32-1929, 32-1930, 32-1931, and A.A.C. R4-23-606.

“Limited-service sterile pharmaceutical products pharmacy” means a limited-service pharmacy, as defined in A.R.S. § 32-1901, that holds a current Board permit under A.R.S. § 32-1931 and dispenses a majority of its prescription medication or prescription-only devices as sterile pharmaceutical products.

“Long-term care consultant pharmacist” means a pharmacist providing consulting services to a long-term care facility.

“Long-term care facility” or “LTCF” means a nursing care institution as defined in A.R.S. § 36-401.

“Lot” means a batch or any portion of a batch of a drug, or if a drug produced by a continuous process, an amount of drug produced in a unit of time or quantity in a manner that assures its uniformity. In either case, a lot is identified by a distinctive lot number and has uniform character and quality with specified limits.

“Lot number” or “control number” means any distinctive combination of letters or numbers, or both, from which the complete history of the compounding or manufacturing, control, packaging, and distribution of a batch or lot of a drug can be determined.

“Low-income subsidy” means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the income of an individual and, if applicable, the individual’s spouse.

“Materials approval unit” means any organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

“Mechanical counting device for a drug in solid, oral dosage form” means a mechanical device that counts drugs in solid, oral dosage forms for dispensing and includes an electronic balance when used to count drugs.

“Mechanical storage and counting device for a drug in solid, oral dosage form” means a mechanical device that stores and counts and may package or label drugs in solid, oral dosage forms for dispensing.

“Mediated instruction” means information transmitted via intermediate mechanisms such as audio or video tape or telephone transmission.

“Medical practitioner-patient relationship” means that before prescribing, dispensing, or administering a prescription-only drug, prescription-only device, or controlled substance to a person, a medical practitioner, as defined in A.R.S. § 32-1901, shall first conduct a physical examination of that person or have previously conducted a physical examination. This subdivision does not apply to:

 A medical practitioner who provides temporary patient supervision on behalf of the patient’s regular treating medical practitioner;

 Emergency medical situations as defined in A.R.S. § 41-1831;

 Prescriptions written to prepare a patient for a medical examination; or

 Prescriptions written, prescription-only drugs, prescription-only devices, or controlled substances issued for use by a county or tribal public health department for immunization programs, emergency treatment, in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For purposes of this subsection, “bioterrorism” has the same meaning as in A.R.S. § 36-781.

“Medicare” means a federal health insurance program established under Title XVIII of the Social Security Act.

“Medication error” means any unintended variation from a prescription or medication order. Medication error does not

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include any variation that is corrected before the medication is dispensed to the patient or patient's care-giver, or any variation allowed by law.

"Mobile pharmacy" means a pharmacy that is self-propelled or movable by another vehicle that is self-propelled.

"MPJE" means Multistate Pharmacy Jurisprudence Examination, a Board-approved national pharmacy law examination written and administered in cooperation with NABP.

"NABP" means National Association of Boards of Pharmacy.

"NABPLEX" means National Association of Boards of Pharmacy Licensure Examination.

"NAPLEX" means North American Pharmacist Licensure Examination.

"Order" means either of the following:

A prescription order as defined in A.R.S. § 32-1901; or

A medication order as defined in A.A.C. R4-23-651.

"Other designated personnel" means a non-pharmacist individual who is permitted in the pharmacy area, for a limited time, under the direct supervision of a pharmacist, to perform non-pharmacy related duties, such as trash removal, floor maintenance, and telephone or computer repair.

"Outpatient" means an individual who is not a residential patient in a health care institution.

"Outpatient setting" means a location that provides medical treatment to an outpatient.

"Patient profile" means a readily retrievable, centrally located information record that contains patient demographics, allergies, and medication profile.

"Pharmaceutical patient care services" means the provision of drug selection, drug utilization review, drug administration, drug therapy monitoring, and other drug-related patient care services intended to achieve outcomes related to curing or preventing a disease, eliminating or reducing a patient's symptoms, or arresting or slowing a disease process, by identifying and resolving or preventing potential and actual drug-related problems.

"Pharmaceutical product" means a medicinal drug.

"Pharmacy counter working area" means a clear and continuous working area that contains no major obstacles such as a desktop computer, computer monitor, computer keyboard, external computer drive device, printer, fax machine, pharmacy balance, typewriter, or pill-counting machine, but may contain individual documents or prescription labels, pens, prescription blanks, refill log, pill-counting tray, spatula, stapler, or other similar items necessary for the prescription-filling process.

"Pharmacy law continuing education" means a continuing education activity that addresses practice issues related to state or federal pharmacy statutes, rules, or regulations, offered by an Approved Provider.

"Pharmacy permittee" means a person who holds a current pharmacy permit that complies with A.R.S. §§ 32-1929, 32-1930, 32-1931, 32-1934, and R4-23-606 and R4-23-652.

"Physician" means a medical practitioner licensed under A.R.S. Title 32, Chapter 13 or 17.

"Physician-in-charge" means a physician who is responsible to the Board for all aspects of a prescription medication donation program required in A.R.S. § 32-1909 and operated in the physician's office or in a health care institution.

"Poverty level" means the annual family income for a family unit of a particular size, as specified in the poverty guidelines updated annually in the *Federal Register* by the U.S. Department of Health and Human Services.

"Precursor chemical" means a precursor chemical I as defined in A.R.S. § 13-3401(26) and a precursor chemical II as defined in A.R.S. § 13-3401(27).

"Prepackaged drug" means a drug that is packaged in a frequently prescribed quantity, labeled in compliance with A.R.S. §§ 32-1967 and 32-1968, stored, and subsequently dispensed by a pharmacist or intern under the supervision of a pharmacist, who verifies at the time of dispensing that the drug container is properly labeled, in compliance with A.R.S. § 32-1968, for the patient.

"Prep area" means a specified area either within an ISO class 7 environment or adjacent to but outside an ISO class 7 environment that:

Allows the assembling of necessary drugs, supplies, and equipment for compounding sterile pharmaceutical products, but does not allow the use of paper products such as boxes or bulk drug storage;

Allows personnel to don personnel protective clothing, such as gown, gloves, head cover, and booties before entering the clean compounding area; and

Is a room or a specified area within a room, such as an area specified by a line on the floor.

"Primary care provider" means the medical practitioner who is treating an individual for a disease or medical condition.

"Proprietor" means the owner of a business permitted by the Board under A.R.S. §§ 32-1929, 32-1930, 32-1931, and 32-1934.

"Provider pharmacy" means a pharmacy that contracts with a long-term care facility to supply prescription medication or other services for residents of a long-term care facility.

"Radiopharmaceutical" means any drug that emits ionizing radiation and includes:

Any nonradioactive reagent kit, nuclide generator, or ancillary drug intended to be used in the preparation of a radiopharmaceutical, but does not include drugs such as carbon-containing compounds or potassium-containing salts, that contain trace quantities of naturally occurring radionuclides; and

Any biological product that is labeled with a radionuclide or intended to be labeled with a radionuclide.

"Radiopharmaceutical quality assurance" means performing and interpreting appropriate chemical, biological, and physical tests on radiopharmaceuticals to determine the suitability of the radiopharmaceutical for use in humans and animals. Radiopharmaceutical quality assurance includes internal test assessment, authentication of product history, and appropriate record retention.

"Radiopharmaceutical services" means procuring, storing, handling, compounding, preparing, labeling, quality assurance testing, dispensing, distributing, transferring, recordkeeping,

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and disposing of radiochemicals, radiopharmaceuticals, and ancillary drugs. Radiopharmaceutical services include quality assurance procedures, radiological health and safety procedures, consulting activities associated with the use of radiopharmaceuticals, and any other activities required for the provision of pharmaceutical care.

“Red C stamp” means a device used with red ink to imprint an invoice with a red letter C at least one inch high, to make an invoice of a Schedule III through IV controlled substance, as defined in A.R.S. § 36-2501, readily retrievable, as required by state and federal rules.

“Refill” means other than the original dispensing of the prescription order, dispensing a prescription order in the same quantity originally ordered or in multiples of the originally ordered quantity when specifically authorized by the prescriber, if the refill is authorized by the prescriber:

In the original prescription order;

By an electronically transmitted refill order that the pharmacist promptly documents and files; or

By an oral refill order that the pharmacist promptly documents and files.

“Regulated chemical” means the same as in A.R.S. § 13-3401(30).

“Remodel” means to alter structurally the pharmacy area or location.

“Remote drug storage area” means an area that is outside the premises of the pharmacy, used for the storage of drugs, locked to deny access by unauthorized persons, and secured against the use of force.

“Resident” means:

An individual admitted to and living in a long-term care facility or an assisted living facility,

An individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist, or

A person that owns or operates a place of business in Arizona.

“Responsible person” means the owner, manager, or other employee who is responsible to the Board for a permitted establishment’s compliance with the laws and administrative rules of this state and of the federal government pertaining to distribution of drugs, devices, precursor chemicals, and regulated chemicals. Nothing in this definition relieves other individuals from the responsibility to comply with state and federal laws and administrative rules.

“Score transfer” means the process that enables an applicant to take the NAPLEX in a jurisdiction and be eligible for licensure by examination in other jurisdictions.

“Security features” means attributes incorporated into the paper of a prescription order, referenced in A.R.S. § 32-1968(A)(4), that are approved by the Board or its staff and include one or more of the following designed to prevent duplication or aid the authentication of a paper document: laid lines, enhanced laid lines, thermochromic ink, artificial watermark, fluorescent ink, chemical void, persistent void, penetrating numbers, high-resolution border, high-resolution latent images, micro-printing, prismatic printing, embossed images, abrasion ink, holograms, and foil stamping.

“Shared order filling” means the following:

Preparing, packaging, compounding, or labeling an order, or any combination of these functions, that are performed by:

A person with a current Arizona Board license, located at an Arizona pharmacy, on behalf of and at the request of another resident or nonresident pharmacy; or

A person, located at a nonresident pharmacy, on behalf of and at the request of an Arizona pharmacy; and

Returning the filled order to the requesting pharmacy for delivery to the patient or patient’s care-giver or, at the request of this pharmacy, directly delivering the filled order to the patient.

“Shared order processing” means the following:

Interpreting the order, performing order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, and when necessary, therapeutic intervention, or any combination of these order processing functions, that are performed by:

A pharmacist or intern, under pharmacist supervision, with a current Arizona Board license, located at an Arizona pharmacy, on behalf of and at the request of another resident or nonresident pharmacy; or

A pharmacist or intern, under pharmacist supervision, located at a nonresident pharmacy, on behalf of and at the request of an Arizona pharmacy; and

After order processing is completed, returning the processed order to the requesting pharmacy for order filling and delivery to the patient or patient’s care-giver or, at the request of this pharmacy, returning the processed order to another pharmacy for order filling and delivery to the patient or patient’s care-giver.

“Shared services” means shared order filling or shared order processing, or both.

“Sight-readable” means that an authorized individual is able to examine a record and read its information from a CRT, microfiche, microfilm, printout, or other method acceptable to the Board or its designee.

“Single-drug audit” means an accounting method that determines the numerical and percentage difference between a drug’s beginning inventory plus purchases and ending inventory plus sales.

“Single-drug usage report” means a computer system printout of original and refill prescription order usage information for a single drug.

“Standard-risk sterile pharmaceutical product” means a sterile pharmaceutical product compounded from sterile commercial drugs using sterile commercial devices or a sterile pharmaceutical optic or ophthalmic product compounded from non-sterile ingredients.

“State of emergency” means a governmental declaration issued under A.R.S. § 32-1910 as a result of a natural disaster or terrorist attack that results in individuals being unable to refill existing prescriptions.

“Sterile pharmaceutical product” means a medicinal drug free from living biological organisms.

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“Strength” means:

The concentration of the drug substance (for example, weight/weight, weight/volume, or unit dose/volume basis); or

The potency, that is, the therapeutic activity of a drug substance as indicated by bioavailability tests or by controlled clinical data (expressed, for example, in terms of unity by reference to a standard).

“Substantial-risk sterile pharmaceutical product” means a sterile pharmaceutical product compounded as a parenteral or injectable dosage form from non-sterile ingredients.

“Supervision” means a pharmacist is present, assumes legal responsibility, and has direct oversight of activities relating to acquiring, preparing, distributing, administering, and selling prescription medications by interns, pharmacy technicians, or pharmacy technician trainees and when used in connection with the intern training requirements means that, in a pharmacy where intern training occurs, an intern preceptor assumes the primary responsibility of teaching the intern during the entire period of the training.

“Supplying” means selling, transferring, or delivering to a patient or a patient’s agent one or more doses of:

A nonprescription drug in the manufacturer’s original container for subsequent use by the patient, or

A compressed medical gas in the manufacturer’s or compressed medical gas distributor’s original container for subsequent use by the patient.

“Support personnel” means an individual, working under the supervision of a pharmacist, trained to perform clerical duties associated with the practice of pharmacy, including cashiering, bookkeeping, pricing, stocking, delivering, answering non-professional telephone inquiries, and documenting third-party reimbursement. Support personnel shall not perform the tasks of a pharmacist, intern, pharmacy technician, or pharmacy technician trainee.

“Temporary pharmacy facility” means a facility established as a result of a declared state of emergency to temporarily provide pharmacy services within or adjacent to declared disaster areas.

“Tourist” means an individual who is living in Arizona but maintains a place of habitation outside of Arizona and lives outside of Arizona for more than six months during a calendar year.

“Transfill” means a manufacturing process by which one or more compressed medical gases are transferred from a bulk container to a properly labeled container for subsequent distribution or supply.

“Unearned income” means monetary payment received by an individual that is not compensation for work performed or rental of property owned or leased by the individual, including:

Unemployment insurance,

Workers’ compensation,

Disability payments,

Payments from the Social Security Administration,

Payments from public assistance,

Periodic insurance or annuity payments,

Retirement or pension payments,

Strike benefits from union funds,

Training stipends,

Child support payments,

Alimony payments,

Military family allotments,

Regular support payments from a relative or other individual not residing in the household,

Investment income,

Royalty payments,

Periodic payments from estates or trusts, and

Any other monetary payments received by an individual that are not:

As a result of work performed or rental of property owned by the individual,

Gifts,

Lump-sum capital gains payments,

Lump-sum inheritance payments,

Lump-sum insurance payments, or

Payments made to compensate for personal injury.

“Verified signature” or “signature verifying” means in relation to a Board license or permit application or report, form, or agreement, the hand-written or electronic signature of an individual who, by placing a hand-written or electronic signature on a hard-copy or electronic license or permit application or report, form, or agreement agrees with and verifies that the statements and information within or attached to the license or permit application or report, form, or agreement are true in every respect and that inaccurate reporting can result in denial or loss of a license or permit or report, form, or agreement.

“Veteran” means an individual who has served in the United States Armed Forces.

“Virtual wholesaler” means an entity that engages in the wholesale distribution of a drug or device in, into, or out of Arizona but does not take physical possession of the drug or device. A virtual wholesaler distributes a drug or device only from a Board-permitted facility to:

A Board-permitted pharmacy, drug manufacturer, full-service drug wholesaler, or non-prescription drug wholesaler; or

A medical practitioner licensed under A.R.S. Title 32; and

Virtual wholesaler includes an entity that may be identified as a broker that buys and sells goods for others or a person that facilitates distribution of a drug, chemical, or device regulated by the Board.

“Wholesale distribution” means distribution of a drug to a person other than a consumer or patient, but does not include:

Selling, purchasing, or trading a drug or offering to sell, purchase, or trade a drug for emergency medical reasons. For purposes of this Section, “emergency medical reasons” includes transferring a prescription drug by a community or hospital pharmacy to another community or hospital pharmacy to alleviate a temporary shortage;

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Selling, purchasing, or trading a drug, offering to sell, purchase, or trade a drug, or dispensing a drug as specified in a prescription;

Distributing a drug sample by a manufacturers' or distributors' representative; or

Selling, purchasing, or trading blood or blood components intended for transfusion.

"Wholesale distributor" means any person engaged in wholesale distribution of drugs, including: manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions in the amount of at least 5% of gross sales.

Historical Note

Adopted effective August 24, 1992 (Supp. 92-2).
Amended effective December 18, 1992 (Supp. 92-4).
Amended effective November 1, 1993 (Supp. 93-4).
Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended effective April 5, 1996 (Supp. 96-2). Amended effective July 8, 1997; amended effective August 5, 1997 (Supp. 97-3).
Amended effective January 12, 1998 (Supp. 98-1).
Amended effective July 7, 1998 (Supp. 98-3). Amended by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4441, effective November 2, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 7 A.A.R. 646, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 4898 and 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 3967, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 2258, effective August 6, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 12 A.A.R. 3981, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 520, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 440, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3477, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 3405, effective October 4, 2008;

amended by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009; amended by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 18 A.A.R. 2603, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 2609, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by exempt rulemaking under Laws 2016, Ch. 284, § 3 at 22 A.A.R. 2606, effective August 31, 2016 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-111. Notice of Hearing

- A.** Except as provided in A.R.S. § 32-1928(B), the Board shall revoke, suspend, place on probation, or fine a licensee or permittee only after:
1. Notice is served under this Section, and
 2. A hearing is conducted under R4-23-122.
- B.** The Board shall give notice of hearing to a party at least 30 days before the date set for the hearing in the manner described in R4-23-115(E) and (F). The notice shall include:
1. A statement of the date, time, place, and nature of the hearing;
 2. A statement of the legal authority and jurisdiction for the hearing;
 3. A reference to the particular section or sections of statute and rule involved; and
 4. A statement of the violation or issue asserted by the Board.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-112. Ex Parte Communications

A party shall not communicate, either directly or indirectly, with a Board member about any substantive issue in a pending matter unless:

1. All parties are present;
2. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or
3. It is by written motion with copies to all parties.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-113. Motions

- A.** Purpose. A party requesting a ruling from the Board shall file a motion. Motions may be made for rulings such as:
1. Continuing or expediting a hearing under R4-23-116;
 2. Vacating a hearing under R4-23-117;
 3. Scheduling a prehearing conference under R4-23-118;
 4. Quashing a subpoena under R4-23-119;
 5. Requesting telephonic testimony under R4-23-120; and
 6. Reconsidering a previous order under R4-23-121.
- B.** Form. Unless made during a prehearing conference or hearing, motions shall be made in writing and shall conform to the requirements of R4-23-115. All motions, whether written or

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oral, shall state the factual and legal grounds supporting the motion, and the requested action.

- C. Time limits. Absent good cause, or unless otherwise provided by law or these rules, written motions shall be filed with the Board office at least 15 days before the hearing. A party demonstrates good cause by showing that the grounds for the motion could not have been known in time, using reasonable diligence and:
 1. A ruling on the motion will further administrative convenience, expedition or economy; or
 2. A ruling on the motion will avoid undue prejudice to any party.
- D. Response to motion. A party shall file a written response stating any objection to the motion within five days of service, or as directed by the Board.
- E. Oral argument. A party may request oral argument when filing a motion or response. If necessary to develop a complete record, the Board shall grant oral argument.
- F. Rulings. Rulings on motions, other than those made during a prehearing conference or the hearing, shall be in writing and served on all parties.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-114. Computing Time

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

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-115. Filing Documents

- A. Docket. The Board shall open a docket for each hearing. All documents filed in a matter with the Board shall be date stamped on the day received by the Board office and entered in the docket.
- B. Definition. "Documents" include papers such as complaints, answers, motions, responses, notices, and briefs.
- C. Form. A party shall state on the document the name and address of each party served and how service was made under subsection (E). A document shall contain the Board caption and the Board's docket number.
- D. Signature. A document filed with the Board shall be signed by the party or the party's attorney. A signature constitutes a certification that the signer has read the document, has a good faith basis for submission of the document, and that it is not filed for the purpose of delay or harassment.
- E. Filing and service. A copy of a document filed with the Board shall be served on all parties. Filing with the Board office and service shall be completed by personal delivery; first-class, certified, or express mail; or facsimile.
- F. Date of filing and service. A document is filed with the Board on the date it is received by the Board office, as established by the Board office's date stamp on the face of the document. A copy of a document is served on a party as follows:
 1. On the date it is personally served,
 2. Five days after it is mailed by first-class or express mail,
 3. On the date of the return receipt if it is mailed by certified mail, or
 4. On the date indicated on the facsimile transmission.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-116. Continuing or Expediting a Hearing; Reconvening a Hearing

- A. Continuing or expediting a hearing. When ruling on a motion to continue or expedite, the Board shall consider such factors as:
 1. The time remaining between the filing of the motion and the hearing date;
 2. The position of other parties;
 3. The reasons for expediting the hearing or for the unavailability of the party, representative, or counsel on the date of the scheduled hearing;
 4. Whether testimony of an unavailable witness can be taken telephonically or by deposition; and
 5. The status of settlement negotiations.
- B. Reconvening a hearing. The Board may recess a hearing and reconvene at a future date by a verbal ruling.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-117. Vacating a Hearing

The Board shall vacate a calendared hearing and return the matter to the Board office for further action, if:

1. The parties agree to vacate the hearing;
2. The Board dismisses the matter;
3. The non-Board party withdraws the appeal; or
4. Facts demonstrate to the Board that it is appropriate to vacate the hearing for the purpose of informal disposition, or if the action will further administrative convenience, expedition, and economy and does not conflict with law or cause undue prejudice to any party.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-118. Prehearing Conference

- A. Procedure. The Board may hold a prehearing conference. The conference may be held telephonically. The Board may issue a prehearing order outlining the issues to be discussed.
- B. Record. The Board may record any agreements reached during a prehearing conference by electronic or mechanical means, or memorialize them in an order.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-119. Subpoenas

- A. Form. A party wanting the Board to issue a subpoena shall submit a written request to the Board and include:
 1. The caption and docket number of the matter;
 2. A list or description of any documents sought;
 3. The full name and home or business address of the custodian of the documents sought or all persons to be subpoenaed;
 4. The date, time, and place to appear or to produce documents according to the subpoena; and
 5. The name, address, and telephone number of the party, or the party's attorney, requesting the subpoena.
- B. The Board may require a brief statement of the relevance of testimony or documents requested.

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- C. Service of subpoena. The Board shall serve a subpoena in a manner allowed by law.
- D. Objection to subpoena. If a party or the person served with a subpoena objects to the subpoena or any portion of the subpoena, the party or person may file an objection with the Board within five days after service of the subpoena or at the start of the hearing if the subpoena is served fewer than five days before the hearing.
- E. Quashing or modifying subpoenas. The Board shall quash or modify a subpoena if:
 - 1. It is unreasonable or oppressive, or
 - 2. The desired testimony or evidence may be obtained by an alternative method.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-120. Telephonic Testimony

The Board may grant a motion for telephonic testimony if:

- 1. Personal attendance by a party or witness at the hearing will present an undue hardship for the party or witness;
- 2. Telephonic testimony will not cause undue prejudice to any party; and
- 3. The proponent of the telephonic testimony pays for any cost of obtaining the testimony telephonically.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-121. Rights and Responsibilities of Parties

- A. Generally. A party may present testimony and documentary evidence and argument with respect to the contested issue and may examine and cross-examine witnesses.
- B. Preparation. A party shall have all witnesses, documents, and exhibits available on the date of the hearing.
- C. Exhibits. A party shall provide a copy of each exhibit to all other parties at the time the exhibit is offered to the Board, unless the exhibit was previously provided to all other parties.
- D. Responding to orders. A party shall comply with an order issued by the Board concerning the conduct of a hearing. Unless an objection is made orally during a pre-hearing conference or hearing, a party shall file a motion requesting the Board to reconsider the order.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-122. Conduct of Hearing

- A. Public access. Unless otherwise provided by law, all hearings are open to the public and may be conducted in an informal manner as prescribed in A.R.S. § 41-1092 et seq.
- B. Opening. The Board shall begin the hearing by reading the caption, stating the nature and scope of the hearing, and identifying the parties, counsel, and witnesses for the record.
- C. Stipulations. The Board shall enter into the record any stipulation, settlement agreement, or consent order entered into by any of the parties before or during the hearing.
- D. Opening statements. The party with the burden of proof may make an opening statement at the beginning of a hearing. All other parties may make statements in a sequence determined by the Board.

- E. Order of presentation. After opening statements, the party with the burden of proof shall begin the presentation of evidence, unless the parties agree otherwise or the Board determines that requiring another party to proceed first would be more expeditious or appropriate, and would not prejudice any other party. Copies of documentary evidence may be received in the discretion of the Board. Upon request, parties shall be given an opportunity to compare the copy with the original.
- F. Examination. A party shall conduct direct and cross examination of witnesses in the order and manner determined by the Board to expedite and ensure a fair hearing. The Board shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information. The Board may take notice of judicially cognizable facts. In addition, the Board may take notice of generally recognized technical or scientific facts within the Board's or its staff's specialized knowledge. A party shall be notified either before or during the hearing or by reference in preliminary reports of the material the Board notices. The Board may use the Board's or its staff's experience, technical competence, and specialized knowledge in the evaluation of the evidence.
- G. Closing argument. When all evidence has been received, parties shall have the opportunity to present closing oral argument, in a sequence determined by the Board. The Board may permit or require closing oral argument to be supplemented by written memoranda. The Board may permit or require written memoranda to be submitted simultaneously or sequentially, within time periods the Board may prescribe.
- H. Conclusion of hearing. Unless otherwise provided by the Board, the hearing is concluded upon the submission of all evidence, the making of final argument, and the issuing of a final decision or order of the Board.
- I. Decisions and orders. Unless otherwise provided by law, any final decisions or order adverse to a party in a hearing shall be in writing or stated in the record. Any final decision shall include findings of fact and conclusions of law, separately stated. Findings of fact shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. Unless otherwise provided by law, each party shall be notified either personally or by mail to the party's last known address of record of any decision or order. Upon request, a copy of the decision or order shall be delivered or mailed to each party and to each party's attorney of record.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-123. Failure of Party to Appear for Hearing

If a party fails to appear at a hearing, the Board may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the Board office for any further action.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1132, effective May 1, 2004 (Supp. 04-1).

R4-23-124. Witnesses; Exclusion from Hearing

All witnesses at the hearing shall testify under oath or affirmation. At the request of a party, or at the discretion of the Board, the Board may exclude witnesses who are not parties from the hearing room so that they cannot hear the testimony of other witnesses.

Historical Note

New Section made by final rulemaking at 10 A.A.R.

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1132, effective May 1, 2004 (Supp. 04-1).

R4-23-125. Proof

- A.** Standard of proof. Unless otherwise provided by law, the standard of proof is a preponderance of the evidence.
- B.** Burden of proof. Unless otherwise provided by law:
1. The party asserting a claim, right, or entitlement has the burden of proof;
 2. A party asserting an affirmative defense has the burden of establishing the affirmative defense; and
 3. The proponent of a motion shall establish the grounds to support the motion.

Historical Note

New Section made by final rulemaking at 10 A.A.R.
1132, effective May 1, 2004 (Supp. 04-1).

R4-23-126. Disruptions

A person shall not interfere with access to or from the hearing room, or interfere, or threaten interference with the hearing. If a person interferes, threatens interference, or disrupts the hearing, the Board may order the disruptive person to leave or be removed.

Historical Note

New Section made by final rulemaking at 10 A.A.R.
1132, effective May 1, 2004 (Supp. 04-1).

R4-23-127. Hearing Record

- A.** Maintenance. The Board shall maintain the official administrative record of a matter.
- B.** Transfer of record. Any party requesting a copy of the administrative record or any portion of the administrative record shall make a request to the Board office and shall pay the reasonable costs of duplication.
- C.** Release of exhibits. Exhibits shall be released:
1. Upon the order of a court of competent jurisdiction; or
 2. Upon motion of the party who submitted the exhibits if the time for judicial appeal has expired and no appeal is pending.

Historical Note

New Section made by final rulemaking at 10 A.A.R.
1132, effective May 1, 2004 (Supp. 04-1).

R4-23-128. Rehearing or Review and Appeal of Decision

- A.** The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10, and this Section. For purposes of these rules, the terms "contested case" and "party" are defined in A.R.S. § 41-1001.
- B.** A party to a contested case shall exhaust the party's administrative remedies by filing a motion for rehearing or review within 30 days after the service of the Board decision that is subject to rehearing or review in order to be eligible for judicial review under A.R.S. Title 12, Chapter 7, Article 6. The Board shall notify a party in its decision, that is subject to rehearing or review, that the party may file a motion for rehearing or review, and that failure to file a motion for rehearing or review within 30 days after service of the decision has the effect of prohibiting the party from seeking judicial review of the Board's decision.
- C.** A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D.** The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
1. Irregularity in the proceedings of the Board, or any order or abuse of discretion, that deprived the moving party of a fair hearing;

2. Misconduct of the Board, its staff, its hearing officer, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
 5. Excessive or insufficient penalty;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
 7. That the Board's decision is a result of passion or prejudice; or
 8. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- E.** The Board may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (D). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order.
- F.** If a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for a maximum of 20 days, for good cause as described in subsection (I).
- G.** Not later than 10 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Board may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on the motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.
- H.** If a rehearing is granted, the Board shall hold the rehearing within 60 days after the order granting the rehearing is issued.
- I.** The Board may extend all time limits listed in this Section upon a showing of good cause. A party demonstrates good cause by showing that the grounds for the party's motion or other action could not have been known in time, using reasonable diligence, and a ruling on the motion will:
1. Further administrative convenience, expedition, or economy; or
 2. Avoid undue prejudice to any party.

Historical Note

New Section made by final rulemaking at 10 A.A.R.
1132, effective May 1, 2004 (Supp. 04-1).

R4-23-129. Notice of Judicial Appeal; Transmitting the Transcript

- A.** Notification to the Board office. Within 10 days of filing a complaint for judicial review of a final administrative decision of the Board, the party shall file a copy of the complaint with the Board office. The Board office shall then transmit the administrative record to the Superior Court.
- B.** Transcript. A party requesting a transcript shall arrange for transcription at the party's expense. The Board office shall make a copy of the audio taped record available to the transcriber. The party arranging for transcription shall deliver the transcript, certified by the transcriber under oath to be a true and accurate transcription of the audio taped record, to the Board office, together with one unbound copy.

Historical Note

New Section made by final rulemaking at 10 A.A.R.
1132, effective May 1, 2004 (Supp. 04-1).

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ARTICLE 2. PHARMACIST LICENSURE

R4-23-201. General

- A. License required. Before practicing as a pharmacist in Arizona, a person shall possess a valid pharmacist license issued by the Board.
- B. Methods of licensure. Licensure as a pharmacist shall be by:
 - 1. Examination using a Board-approved testing method; or
 - 2. Reciprocity, as provided under A.R.S. § 32-1922(B).
- C. The Board may reinstate the license of a pharmacist who is practicing pharmacy in another jurisdiction and has an Arizona license that lapsed at least five years ago if the pharmacist:
 - 1. Passes the MPJE or other Board-approved jurisprudence examination, and
 - 2. Pays all fees and penalties specified under A.R.S. § 32-1925(C).
- D. The Board may reinstate the license of a pharmacist who has not practiced pharmacy within the last 12 months before seeking reinstatement and whose Arizona license lapsed at least five years ago if the pharmacist:
 - 1. Completes the requirements in subsection (C), and
 - 2. Appears before the Board to furnish satisfactory proof of fitness to be licensed as a pharmacist.
- E. Verification of license. A pharmacy permittee or pharmacist-in-charge shall not allow a person to practice as a pharmacist until the pharmacy permittee or pharmacist-in-charge verifies the person is currently licensed by the Board as a pharmacist.

Historical Note

Former Rules 2.1100, 2.1310, 2.1320, and 2.1400.
 Amended effective August 23, 1978 (Supp. 78-4).
 Amended by deleting subsection (E) effective April 20, 1982 (Supp. 82-2). Amended subsections (C) and (D) effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-202. Licensure by Examination

- A. Eligibility. To be eligible for licensure as a pharmacist by examination, a person shall:
 - 1. Have a degree in pharmacy from an approved school or college of pharmacy; or
 - 2. Qualify under the requirements of A.R.S. § 32-1922(D).
- B. Application.
 - 1. An applicant for licensure by examination shall:
 - a. Submit a completed application on a form furnished by the Board, and
 - b. Submit with the application form:
 - i. The documents specified in the application form, and
 - ii. The application fee specified in R4-23-205.
 - 2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.
 - 3. An applicant for licensure by examination shall register for the NAPLEX and jurisprudence examination through NABP's registration process. When NABP determines the applicant is eligible to test, NABP will issue an authorization to test.
 - 4. The Board shall deem an application for licensure by examination invalid 12 months after the date the applica-

tion is received. An applicant whose application form is invalid and who wishes to continue licensure procedures, shall submit a new application form and fee as specified under subsection (B)(1).

- C. Passing grade; notification; re-examination.
 - 1. To pass the required examinations, an applicant shall receive a passing grade on both the NAPLEX and jurisprudence examination.
 - 2. The Board office shall retrieve an applicant's NAPLEX and jurisprudence examination scores from the NABP database no later than two weeks after the applicant's examination date.
 - 3. An applicant who fails the NAPLEX or jurisprudence examination may register with the NABP to retake the examination within the 12-month period defined in subsection (B)(4). An applicant who fails the NAPLEX or jurisprudence examination three times shall petition the Executive Director as specified in R4-23-401 for approval before retaking the examination. If the applicant fails the NAPLEX or jurisprudence examination four times, the applicant shall petition the Board as specified in R4-23-401 for Board consideration before taking the examination for a last time.
 - 4. For the purpose of licensure by examination, the Board office shall deem a passing score on the NAPLEX or jurisprudence examination invalid 24 months after the applicant's examination date. An applicant who fails to complete the licensure process within the 24-month period, and who wishes to continue licensure procedures, shall retake the examination or examinations.
- D. NAPLEX score transfer.
 - 1. The Board office shall deem a score transfer received on the date the NABP transmits the applicant's official score transfer report to the Board office.
 - 2. An applicant who receives a passing score on the NAPLEX taken in another jurisdiction shall, within 12 months after the date the Board office receives the applicant's official NABP score transfer report, make application for licensure according to subsection (B). After 12 months, an applicant may reapply for licensure in this state under the provisions of subsection (B) or R4-23-203(B).
- E. Licensure.
 - 1. The Board office shall issue a certificate of licensure and a wall license to a successful applicant.
 - 2. A licensee shall maintain the certificate of licensure in the practice site for inspection by the Board or its designee or review by the public.
- F. Time frames for licensure by examination.
 - 1. The Board office shall complete an administrative completeness review within 60 days after the date the application form is received.
 - a. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the application form.
 - b. If the application form is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 60-day time frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.

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- c. If the Board office does not provide the applicant with written notice regarding administrative completeness, the application form shall be deemed complete 60 days after receipt by the Board office.
2. An applicant with an incomplete application form shall submit all of the missing information within 90 business days after service of the notice of incompleteness. If an applicant cannot submit all missing information within 90 business days after service of the notice of incompleteness, the applicant may send a written notice of a 30-day extension to the Board office postmarked or delivered no later than 90 business days after service of the notice of incompleteness.
3. If an applicant fails to submit a complete application form within the time allowed under subsection (F)(2), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a license shall apply again according to subsection (B).
4. The Board office shall complete a substantive review of the applicant's qualifications in no more than 120 days after the date on which the administrative completeness review of an application form is complete.
 - a. The Board office shall deem the application invalid 12 months after the date the application for licensure by examination is received.
 - b. If the Board office finds deficiencies during the substantive review of the applicant's qualifications, the Board office shall issue a written request to the applicant for additional documentation.
 - c. The 120-day time frame for a substantive review is suspended from the date of a written request for additional documentation until the date all documentation is received. The applicant shall submit the additional documentation according to subsection (F)(2).
 - d. If the applicant and the Board office agree in writing, the 120-day substantive review time frame may be extended once for no more than 45 days.
5. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time frames for licensure by examination.
 - a. Administrative completeness review time frame: 60 days.
 - b. Substantive review time frame: 120 days.
 - c. Overall time frame: 180 days.
- G. License renewal.
 1. To renew a license, a pharmacist shall submit a completed license renewal application on a form furnished by the Board with the biennial renewal fee specified in R4-23-205.
 2. If the biennial renewal fee is not paid by November 1 of the renewal year specified in A.R.S. § 32-1925, the pharmacist license is suspended and the licensee shall not practice as a pharmacist. The suspended licensee shall pay a reinstatement penalty as provided in A.R.S. § 32-1925 and R4-23-205 to vacate the suspension.
 3. A licensee shall maintain the renewal certificate of licensure in the practice site for inspection by the Board or its designee or review by the public.
 4. Time frames for license renewals. The Board office shall follow the time frames established in subsection (F) when processing a renewal application.

Historical Note

Former Rules 2.2100, 2.2200, 2.2300, 2.2400, 2.2500,

2.2600, 2.2700, 2.2800, 2.2910, 2.2920, 2.2930, 2.3000, 2.3010, 2.3100; Amended effective August 23, 1978 (Supp. 78-5). Amended effective June 10, 1981 (Supp. 81-3). Former Section R4-23-202 repealed, new Section R4-23-202 adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1991 (Supp. 91-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 12 A.A.R. 4689, effective February 3, 2007 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1012 and 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-203. Licensure by Reciprocity

- A. Eligibility. A person is eligible for licensure by reciprocity if the person is licensed as a pharmacist in another jurisdiction and qualified under A.R.S. § 32-1922(B).
- B. Application. An applicant for licensure by reciprocity shall comply with R4-23-202(B).
- C. Passing grade; notification; re-examination. An applicant for licensure by reciprocity shall comply with R4-23-202(C) regarding the jurisprudence examination.
- D. Licensure. The provisions of R4-23-202(E) apply for an applicant for licensure by reciprocity.
- E. Time frames for licensure by reciprocity. The Board office shall follow the time frames established in R4-23-202(F).
- F. License renewal. The procedure specified in R4-23-202(G) applies.

Historical Note

Former Rules 2.4100, 2.4200, 2.4310, 2.4320, 2.4330, 2.4340, 2.4350, 2.4360, 2.4400, 2.4510, 2.4520, 2.4522, 2.4523, 2.4530, 2.4540, 2.4550, 2.4560, 2.4610, 2.4620, and 2.4700; Amended effective August 23, 1978 (Supp. 78-4). Amended subsections (H), (L), (O) through (Q) effective June 10, 1981 (Supp. 81-3). Former Section R4-23-203 repealed, new Section R4-23-203 adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1991 (Supp. 91-1). Amended effective January 12, 1998 (Supp. 98-1). Amended effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-204. Continuing Education Requirements

- A. Under A.R.S. § 32-1936, continuing professional pharmacy education is mandatory for all licensees.
 1. General continuing education requirement. In accordance with A.R.S. § 32-1925(F), the Board shall not renew a license unless the licensee has, during the two years pre-

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ceding the application for renewal, participated in 30 contact hours (3.0 CEUs) of continuing education activity sponsored by an Approved Provider as defined in R4-23-110.

2. Special continuing education requirement. The Board shall not renew a license unless:

- a. A licensee certified under R4-23-411 to administer immunizations, vaccines, and emergency medications has participated in at least two contact hours of continuing education activity related to administering immunizations, vaccines, and emergency medications;
- b. A licensee authorized to dispense controlled substances has participated in at least three contact hours of opioid-related, substance use disorder-related, or addiction-related continuing education activity; and
- c. A licensee who dispenses self-administered hormonal contraceptives under a standing prescription order has participated in at least three contact hours of continuing education activity related to self-administered hormonal contraceptives.

3. A pharmacist is exempt from the continuing education requirement in subsections (A)(1) and (2) between the time of initial licensure and first renewal.

- B.** Acceptance of continuing education units CEUs. The Board shall:

1. Accept CEUs for continuing education activities sponsored only by an Approved Provider;
2. Accept CEUs accrued only during the two-year period immediately before licensure renewal;
3. Not allow CEUs accrued in a biennial renewal period to be carried forward to the succeeding biennial renewal period;
4. Allow a pharmacist who leads, instructs, or lectures to a group of health professionals on pharmacy-related topics in a continuing education activity sponsored by an Approved Provider to receive CEUs for a presentation by following the same attendance procedures as any other attendee of the continuing education activity; and
5. Not accept as CEUs the performance of normal teaching duties within a learning institution by a pharmacist whose primary responsibility is the education of health professionals.

- C.** Continuing education records and reporting CEUs. A pharmacist shall:

1. Maintain continuing education records that:
 - a. Verify the continuing education activities the pharmacist participated in during the preceding five years; and
 - b. Consist of a statement of credit or a certificate issued by an Approved Provider at the conclusion of a continuing education activity;
2. At the time of licensure renewal, attest to the number of CEUs the pharmacist participated in during the renewal period on the biennial renewal form; and
3. When requested by the Board office, submit proof of continuing education participation within 20 days of the request.

- D.** The Board may revoke, suspend, or place on probation the license of a pharmacist who fails to comply with continuing education participation, recording, or reporting requirements of this Section.

- E.** A pharmacist who is aggrieved by any decision of the Board or its administrative staff concerning continuing education units may request a hearing before the Board.

Historical Note

Adopted effective September 1, 1981 (Supp. 81-5).
 Amended effective March 13, 1991 (Supp. 91-1).
 Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1).
 Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 1655 (July 28, 2023), with an immediate effective date of July 5, 2023 (Supp. 23-3).

R4-23-205. Fees and Charges

- A.** The Board establishes and shall collect the full biennial fee for all initial and renewal license and permit applications listed in subsections (B) and (C).

- B.** Licensure fees:

1. Pharmacist:
 - a. Initial licensure: \$180.
 - b. Licensure renewal: \$180.
2. Intern. Initial licensure: \$50.
3. Pharmacy technician:
 - a. Initial licensure: \$72.
 - b. Licensure renewal: \$72.
4. Temporary license valid for 30 days:
 - a. Pharmacist: \$120.
 - b. Intern: \$50.
 - c. Pharmacy technician: \$50.

- C.** Vendor permit fees (Resident and nonresident):

1. Pharmacy: \$480 biennially (including hospital, and limited service).
2. Drug wholesaler or manufacturer:
 - a. Manufacturer: \$1000 biennially.
 - b. Full-service drug wholesaler: \$1000 biennially.
 - c. Nonprescription drug wholesaler: \$500 biennially.
3. Drug packager or repackager: \$1000 biennially.
4. Compressed medical gas distributor: \$200 biennially.
5. Durable medical equipment and compressed medical gas supplier: \$100 biennially.
6. Third-party logistics provider: \$1000 biennially.
7. Automated prescription-dispensing kiosk: \$480 biennially.

- D.** Pharmacy technician trainee 36-month, non-renewable, registration: \$25.

- E.** Reciprocity fee: \$150.

- F.** Application fee: \$50.

- G.** Certificate fees:

1. Certificate of free sale: \$200 per certificate.
2. Certificate of good manufacturing practice: \$200 per certificate.

- H.** Charges for services:

1. Wall license.
 - a. Pharmacist: \$20.
 - b. Intern: \$10.
 - c. Pharmacy technician: \$10.
2. Duplicate of any Board-issued certificate: \$10.
3. License, permit, or certificate verification: \$15.

- I.** Fees are not refunded under any circumstances except for the Board's failure to comply with its established licensure or permit time frames under R4-23-202 or R4-23-602.

- J.** Penalty. A renewal application submitted after the expiration date is subject to a penalty as provided in A.R.S. §§ 32-1925 and 32-1931.

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1. Licensee: A penalty equal to half the licensee's biennial licensure renewal fee under subsection (B) and not to exceed \$350.
2. Permittee: A penalty equal to half the permittee's biennial permit fee under subsection (C) and not to exceed \$350.

Historical Note

Adopted effective July 24, 1985 (Supp. 84-5). Amended subsection (A) paragraph (1) effective May 20, 1988 (Supp. 88-2). Amended effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended effective January 12, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 409 and 8 A.A.R. 646, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 15 A.A.R. 173, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by exempt rulemaking under Laws 2016, Ch. 284, § 3 at 22 A.A.R. 2606, effective August 31, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 2058, effective August 9, 2017; amended by final exempt rulemaking with amendments to subsection (D), at 23 A.A.R. 2383 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1012, and 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

ARTICLE 3. INTERN TRAINING; INTERN PRECEPTORS**R4-23-301. Intern Licensure**

- A. Licensure as an intern is for the purpose of complementing an individual's academic or experiential education in preparation for licensure as a pharmacist. An applicant may request a waiver of intern licensure requirements by submitting a written request as specified in R4-23-401 and appearing in person at a Board meeting.
- B. The prerequisite for licensure as an intern is one of the following:
 1. Current enrollment, in good standing, in an approved college or school of pharmacy;
 2. Graduation from a college or school of pharmacy along with:
 - a. Proof the applicant is certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC), if applicable; or
 - b. Application for licensure as a pharmacist by examination or reciprocity; or
 3. By order of the Board if the Board determines the applicant needs intern training.
- C. If an intern licensee stops attending pharmacy school classes without graduating, the licensee shall immediately stop practicing as an intern and surrender the intern license to the Board or the Board's designee no later than 30 days after the date of

the last attended class, unless the licensee petitions the Board as specified in R4-23-401 and receives Board approval to continue working as an intern. A student re-entering a pharmacy program who wishes to continue internship training shall reapply for intern licensure.

- D. Experiential training. The preceptor supervising an intern shall ensure the training received by the intern includes the activities and services encompassed by the term "practice of pharmacy" as defined in A.R.S. § 32-1901.
- E. Out-of-state experiential training. The Board shall credit an intern for experiential training received outside this state if the Board determines the experiential training requirements of the jurisdiction in which the training was received are equal to the minimum requirements for experiential training in this state. An applicant seeking credit for experiential training received outside this state shall furnish a certified copy of the training records from:
 1. The Board of Pharmacy or the intern licensing agency of the jurisdiction where the training was received; or
 2. In a jurisdiction without an intern licensing agency, the director of the applicant's approved college or school of pharmacy's experiential training program.
- F. Verification of license. A pharmacy permittee or pharmacist-in-charge shall not allow an individual to practice as an intern until the pharmacy permittee or pharmacist-in-charge verifies the individual is currently licensed by the Board as an intern.
- G. Intern application.
 1. An applicant for licensure as an intern shall:
 - a. Submit a completed application on a form furnished by the Board, and
 - b. Submit with the application form:
 - i. The documents specified in the application form, and
 - ii. The initial licensure fee specified in R4-23-205.
 2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.
- H. Licensure.
 1. If an applicant is found to be ineligible for intern licensure under statute and rule, the Board office shall issue a written notice of denial to the applicant.
 2. If an applicant is found to be eligible for intern licensure under statute and rule, the Board office shall issue a certificate of licensure and a wall license. An applicant who is assigned a license number and has been granted "open" status on the Board's license verification site may begin practice as an intern before receiving the certificate of licensure.
 3. An applicant who is assigned a license number and has a "pending" status on the Board's license verification site shall not practice as an intern until the Board office issues a certificate of licensure as specified in subsection (H)(2).
 4. A licensee shall maintain the certificate of licensure in the practice site for inspection by the Board or its designee or review by the public.
- I. Time frames for intern licensure. The Board office shall follow the time frames established in R4-23-202(F).
- J. License renewal.
 1. An intern whose license expires before the intern completes the education or training required for licensure as a pharmacist but fewer than six years after issuance of the initial intern license may renew the intern license for a period equal to the difference between the expiration date

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of the initial intern license and six years from the issue date of the initial intern license by paying a prorated renewal fee based on the intern initial license fee specified in R4-23-205.

2. If an intern fails to graduate from an approved college or school of pharmacy within six years from the date the Board issues the initial intern license, the intern is not eligible for relicensure as an intern unless the intern obtains Board approval as specified in A.R.S. § 32-1923(E) and R4-23-401. To remain in good standing, an intern who receives Board approval for relicensure shall pay a prorated renewal fee for the number of months of licensure approved by the Board based on the intern initial license fee specified in R4-23-205 before the license expires.
3. If an intern receives Board approval for relicensure and does not pay the renewal fee specified in subsection (J)(2) before the license expires, the intern license is suspended and the suspended licensee shall not practice as an intern until the suspended licensee pays a penalty as provided in A.R.S. § 32-1925 and R4-23-205 to vacate the suspension.

- K.** Notification of training. An intern who is employed as an intern outside the experiential training program of an approved college or school of pharmacy shall notify the Board within 10 days of starting or terminating training or changing training site.
- L.** Change of address. An intern shall notify the Board within 10 days after the intern's employment or mailing address changes.

Historical Note

Former Rules 3.1000, 3.1100, 3.1200, 3.2000, 3.2100, and 3.2200; Amended effective August 23, 1978 (Supp. 78-4). Amended effective April 20, 1982 (Supp. 82-2). Amended subsections (A), (F) and (G) effective August 12, 1988 (Supp. 88-3). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3565, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-302. Training Site; Intern Preceptors; Training Time

- A.** To receive credit for intern training hours, an intern shall train in a site that:
1. Holds a valid Arizona pharmacy permit; or
 2. Is an alternative training site. For purposes of this Section, the term alternative training site is a non-pharmacy training site established and monitored by an approved college or school of pharmacy or other non-pharmacy site where pharmacy-related activities are performed and where an intern gains experience as specified in R4-23-301(D).
- B.** Intern preceptor. To be an intern preceptor, a pharmacist shall:
1. Hold a current unrestricted pharmacist license;

2. Have at least one year of experience as an actively practicing pharmacist; and
 3. If found guilty of violating any federal or state law relating to the practice of pharmacy, drug or device distribution, or recordkeeping or unprofessional conduct, enter into an agreement satisfactory to the Board that places restrictions on the pharmacist's license.
- C.** Preceptor responsibilities. A preceptor is responsible for the actions of an intern during the training period. A preceptor shall give an intern the opportunity for skill development and provide the intern with timely and realistic feedback regarding the intern's progress.
- D.** Training hours. An intern preceptor shall ensure the intern receives hours of experiential training consistent with the requirements of the ACPE.

Historical Note

Former Rules 3.3000, 3.3100, 3.3200, 3.3300, 3.3310, 3.3320, 3.3330, 3.3340, 3.3400, 3.4000, 3.4100, 3.4200, 3.4300, and 3.4400; Amended effective August 9, 1983 (Supp. 83-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-303. Repealed**Historical Note**

Former Rules 3.5000 and 3.5200; Amended effective August 23, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2619, effective December 2, 2012 (Supp. 12-4). Repealed by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-304. Repealed**Historical Note**

Former Rules 3.6100, 3.6200, 3.6300, and 3.6400; Amended effective August 23, 1978 (Supp. 78-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 4356, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 18 A.A.R. 2619, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

R4-23-305. Repealed**Historical Note**

Former Rule 3.7000; Amended effective August 23, 1978 (Supp. 78-4). Amended by final rulemaking at 8 A.A.R. 416, effective January 10, 2002 (Supp. 02-1). Repealed by final rulemaking at 30 A.A.R. 155 (January 26, 2024), effective March 4, 2024 (Supp. 24-1).

ARTICLE 4. PROFESSIONAL PRACTICES**R4-23-401. Time-frames for Board Approvals and Special Requests**

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- A. To request a Board approval required by this Chapter or a special request to deviate from or waive compliance with a requirement of this Chapter, a person shall send a letter by regular mail, e-mail, or facsimile to the Board office, detailing the nature of the approval or special request, including the applicable Arizona Revised Statute or administrative code citation. This Section does not apply to a request from a person regarding the probation, suspension, or revocation of a license or permit.
- B. The Board office shall complete an administrative completeness review within 15 days from the date of receipt of a written request and immediately open a request file for the applicant.
 1. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the request.
 2. If the request is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 15-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the request is deemed complete 15 days after receipt by the Board office.
- C. An applicant with an incomplete request shall submit all of the missing information within 30 days of service of the notice of incompleteness.
 1. If an applicant cannot submit all missing information within 30 days of service of the notice of incompleteness, the applicant may send a written request for an extension to the Board office post-marked or delivered no later than 30 days from service of the notice of incompleteness.
 2. The written request for an extension shall document the reasons the applicant cannot meet the 30-day deadline.
 3. The Board office shall review the request for an extension of the 30-day deadline and grant the request if the Board office determines that an extension of the deadline will enable the applicant to assemble and submit the missing information. An extension shall be for no more than 30 days. The Board office shall notify the applicant in writing of its decision to grant or deny the request for an extension. An applicant who requires an additional extension shall submit an additional written request according to subsections (C)(1) and (C)(2).
- D. If an applicant fails to submit a complete request within the time allowed, the Board office shall close the applicant's request file. An applicant whose request file is closed and who later wishes to obtain an approval or special request shall apply again according to subsection (A).
- E. From the date on which the administrative completeness review of a request is finished, the Board shall complete a substantive review of the applicant's request in no more than 120 days.
 1. The Board shall:
 - a. Approve the request,
 - b. Deny the request, or
 - c. If the Board determines deficiencies exist, request that the applicant produce additional documentation.
 2. If the Board approves or denies, the Board office shall issue a written approval or denial.
 3. If the Board finds deficiencies during the substantive review of a request, the Board office shall issue a written request to the applicant for additional documentation.
 4. The 120-day time-frame for a substantive review of a request for approval or special request is suspended from the date of a written request for additional documentation until the date of the next Board meeting after all documentation is received. The applicant shall submit the additional documentation according to subsection (C).
 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 30 days.
- F. If the applicant fails to submit the additional information requested within the time allowed, the Board office shall close the applicant's request file. An applicant whose request file is closed and who later wishes to obtain an approval or special request shall apply again according to subsection (A).
- G. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time-frames for a Board approval required by this Chapter or a special request to deviate from or waive compliance with a requirement of this Chapter:
 1. Administrative completeness review time-frame: 15 days;
 2. Substantive review time-frame: 120 days; and
 3. Overall time-frame: 135 days.

Historical Note

Former Rule 4.1000; Former Section R4-23-401 repealed, new Section R4-23-401 adopted effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Repealed effective August 24, 1992 (Supp. 92-3). New Section made by final rulemaking at 9 A.A.R. 3184, effective August 30, 2003 (Supp. 03-3).

R4-23-402. Pharmacist, Graduate Intern, and Pharmacy Intern

- A. A pharmacist or a graduate intern or pharmacy intern under the supervision of a pharmacist shall perform the following professional practices in dispensing a prescription medication from a prescription order:
 1. Receive, reduce to written form, and manually initial oral prescription orders;
 2. Obtain and record the name of the individual who communicates an oral prescription order;
 3. Obtain, or assume responsibility to obtain, from the patient, patient's agent, or medical practitioner and record, or assume responsibility to record, in the patient's profile, the following information:
 - a. Name, address, telephone number, date of birth (or age), and gender;
 - b. Individual history including known diseases and medical conditions, known drug allergies or drug reactions, and if available a comprehensive list of medications currently taken and medical devices currently used;
 4. Record, or assume responsibility to record, in the patient's profile, a pharmacist's, graduate intern's, or pharmacy intern's comments relevant to the patient's drug therapy, including other information specific to the patient or drug;
 5. Verify the legality and pharmaceutical feasibility of dispensing a drug based upon:
 - a. The patient's allergies,
 - b. Incompatibilities with medications the patient currently takes,

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- c. The patient's use of unusual quantities of dangerous drugs or narcotics;
 - d. A medical practitioner's signature, and
 - e. The frequency of refills;
 6. Verify that a dosage is within proper limits;
 7. Interpret the prescription order, which includes exercising professional judgment in determining whether to dispense a particular prescription;
 8. Compound, mix, combine, or otherwise prepare and package the prescription medication needed to dispense individual prescription orders;
 9. Prepackage or supervise the prepackaging of drugs by a pharmacy technician or pharmacy technician trainee under R4-23-1104. For drugs prepackaged by a pharmacy technician or pharmacy technician trainee, a pharmacist shall:
 - a. Verify the drug to be prepackaged;
 - b. Verify that the label meets the official compendium's standards;
 - c. Check the completed prepackaging procedure and product; and
 - d. Manually initial the completed label; or
 - e. For automated packaging systems, manually initial the completed label or a written log or initial a computer-stored log;
 10. Check prescription order data entry to ensure that the data input:
 - a. Is for the correct patient by verifying the patient's name, address, telephone number, gender, and date of birth or age;
 - b. Is for the correct drug by verifying the drug name, strength, and dosage form;
 - c. Communicates the prescriber's directions precisely by verifying dose, dosage form, route of administration, dosing frequency, and quantity; and
 - d. Is for the correct medical practitioner by verifying the medical practitioner's name, address, and telephone number;
 11. Except as provided in subsection (A)(12), make a final accuracy check of the completed prescription label including verification of medication, accuracy of patient's name, consistency with prescription order, and drug utilization review and initial in handwriting or by another method approved by the Board or its designee the finished label;
 12. If a technology-assisted verification of product program is used, make a final accuracy check of the completed prescription label including accuracy of patient's name, consistency with prescription order, and drug utilization review and initial in handwriting or by another method approved by the Board or its designee the finished label. If a technology-assisted verification of product program is used, verification of product is not required.
 13. Record, or assume responsibility to record, a prescription serial number and date dispensed on the original prescription order;
 14. Obtain, or assume responsibility to obtain, permission to refill a prescription order and record, or assume responsibility to record on the original prescription order:
 - a. Date dispensed,
 - b. Quantity dispensed, and
 - c. Name of medical practitioner or medical practitioner's agent who communicates permission to refill the prescription order;
 15. Reduce to written or printed form, or assume responsibility to reduce to written or printed form, a new prescription order received by:
 - a. Fax,
 - b. E-mail, or
 - c. Other means of communication;
 16. Verify, or assume responsibility to verify, that a completed prescription medication is sold only to the correct patient, patient's care-giver, or authorized agent;
 17. Record on the original prescription order the name or initials of the pharmacist, graduate intern, or pharmacy intern who originally dispenses the prescription order; and
 18. Record on the original prescription order the name or initials of the pharmacist, graduate intern, or pharmacy intern who dispenses each refill.
- B.** Only a pharmacist, graduate intern, or pharmacy intern shall provide oral consultation about a prescription medication to a patient or patient's care-giver in an outpatient setting, including a patient discharged from a hospital. The oral consultation is required whenever the following occurs:
1. The prescription medication has not been previously dispensed to the patient in the same strength or dosage form or with the same directions;
 2. The pharmacist, through the exercise of professional judgment, determines that oral consultation is warranted; or
 3. The patient or patient's care-giver requests oral consultation.
- C.** Oral consultation shall include:
1. Reviewing the name and strength of a prescription medication or name of a prescription-only device and the labeled indication of use for the prescription medication or prescription-only device;
 2. Reviewing the prescription's directions for use;
 3. Reviewing the route of administration; and
 4. Providing oral information regarding special instructions and written information regarding side effects, procedure for missed doses, or storage requirements.
- D.** When, in the professional judgment of the pharmacist or graduate intern or pharmacy intern under the supervision of a pharmacist, or when circumstance precludes it, oral consultation may be omitted if the pharmacist, graduate intern, or pharmacy intern:
1. Personally provides written information to the patient or patient's care-giver that summarizes the information that would normally be orally communicated;
 2. Documents, or assumes responsibility to document, both the circumstance and reason for not providing oral consultation by a method approved by the Board or its designee; and
 3. Offers the patient or patient's care-giver the opportunity to communicate with a pharmacist, graduate intern, or pharmacy intern at a later time and provides a method for the patient or patient's care-giver to contact a pharmacist, graduate intern, or pharmacy intern at the pharmacy.
- E.** The pharmacist or graduate intern or pharmacy intern under the supervision of a pharmacist, through the exercise of professional judgment, may provide oral consultation that includes:
1. Common severe adverse effects, interactions, or therapeutic contraindications, and the action required if they occur;
 2. Techniques of self-monitoring drug therapy;

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3. The duration of the drug therapy; and
 4. Prescription refill information.
- F.** Nothing in subsection (B) requires a pharmacist, graduate intern, or pharmacy intern to provide oral consultation if a patient or patient's care-giver refuses the consultation.
- G.** Using a method approved by the Board or its designee, a pharmacist, graduate intern, or pharmacy intern shall document, or assume responsibility to document, that oral consultation is or is not provided.
- H.** Oral consultation documentation. When oral consultation is required as specified in subsection (B), a pharmacist, graduate intern, or pharmacy intern shall:
1. Document, or assume responsibility to document, that oral consultation is provided; or
 2. When a patient refuses oral consultation or a person other than the patient or patient's care-giver picks up a prescription and oral consultation is not provided, document, or assume responsibility to document, that oral consultation is not provided; or
 3. When a pharmacist, graduate intern, or pharmacy intern determines to omit oral consultation under subsection (D) and oral consultation is not provided, document, or assume responsibility to document, both the circumstance and reason that oral consultation is not provided; and
 4. Document, or assume responsibility to document, the name, initials, or identification code of the pharmacist, graduate intern, or pharmacy intern who did or did not provide oral consultation.
- I.** When a prescription is delivered to the patient or patient's care-giver outside the immediate area of a pharmacy and a pharmacist is not present, the prescription shall be accompanied by written or printed patient medication information that, in addition to the requirements in subsection (C), includes:
1. Approved use for the prescription medication;
 2. Possible adverse reactions;
 3. Drug-drug, food-drug, or disease-drug interactions;
 4. Missed dose information; and
 5. Telephone number of the dispensing pharmacy or another method approved by the Board or its designee that allows a patient or patient's care-giver to consult with a pharmacist.
- J.** A prescription medication or prescription-only device, delivered to a patient at a location where a licensed health care professional is responsible for administering the prescription medication to the patient, is exempt from the requirement of subsection (C).
- K.** A pharmacist, graduate intern, or pharmacy intern shall wear a badge indicating name and title while on duty.
- L.** Nothing in this Section prevents a hospital pharmacist from accepting a prescription order according to rules pertaining specifically to hospital pharmacies.

Historical Note

Former Rule 4.1100; Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Amended effective July 7, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 4656, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2258, effective August 6, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 274, effective March 11, 2006 (Supp. 06-1). Amended by

final rulemaking at 12 A.A.R. 4691, effective February 3, 2007 (Supp. 06-4). Amended by final rulemaking at 23 A.A.R. 3257, effective January 8, 2018 (Supp. 17-4).

R4-23-403. Repealed**Historical Note**

Former Rule 4.1200; Amended effective August 10, 1978 (Supp. 78-4). Amended effective March 28, 1980 (Supp. 80-2). Amended effective August 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective May 16, 1990 (Supp. 90-2). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 5 A.A.R. 4441, effective November 2, 1999 (Supp. 99-4). Section repealed by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1).

R4-23-404. Unethical Practices

- A.** Rebates prohibited. A pharmacist or pharmacy permittee shall not offer, deliver, receive, or accept any unearned rebate, refund, commission, preference, patronage dividend, discount, or other unearned consideration, whether in the form of money or otherwise, as compensation or inducement to refer a patient, client, or customer to any person, except for a rebate or premium paid completely and directly to a patient. A pharmacist or pharmacy permittee shall not:
1. Make payment to a medical practitioner in money or other consideration for a prescription order prescribed by the medical practitioner; or
 2. Make payment to a long-term care or assisted living facility or other health care institution in money, discount, rental, or other consideration in an amount above the prevailing rate for:
 - a. Prescription medication or devices dispensed or sold for a patient or resident of the facility or institution; or
 - b. Drug selection or drug utilization review services, drug therapy management services, or other pharmacy consultation services provided for a patient or resident of the facility or institution.
- B.** Prescription order-blank advertising prohibited. A pharmacist or pharmacy permittee shall not:
1. Directly or indirectly furnish to a medical practitioner a prescription order-blank that refers to a specific pharmacist or pharmacy in any manner; or
 2. Actively or passively participate in any arrangement or agreement where a prescription order-blank is prepared, written, or issued in a manner that refers to a specific pharmacist or pharmacy.
- C.** Fraudulent claim for service. A pharmacist or pharmacy permittee shall not claim the performance of a service that the pharmacist or pharmacy permittee knows or should know was not performed, such as, claiming to dispense a prescription medication that is not dispensed.
- D.** Fraudulent claim for a fee. A pharmacist or pharmacy permittee:
1. Shall not claim a fee for a service that is not performed or earned;
 2. May divide a prescription order into two or more portions of prescription medication at the request of a patient, or for some other ethical reason, and charge a dispensing fee for the additional service; and
 3. Shall not divide a prescription order merely to obtain an additional fee.
- E.** Prohibiting a prescription-only drug or device from being dispensed over the counter. A pharmacist shall ensure that:

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1. A prescription-only drug or device is dispensed only after receipt of a valid prescription order from a licensed medical practitioner;
 2. The dispensed prescription-only drug or device is properly prepared, packaged, and labeled according to this Chapter; and
 3. The prescription order is filed according to this Chapter.
- F.** Drugs dispensed in the course of the conduct of a business of dispensing drugs through diagnosis by mail or the internet.
1. A pharmacist shall not dispense a drug from a prescription order if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order was issued on the basis of an internet-based questionnaire or an internet-based consultation without a medical practitioner-patient relationship as defined in R4-23-110.
 2. A pharmacist who dispenses a prescription-only drug, prescription-only device, or controlled substance in violation of this Section is engaging in unethical conduct in violation of A.R.S. § 32-1901.01.

Historical Note

Former Rules 4.2110, 4.2120, 4.2130, 4.2210, 4.2230, 4.2400, 4.2500, 4.2600, 4.4100, 4.4200, 4.4310, 4.4320, 4.4400, and 4.4500; Amended effective August 10, 1978 (Supp. 78-4); Amended subsection (I) effective August 9, 1983 (Supp. 83-4). Amended by deleting subsections (H) through (M) effective November 18, 1983 (Supp. 83-6). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 3405, effective October 4, 2008 (Supp. 08-3).

R4-23-405. Change of Responsibility

A pharmacist designated as the pharmacist-in-charge for a pharmacy, manufacturer, or other establishment shall give immediate notice, as defined in R4-23-110, when:

1. The pharmacist's responsibility as a pharmacist-in-charge is terminated; or
2. The pharmacist knows of a pending termination of the pharmacist's responsibility as the pharmacist-in-charge.

Historical Note

Former Rules 4.5100 and 4.5200; Amended effective August 9, 1983 (Supp. 83-4). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1).

R4-23-406. Repealed**Historical Note**

Adopted as an emergency effective January 10, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Amended as an emergency effective April 2, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days. Adopted effective April 10, 1979 (Supp. 79-1). Former Section R4-23-406 repealed, new Section R4-23-406 adopted effective August 9, 1983 (Supp. 83-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Section repealed by final rulemaking at 10 A.A.R. 230, effective March 6, 2004 (Supp. 04-1).

R4-23-407. Prescription Requirements

A. Prescription orders. A pharmacist shall ensure that:

1. A prescription order the pharmacist uses to dispense a drug or device includes the following information:
 - a. Date of issuance;
 - b. Name and address of the patient for whom or the owner of the animal for which the drug or device is dispensed;
 - c. Drug name, strength, and dosage form or device name;
 - d. Name of the manufacturer or distributor of the drug or device if the prescription order is written generically or a substitution is made;
 - e. Prescribing medical practitioner's directions for use;
 - f. Date of dispensing;
 - g. Quantity prescribed and if different, quantity dispensed;
 - h. For a prescription order for a controlled substance, the medical practitioner's address and DEA number;
 - i. For a written prescription order, the medical practitioner's signature;
 - j. For an electronically transmitted prescription order, the medical practitioner's digital or electronic signature;
 - k. For an oral prescription order, the medical practitioner's name and telephone number; and
 - l. Name or initials of the dispensing pharmacist;
 2. A prescription order is kept by the pharmacist or pharmacy permittee as a record of the dispensing of a drug or device for seven years from the date the drug or device is dispensed;
 3. The dispensing of a drug or device complies with the packaging requirements of the official compendium and state and federal law; and
 4. If the drug dispensed is a schedule II controlled substance that is an opioid, the drug is placed in a container that has a red cap and a warning label stating "CAUTION: OPIOID, Risk of Overdose and Addiction" or other similarly clear language indicating the possibility of overdose and addiction. Under delegation from the Board, the Executive Director may waive the red-cap requirement if implementing the requirement is not feasible because of the specific dosage form or packaging type.
- B.** Prescription refills. A pharmacist shall ensure that the following information is recorded on the back of a prescription order when it is refilled:
1. Date refilled,
 2. Quantity dispensed,
 3. Name or approved abbreviation of the manufacturer or distributor if the prescription order is written generically or a substitution is made, and
 4. The name or initials of the dispensing pharmacist.
- C.** Prescription order adaptation. Except for a prescription order for a controlled substance, a pharmacist, using professional judgment, may make the following adaptations to a prescription order if the pharmacist documents the adaptation in the patient's record:
1. Change the prescribed quantity if the prescribed quantity is not a package size commercially available from the manufacturer;
 2. Change the prescribed dosage form or directions for use if the change achieves the intent of the prescribing medical practitioner;
 3. Complete missing information on the prescription order if there is sufficient evidence to support the change; and

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4. Extend the quantity of a maintenance drug for the limited quantity necessary to achieve medication refill synchronization for the patient.
- D. A pharmacist may furnish a copy of a prescription order to the patient for whom it is prescribed or to the authorized representative of the patient if the copy is clearly marked "COPY FOR REFERENCE PURPOSES ONLY" or other similar statement. A copy of a prescription order is not a valid prescription order and a pharmacist shall not dispense a drug or device from the information on a copy.
- E. Transfer of prescription order information. For a transfer of prescription order information to be valid, a pharmacy permittee or pharmacist-in-charge shall ensure that:
 1. Both the original and the transferred prescription order are maintained for seven years after the last dispensing date;
 2. The original prescription order information for a Schedule III, IV, or V controlled substance is transferred only as specified in 21 CFR 1306.25;
 3. The original prescription order information for a non-controlled substance drug is transferred without limitation only up to the number of originally authorized refills;
 4. For a transfer within Arizona:
 - a. The transfer of original prescription order information for a non-controlled substance drug meets the following conditions:
 - i. The transfer of information is communicated electronically, verbally, or by fax directly between:
 - (1) Two licensed pharmacists,
 - (2) A licensed pharmacist and a licensed intern, or
 - (3) Two licensed interns;
 - ii. The following information is recorded by the transferring pharmacist or intern:
 - (1) The word "void" is written on the face of the invalidated original prescription unless it is an electronic or oral transfer and the transferred prescription order information is invalidated in the transferring pharmacy's computer system; and
 - (2) The name and identification code, number, or address and telephone number of the pharmacy to which the prescription is transferred, the name of the receiving pharmacist or intern, the date of transfer, and the name of the transferring pharmacist or intern is written on the back of the prescription or entered into the transferring pharmacy's computer system; and
 - iii. The following information is recorded by the receiving pharmacist or intern on the transferred prescription order:
 - (1) The word "transfer;"
 - (2) Date of issuance of the original prescription order;
 - (3) Original number of refills authorized on the original prescription order;
 - (4) Date of original dispensing;
 - (5) Number of valid refills remaining and the date of the last refill;
 - (6) Name and identification code, number, or address, telephone number, and original prescription number of the pharmacy from which the prescription is transferred;
 - b. The transfer of original prescription order information for a Schedule III, IV, or V controlled substance meets the following conditions:
 - i. The transfer of information is communicated directly between two licensed pharmacists or interns electronically or verbally;
 - ii. The following information is recorded by the transferring pharmacist or intern:
 - (1) The word "void" is written on the face of the invalidated original prescription order unless it is an electronic or oral transfer and the transferred prescription order information is invalidated in the transferring pharmacy's computer system; and
 - (2) The name, address, and DEA number of the pharmacy to which the prescription is transferred, the name of the receiving pharmacist, the date of transfer, and the name of the transferring pharmacist is written on the back of the prescription order or entered into the transferring pharmacy's computer system; and
 - iii. The following information is recorded by the receiving pharmacist on the transferred prescription order:
 - (1) The word "transfer;"
 - (2) Date of issuance of original prescription order;
 - (3) Original number of refills authorized on the original prescription order;
 - (4) Date of original dispensing;
 - (5) Number of valid refills remaining and the date of the last refill;
 - (6) Name, address, DEA number, and original prescription number of the pharmacy from which the prescription is transferred;
 - (7) Name of the transferring pharmacist; and
 - (8) Name of the receiving pharmacist;
5. For a transfer from out-of-state:
 - a. The transfer of original prescription order information for a non-controlled substance drug meets the conditions in subsections (E)(4)(a)(i) and (E)(4)(a)(iii); and
 - b. The transfer of original prescription order information for a Schedule III, IV, or V controlled substance meets the conditions in subsections (E)(4)(b)(i) and (E)(4)(b)(iii); and
6. For an electronic transfer, the electronic transfer of original prescription order information meets the following conditions:
 - a. The electronic transfer is between pharmacies owned by the same company using a common or shared database;
 - b. The electronic transfer of original prescription order information for a non-controlled substance drug is performed by a pharmacist or intern, pharmacy technician trainee, or pharmacy technician under the supervision of a pharmacist;

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- c. The electronic transfer of original prescription order information for a controlled substance is performed between two licensed pharmacists;
 - d. The electronic transfer of original prescription order information for a non-controlled substance drug meets the following conditions:
 - i. The transferring pharmacy's computer system:
 - (1) Invalidates the transferred original prescription order information;
 - (2) Records the identification code, number, or address of the pharmacy to which the prescription order information is transferred;
 - (3) Records the name or identification code of the receiving pharmacist, intern, pharmacy technician trainee, or pharmacy technician; and
 - (4) Records the date of transfer; and
 - ii. The receiving pharmacy's computer system:
 - (1) Records that a prescription transfer occurred;
 - (2) Records the date of issuance of the original prescription order;
 - (3) Records the original number of refills authorized on the original prescription order;
 - (4) Records the date of original dispensing;
 - (5) Records the number of valid refills remaining and the date of the last refill;
 - (6) Records the identification code, number, or address and original prescription number of the pharmacy from which the prescription is transferred;
 - (7) Records the name or identification code of the receiving pharmacist or intern, pharmacy technician trainee, or pharmacy technician; and
 - (8) Records the date of transfer;
 - e. The electronic transfer of original prescription order information for a controlled substance meets the following conditions:
 - i. The transferring pharmacy's computer system:
 - (1) Invalidates the transferred original prescription order information;
 - (2) Records the identification code, number, or address, and DEA number of the pharmacy to which the prescription order information is transferred;
 - (3) Records the name or identification code of the receiving pharmacist;
 - (4) Records the date of transfer; and
 - (5) Records the name or identification code of the transferring pharmacist; and
 - ii. The electronic prescription order information received by the computer system of the receiving pharmacy includes the information required in subsection (E)(4)(b)(iii); and
 - f. In addition to electronic documentation of a transferred prescription order in the computer system, an original prescription order containing the requirements of this Section is filed in compliance with A.R.S. § 32-1964.
- F. Transmission of a prescription order from a medical practitioner to a pharmacy by fax.**
- 1. A medical practitioner or medical practitioner's agent may transmit a prescription order for a Schedule III, IV, or V controlled substance, prescription-only drug, or non-prescription drug to a pharmacy by fax under the following conditions:
 - a. The prescription order is faxed only to the pharmacy of the patient's choice;
 - b. The faxed prescription order:
 - i. Contains all the information required for a prescription order in A.R.S. §§ 32-1968 and 36-2525; and
 - ii. Is only faxed from the medical practitioner's practice location, except that a nurse in a hospital, long-term care facility, or inpatient hospice may send a fax of a prescription order for a patient of the facility; and
 - c. The faxed prescription order shall contain the following additional information:
 - i. The date the prescription order is faxed;
 - ii. The fax number of the prescribing medical practitioner or the facility from which the prescription order is faxed, and the telephone number of the facility; and
 - iii. The name of the person who transmits the fax, if other than the medical practitioner.
 - 2. A medical practitioner or medical practitioner's agent may fax a prescription order for a Schedule II controlled substance for information purposes only, unless the faxed prescription order meets the requirements of A.R.S. § 36-2525(F) and (G).
 - 3. A pharmacy may receive a faxed prescription order for a Schedule II controlled substance for information purposes only, except a faxed prescription order for a Schedule II controlled substance that meets the requirements of A.R.S. § 36-2525(F) and (G) may serve as the original written prescription order.
 - 4. To meet the seven-year record retention requirement of A.R.S. § 32-1964, a pharmacy shall receive a faxed prescription order on plain paper or may make a photocopy of the faxed prescription order.
 - 5. A medical practitioner or the medical practitioner's agent may fax refill authorizations to a pharmacy if the faxed authorization includes the medical practitioner's telephone and fax numbers, the medical practitioner's signature or medical practitioner's agent's name, and date of authorization.
- G. Electronic transmission of a prescription order from a medical practitioner to a pharmacy.**
- 1. Unless otherwise prohibited by law, a medical practitioner or medical practitioner's agent may transmit a prescription order by electronic means, directly or through an intermediary, including an E-prescribing network, to the dispensing pharmacy as specified in A.R.S. § 32-1968.
 - 2. For electronic transmission of a Schedule II, III, IV, or V controlled substance prescription order, the medical practitioner and pharmacy shall ensure the transmission complies with any security or other requirements of federal law.
 - 3. The medical practitioner and pharmacy shall ensure all electronic transmissions comply with all the security requirements of state or federal law related to the privacy of protected health information.

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4. In addition to the information required to be included on a prescription order as specified in A.R.S. § 32-1968, a medical practitioner shall ensure an electronically transmitted prescription order includes:
 - a. The date of transmission; and
 - b. If the individual transmitting the prescription is not the medical practitioner, the name of the medical practitioner's authorized agent who transmits the prescription order.
 5. A pharmacy receiving an electronically transmitted prescription order shall maintain the prescription order as specified in A.R.S. § 32-1964 or R4-23-408(H)(2).
 6. A medical practitioner or medical practitioner's agent shall transmit an electronic prescription order only to the pharmacy of the patient's choice.
- H. Exceptions under A.R.S. § 36-2525 regarding electronic prescribing requirements:**
1. Medical practitioner exceptions. A medical practitioner who is authorized to prescribe a controlled substance may furnish a written prescription order in accordance with R4-23-407 rather than an electronically transmitted prescription order if the prescription order is written:
 - a. In this state to be filled in a jurisdiction outside this state;
 - b. For a medication that requires compounding two or more ingredients;
 - c. For a medication that is not in the E-prescribing database;
 - d. For an individual who is detained by or in custody of an Arizona or federal law enforcement agency; or
 - e. Under A.R.S. § 36-2525(N) or (O); and
 2. Pharmacist exceptions. A pharmacist may dispense a controlled substance from a written rather than electronically transmitted prescription order if the prescription order:
 - a. Is written by a medical practitioner who is not licensed in this state but rather, is licensed in a jurisdiction outside this state. The pharmacist is not required to verify whether the medical practitioner is licensed;
 - b. Is written for a medication that requires compounding two or more ingredients;
 - c. Is written for a medication that is not in the E-prescribing database;
 - d. Is written for an individual who is detained by or in custody of an Arizona or federal law enforcement agency; or
 - e. Is received under A.R.S. § 36-2525(D).
- A. As used in this Section:**
1. "Community member" means any person in position to assist an individual at risk of experiencing an opioid-related overdose. This includes emergency first responders, peace officers or other law enforcement personnel, fire department personnel, school district employees, and personnel of a facility or center that provides services to individuals at risk of experiencing an opioid-related overdose.
 2. "Opioid antagonist" means any drug approved by the U.S. Food and Drug Administration that binds to opioid receptors, effectively blocking or inhibiting the receptor and preventing the body from responding to the opioid. Naloxone hydrochloride is an opioid antagonist.
 3. "Opioid-related overdose" means an acute condition caused by excessive opioids. An opioid-related overdose can be identified by a triad of symptoms: decreased level of consciousness, pinpoint pupils, and respiratory depression. Other symptoms may include seizures, muscle spasms, and coma or death. An opioid-related overdose requires medical assistance.
- B. When dispensing an opioid antagonist under A.R.S. § 32-1979, a pharmacist or pharmacy intern shall provide the following education to the individual to whom the opioid antagonist is dispensed:**
1. How to prevent an opioid-related overdose;
 2. How to recognize an opioid-related overdose;
 3. How to administer an opioid antagonist safely to an individual experiencing an opioid-related overdose;
 4. Precautions regarding:
 - a. Potential side effects, and
 - b. Possible adverse events associated with administration of the opioid antagonist; and
 5. Importance of seeking emergency medical assistance for the individual experiencing an opioid-related overdose before or after administering the opioid antagonist.
- C. Before dispensing an opioid antagonist under A.R.S. § 32-1979(A), a licensed pharmacist shall complete an opioid prevention and treatment training program that includes the following information:**
1. How to recognize the symptoms of an opioid-related overdose,
 2. How to respond to a suspected opioid-related overdose,
 3. How to administer all preparations of an opioid antagonist, and
 4. The information needed by an individual to whom an opioid antagonist is dispensed.
- D. A pharmacist who has completed an opioid prevention and treatment training program described in subsection (C):**
1. May administer an opioid antagonist to an individual the pharmacist believes is experiencing an opioid-related overdose, and
 2. Is exempt from civil liability under the terms of A.R.S. § 36-2267(B).
- E. Dispensing an opioid antagonist under A.R.S. § 32-1979 by invoice to a community member is not wholesale distribution as defined at A.R.S. § 32-1981.**
- F. When dispensing an opioid antagonist on a standing order, as defined under A.R.S. § 32-1968, a pharmacist or pharmacy intern shall comply with R4-23-407 except subsection (A)(1)(b), R4-23-408, and R4-23-409.**

Historical Note

Adopted effective November 18, 1983 (Supp. 83-6).
 Amended by final rulemaking at 8 A.A.R. 1256, effective March 7, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 440, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 3605, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020; and amended by final rulemaking at 26 A.A.R. 544, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R4-23-407.1. Dispensing an Opioid Antagonist**Historical Note**

New Section made by emergency rulemaking at 23 A.A.R. 31, effective December 15, 2016 for 180 days

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(Supp. 16-4). New Section made by final rulemaking before emergency expired at 23 A.A.R. 967, effective June 3, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-407.2. Dispensing a Self-administered Hormonal Contraceptive

- A. Standard procedures. The first time a pharmacist dispenses a self-administered hormonal contraceptive under a standing prescription order, as authorized under A.R.S. § 32-1979.01, to a patient, the pharmacist shall:
 1. Determine the patient is at least 18 years old;
 2. Obtain from the patient a completed self-screening risk assessment based on nationally recognized guidelines;
 3. Provide the patient with written information prepared by the manufacturer of the hormonal contraceptive; and
 4. Provide the following information orally to the patient:
 - a. How hormonal contraception works;
 - b. When and how to take the self-administered hormonal contraceptive;
 - c. Risks associated with taking a self-administered hormonal contraceptive; and
 - d. When to seek medical assistance while taking a self-administered hormonal contraceptive.
- B. A pharmacist who dispenses a self-administered hormonal contraceptive under a standing prescription order shall have a patient complete the self-screening risk assessment based on nationally recognized guidelines, required under subsection (A)(2), annually.
- C. A pharmacist who dispenses a self-administered hormonal contraceptive under a standing prescription order shall maintain evidence of the patient's age at the time of initial dispensing and the completed nationally recognized self-screening risk assessment for at least seven years. The pharmacist shall ensure this information is readily retrievable and available to the Board on request.
- D. When dispensing a self-administered hormonal contraceptive under a standing prescription order, a pharmacist shall comply with R4-23-407 except subsection (A)(1)(b), R4-23-408, and R4-23-409.
- E. During each biennial renewal period, a pharmacist who dispenses self-administered hormonal contraceptives under a standing prescription order shall complete the three contact hours of continuing education specified under R4-23-204(A)(2)(c).

Historical Note

New Section made by final rulemaking 29 A.A.R. 1655 (July 28, 2023) with an immediate effective date of July 5, 2023 (Supp. 23-3).

R4-23-408. Computer Records

- A. Systems manual. A pharmacy permittee or pharmacist-in-charge shall:
 1. Develop, implement, and comply with policies and procedures for the following operational aspects of a computer system:
 - a. Examples of all output documentation provided by the computer system that contains original or refill prescription order or patient profile information;
 - b. Steps a pharmacy employee follows when the computer system is not operational due to scheduled or unscheduled system interruption;
 - c. Regular and routine backup file procedure and file maintenance, including secure storage of backup files;

- d. Audit procedures, personnel code assignments, and personnel responsibilities; and
 - e. Quality assurance mechanism for data entry validation;
2. Review biennially and, if necessary, revise the policies and procedures required under this Section;
3. Document the review required under subsection (A)(2);
4. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee; and
5. Make the policies and procedures available within the pharmacy for reference by pharmacy personnel and inspection by the Board or its designee.
- B. Computer system data storage and retrieval. A pharmacy permittee or pharmacist-in-charge shall ensure the computer system is capable of:
 1. Producing sight-readable information on all original and refill prescription orders and patient profiles;
 2. Providing online retrieval (via CRT display or hard-copy printout) of original prescription order information required in A.R.S. § 32-1968(C), R4-23-402(A), and R4-23-407(A);
 3. Providing online retrieval (via CRT display or hard-copy printout) of patient profile information required in R4-23-402(A);
 4. Providing documentation identifying the pharmacist responsible for dispensing each original or refill prescription order, except a pharmacy permittee with a computer system that is in use before the effective date of this Section that cannot provide documentation identifying the dispensing pharmacist may continue to use the computer system by providing manual documentation identifying the dispensing pharmacist;
 5. Producing a printout of all prescription order information, including a single-drug usage report that contains:
 - a. The name of the prescribing medical practitioner;
 - b. The name and address of the patient;
 - c. The quantity dispensed on each original or refill prescription order;
 - d. The date of dispensing for each original or refill prescription order;
 - e. The name or identification code of the dispensing pharmacist; and
 - f. The serial number of each prescription order; and
 6. Providing a printout of requested prescription order information to an individual pharmacy within 72 hours of the request if prescription order information is maintained in a centralized computer record system.
- C. A pharmacy permittee or pharmacist-in-charge of a pharmacy that uses a pharmacy computer system:
 1. Shall notify the D.E.A. and the Board in writing that original and refill prescription order information and patient profiles are stored in a pharmacy computer system;
 2. Shall comply with this Section if the pharmacy computer system's refill records are used as an alternative to the manual refill records required in R4-23-407(B);
 3. Is exempt from the manual refill recordkeeping requirements of R4-23-407(B), if the pharmacy computer system complies with the requirements of this Section; and
 4. Shall ensure that documentation of the accuracy of original and refill prescription order information entered into a computer system is provided by each pharmacist using the computer system and kept on file in the pharmacy for

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seven years from the date of the last refill. Documentation includes one of the following:

- a. A hard-copy printout of each day's original and refill prescription order data that:
 - i. States original and refill data for prescriptions dispensed by each pharmacist is reviewed for accuracy;
 - ii. Includes the printed name of each dispensing pharmacist; and
 - iii. Is signed and initialed by each dispensing pharmacist; or
 - b. A log book or separate file of daily statements that:
 - i. States original and refill data for prescriptions dispensed by each pharmacist is reviewed for accuracy;
 - ii. Includes the printed name of each dispensing pharmacist; and
 - iii. Is signed and initialed by each dispensing pharmacist.
- D.** If a pharmacy computer system does not comply with the requirements of subsections (A), (B), and (F), the pharmacy permittee or pharmacist-in-charge shall bring the computer system into compliance within three months of a notice of noncompliance or violation letter. If the computer system is still noncompliant with subsection (A), (B), or (F) after three months, the pharmacy permittee or pharmacist-in-charge shall immediately comply with the manual recordkeeping requirements of R4-23-402 and R4-23-407.
- E.** If a pharmacy's personnel perform manual recordkeeping under subsection (D), the pharmacy's personnel shall continue manual recordkeeping until the pharmacist-in-charge sends proof, verified by a Board compliance officer, that the computer system complies with subsections (A), (B), and (F).
- F.** Security. To maintain the confidentiality of patient records, a pharmacy permittee or pharmacist-in-charge shall ensure:
1. The computer system has security and systems safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription order information and patient profiles; and
 2. After a prescription order is dispensed, any alteration of prescription order information is documented, including the identification of the pharmacist responsible for the alteration.
- G.** A computer system that does not comply with all the requirements of subsections (A), (B), and (F) may be used in a pharmacy if:
1. The computer system was in use in the pharmacy before July 11, 2001, and
 2. The pharmacy complies with the manual recordkeeping requirements of R4-23-402 and R4-23-407.
- H.** Prescription records and retention.
1. Instead of filing the original hard-copy prescription order as required in A.R.S. § 32-1964, a pharmacy permittee or pharmacist-in-charge may use an electronic imaging recordkeeping system, if:
 - a. The system is capable of capturing, storing, and reproducing the exact image of a prescription order, including the reverse side of the prescription order if necessary;
 - b. Any notes of clarification of or alterations to a prescription order are directly associated with the electronic image of the prescription order;
 - c. A prescription order image and any associated notes of clarification of or alterations to the prescription

order are retained for no fewer than seven years from the date the prescription order is last dispensed;

- d. Policies and procedures for the use of an electronic imaging recordkeeping system are developed, implemented, reviewed, and revised in the same manner described in subsection (A) and complied with; and
 - e. The prescription is not for a controlled substance.
2. If a pharmacy's computer system fields are automatically populated by an electronically transmitted prescription order, the automated record constitutes the original prescription order and a hard-copy or electronic image is not required if the computer system is capable of maintaining, printing, and providing all the prescription order information required in A.R.S. §§ 32-1968 and 36-2525 and R4-23-407(A) within 72 hours of a request by the Board, the Board's compliance officers, other authorized regulatory board agents, or authorized officers of the law.
- I.** A pharmacy permittee or pharmacist-in-charge shall make all prescription records available within 72 hours after a Board request.

Historical Note

Adopted effective November 18, 1983 (Supp. 83-6).
 Amended by final rulemaking at 7 A.A.R. 646, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 4270, effective December 6, 2005 (Supp. 05-4).
 Amended by final rulemaking at 12 A.A.R. 274, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 13 A.A.R. 440, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1).

R4-23-409. Returning Drugs and Devices

- A.** After a person for whom a drug is prescribed or the person's agent takes the drug from the premises where sold, distributed, or dispensed, a pharmacist or pharmacy permittee shall not accept the drug for return or exchange for the purpose of resale unless the pharmacist determines that:
1. The drug is in its original, manufacturer's, unopened container; and
 2. The drug or its container has not been subjected to contamination or deterioration.
- B.** The provisions of subsection (A) of this Section do not apply to a drug dispensed to:
1. A hospital inpatient as defined in R4-23-651; or
 2. A resident of a long-term care facility where a licensed health care professional administers the drug, and the pharmacist ensures and documents that the drug:
 - a. Has been stored in compliance with the requirements of the official compendium; and
 - b. Is not obviously contaminated or deteriorated.
- C.** After a person for whom a device is prescribed or the person's agent takes the device from the premises where sold, distributed, or dispensed, a pharmacist or pharmacy permittee shall not accept the device for return or exchange for the purpose of resale or reuse unless the pharmacist determines that:
1. The device is inspected and is free of defects;
 2. The device is rendered incapable of transferring disease; and

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3. The device, if resold or reused, is not claimed to be new or unused.

Historical Note

Adopted effective November 18, 1983 (Supp. 83-6).
Amended by final rulemaking at 8 A.A.R. 1256, effective
March 7, 2002 (Supp. 02-1).

R4-23-410. Current Good Compounding Practices

- A. This Section establishes the current good compounding practices to be used by a pharmacist licensed by the Board, in a pharmacy permitted by the Board, and in compliance with applicable federal and state law governing the practice of pharmacy.
- B. A pharmacy permittee shall ensure compliance with the provisions in this subsection.
 1. All substances for compounding that are received, stored, or used by the pharmacy permittee:
 - a. Meet official compendium requirements;
 - b. Are of high quality, such as Chemically Pure (CP), Analytical Reagent (AR), certified American Chemical Society (ACS), or Food Chemical Codex (FCC) grade; or
 - c. Are obtained from a source that, in the professional judgment of the pharmacist, is acceptable and reliable.
 2. Before compounding a pharmaceutical product in excess of the quantity dispensed in anticipation of receiving valid prescriptions for the pharmaceutical product, a pharmacist, employed by the pharmacy permittee, shall establish a history of compounding valid prescriptions for the pharmaceutical product.
 3. Neither the pharmacy permittee nor a pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical product to a pharmacy, medical practitioner, or other person for dispensing or distributing except that a compounded pharmaceutical product may be provided to a medical practitioner to administer to a patient of the medical practitioner if each container is accompanied by the written list required in subsection (I)(5) and has a label that includes the following:
 - a. The pharmacy's name, address, and telephone number;
 - b. The pharmaceutical product's name and the information required in subsection (I)(4);
 - c. A lot or control number;
 - d. A beyond-use-date based upon the pharmacist's professional judgment, but not more than the maximum guidelines recommended in the Pharmacy Compounding Practices chapter of the official compendium unless there is published or unpublished stability test data that shows a longer period is appropriate;
 - e. The statement "Not For Dispensing;" and
 - f. The statement "For Office or Hospital Administration Only."
 4. A pharmacy or pharmacist may advertise or otherwise promote the fact that the pharmacy or pharmacist provides prescription compounding services.
- C. A pharmacy permittee shall ensure compliance with the organization, training, and personnel issues in this subsection.
 1. Before dispensing a compounded pharmaceutical product, a pharmacist:
 - a. Inspects and approves or rejects, or assumes responsibility for inspecting and approving or rejecting,
- components, pharmaceutical product containers and closures, in-process materials, and labeling;
- b. Prepares or assumes responsibility for preparing all compounding records;
- c. Reviews all compounding records to ensure that no errors occur in the compounding process;
- d. Ensures the proper use, cleanliness, and maintenance of all compounding equipment; and
- e. Documents by hand-written initials or signature in the compounding record the completion of the requirements of subsections (C)(1)(a), (b), (c), and (d).
2. A pharmacist engaged in compounding:
 - a. Complies with the current good compounding practices and applicable state pharmacy laws;
 - b. Maintains compounding proficiency through current awareness, training, and continuing education; and
 - c. Ensures that personnel engaged in compounding wear:
 - i. Clean clothing appropriate to the work performed; and
 - ii. Protective apparel, such as coats, aprons, gowns, gloves or masks to protect the personnel from chemical exposure and prevent pharmaceutical product contamination.
- D. A pharmacy permittee shall ensure the security, safety, and quality of a compounded pharmaceutical product by conforming with the following standards:
 1. Implement procedures to exclude from direct contact with components, pharmaceutical product containers and closures, in-process materials, labeling, and pharmaceutical products, any person with an apparent illness or open lesion that may adversely affect the safety or quality of a compounded pharmaceutical product, until the illness or lesion, as determined by competent medical personnel, does not jeopardize the safety or quality of a compounded pharmaceutical product; and
 2. Require all personnel to inform a pharmacist of any health condition that may adversely affect a compounded pharmaceutical product.
- E. A pharmacy permittee shall provide compounding facilities that conform with the standards in this subsection.
 1. In addition to the minimum area requirements of R4-23-609, R4-23-655, or R4-23-673, the compounding area:
 - a. Complies with the requirements in R4-23-611; and
 - b. Has sufficient space to permit efficient pharmacy practice, free movement of personnel, and visual surveillance by a pharmacist.
 2. If sterile pharmaceutical product or radiopharmaceutical product compounding is performed, the compounding area complies with the requirements of R4-23-670, R4-23-681, and R4-23-682.
 3. A clean, dry, and temperature-controlled area and, if required, a refrigerated area, in which to store properly labeled containers of bulk drugs, chemicals, and materials used in compounding, that complies with state statutes and rules.
- F. To protect pharmaceutical product safety, identity, strength, quality, and purity, a pharmacy permittee shall ensure that equipment and utensils used in pharmaceutical product compounding are:
 1. Of appropriate design, adequate size, and suitably located for proper operation, cleaning, and maintenance;

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2. Made of material that is not reactive, additive, or absorptive when exposed to components, in-process materials, or pharmaceutical products;
 3. Cleaned and protected from contamination before use;
 4. Inspected and determined suitable for use before initiation of compounding operations; and
 5. Routinely inspected, calibrated, or checked to make proper performance certain.
- G.** A pharmacy permittee shall ensure that the pharmacist-in-charge establishes, implements, and complies with procedures to prevent cross-contamination when pharmaceutical products that require special precautions to prevent cross-contamination, such as penicillin, are used in a compounding procedure. The procedures shall include either the dedication of equipment or the meticulous cleaning of contaminated equipment before its use in compounding other pharmaceutical products.
- H.** A pharmacy permittee shall ensure that the pharmacist-in-charge establishes, implements, and complies with control procedures for components and pharmaceutical product containers and closures, either written or electronically stored with printable documentation, that conform with the standards in this subsection.
1. Components and pharmaceutical product containers and closures are:
 - a. Stored off the floor,
 - b. Handled and stored to prevent contamination, and
 - c. Rotated so the oldest approved stock is used first.
 2. Container closure systems comply with official compendium standards.
 3. Pharmaceutical product containers and closures are clean and made of material that is not reactive, additive, or absorptive.
- I.** A pharmacy permittee shall ensure that the pharmacist-in-charge establishes, implements, and complies with pharmaceutical product compounding controls that conform with the standards in this subsection.
1. Pharmaceutical product compounding procedures are available in either written form or electronically stored with printable documentation:
 - a. To ensure that a finished pharmaceutical product has the identity, strength, quality, and purity it is purported or represented to possess, the procedures include, for each pharmaceutical product compounded, a description of:
 - i. The components, their manufacturer, lot number, expiration date, and amounts, the order of component addition, if applicable, and the compounding process;
 - ii. The equipment and utensils used; and
 - iii. The pharmaceutical product container and closure system proper for the sterility and stability of the pharmaceutical product as it is intended to be used.
 - b. To test the pharmaceutical product being compounded, the procedures monitor the output and validate the performance of compounding processes that may cause variability in the final pharmaceutical product, including assessing:
 - i. Dosage form weight variation;
 - ii. Adequacy of mixing to ensure uniformity and homogeneity; and
 - iii. Clarity, completeness, and pH of solutions, if applicable.
2. Components for pharmaceutical product compounding are accurately weighed, measured, or subdivided. To ensure that each weight, measure, or subdivision is correct as stated in the compounding procedures, a pharmacist:
- a. Checks and rechecks, or assumes responsibility for checking and re-checking, the operations at each stage of the compounding process; and
 - b. Documents by hand-written initials or signature the completion and accuracy of the compounding process.
3. Compounding equipment and utensils are properly cleaned and maintained.
4. In addition to the labeling requirements of A.R.S. § 32-1968(D), the label contains:
- a. A statement, symbol, designation, or abbreviation that the pharmaceutical product is a compounded pharmaceutical product, and
 - b. A beyond-use-date as specified in subsection (B)(3)(d).
5. A written list of the compounded pharmaceutical product's active ingredients is given to the patient at the time of dispensing.
6. When a component is removed from its original container and transferred to another container, the new container label contains, in full text or an abbreviated code system, the following:
- a. The component name,
 - b. The manufacturer's or supplier's name,
 - c. The lot or control number,
 - d. The weight or measure,
 - e. The beyond-use-date as specified in subsection (B)(3)(d), and
 - f. The transfer date.
- J.** A pharmacy permittee shall ensure that the pharmacist-in-charge stores any quantity of compounded pharmaceutical product produced in excess of the quantity dispensed in accordance with subsection (B):
1. In an appropriate container with a label that contains:
 - a. A complete list of components or the pharmaceutical product's name;
 - b. The preparation date;
 - c. The assigned lot or control number; and
 - d. A beyond-use-date as specified in subsection (B)(3)(d); and
 2. Under conditions, dictated by the pharmaceutical product's composition and stability characteristics, that ensure its strength, quality, and purity.
- K.** A pharmacy permittee shall ensure that the pharmacist-in-charge establishes, implements, and complies with record-keeping procedures that comply with this subsection:
1. Pharmaceutical product compounding procedures and other records required by this Section are maintained by the pharmacy for not less than seven years, and
 2. Pharmaceutical product compounding procedures and other records required by this Section are readily available for inspection by the Board or its designee.

Historical Note

Adopted effective August 5, 1997 (Supp. 97-3).
 Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3981, effective December 4,

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2006 (Supp. 06-4).

EMERGENCY RULEMAKING**R4-23-411. Pharmacist-administered Immunizations**

- A.** Authorization. A pharmacist who is qualified under subsection (C) is authorized to order and administer, without a prescription order, an immunization, vaccine, or emergency medication, including but not limited to epinephrine, corticosteroids, albuterol, and antihistamines, to an eligible adult patient or eligible minor patient.
- B.** Authorized immunizations and vaccines:
1. A pharmacist who is authorized under subsection (A) may order and administer, without a prescription order, the following:
 - a. For an eligible adult patient, an immunization or vaccine that is:
 - i. Recommended for adults by the United States Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP); or
 - ii. Recommended by the CDC's Health Information for International Travel; and
 - iii. Not on the Arizona Department of Health Services' list required under A.R.S. § 32-1974(H) and specified in A.A.C. R9-6-1301; and
 - b. For an eligible minor patient, an immunization or vaccine that is:
 - i. For influenza or a booster dose as described under A.R.S. § 32-1974(A)(3); or
 - ii. Administered in response to an emergency declared by the governor; and
 2. A pharmacist who is authorized under subsection (A) may order and administer an immunization or vaccine to an eligible adult patient or eligible minor patient in accordance with:
 - a. A valid standing order, as defined in subsection (J). A pharmacist shall not order or administer an immunization or vaccine under a standing order that has expired or been revoked, superseded, or otherwise terminated; or
 - b. A valid standing order issued by the Arizona Department of Health Services (DHS) or its authorized medical director even if the standing order differs from current CDC or ACIP guidance. A pharmacist shall not order or administer an immunization or vaccine under a standing order or DHS standing order that has expired or been revoked, superseded, or otherwise terminated
- C.** Pharmacist qualifications. To be authorized to order and administer an immunization, vaccine, or emergency medication, including but not limited to epinephrine, corticosteroids, albuterol, and antihistamines, a pharmacist shall submit a completed application form, which is available on the Board's website, to the Board and provide evidence the pharmacist:
1. Is currently licensed to practice pharmacy in this state;
 2. Successfully completed a training program that meets the requirements specified in subsection (D); and
 3. Has a current certificate in basic cardiopulmonary resuscitation.
- D.** Training program requirements. The provider of a training program for pharmacists to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient shall ensure the training program includes:
1. Basic immunology and the human immune response;
 2. Mechanics of immunity, adverse effects, dose, and administration schedule of available vaccines;
 3. Response to emergency situations including the administration of emergency medications;
 4. Administration of intramuscular injections;
 5. Other immunization administration methods; and
 6. Recordkeeping and reporting requirements specified in subsection (E).
- E.** Recordkeeping and reporting.
1. A pharmacist shall document the following for each immunization, vaccine, or emergency medication administered:
 - a. Patient name, address, and date of birth;
 - b. Date of administration and site of injection;
 - c. Product name, dose, manufacturer's lot number, and expiration date;
 - d. Name and address of the patient's primary-care provider or physician;
 - e. Name of the authorized pharmacist or qualified intern or pharmacy technician who administered the vaccine and, if the vaccine was administered by a qualified intern or pharmacy technician, the name of the authorized pharmacist who supervised the qualified intern or pharmacy technician;
 - f. Record of consultation confirming patient eligibility;
 - g. Any patient education or consultation provided;
 - h. Name and date of the vaccine information sheet provided to the patient; and
 - i. For an eligible minor patient, a signed consent form from the parent or guardian.
 2. As required under A.R.S. § 32-1974(E)(1), the pharmacist shall provide a report to the patient's primary-care provider or physician containing the information required in subsections (E)(1)(a) through (d) within 48 hours after administration and document the report was provided within 72 hours.
 3. A pharmacy's pharmacist-in-charge or permittee shall ensure the records required in subsection (E)(1) are maintained for at least seven years from the administration date.
- F.** Confidentiality. A pharmacy permittee shall ensure compliance with all applicable state and federal privacy laws when patient health information is released.
- G.** Immunizations requiring a prescription order. A pharmacist shall not administer an immunization or vaccine listed in A.A.C. R9-6-1301 without a prescription order. The pharmacist shall comply with subsection (E)(1) if an immunization or vaccine listed in A.A.C. R9-6-1301 is administered.
- H.** Administration by an intern.
1. The Board authorizes an intern to administer an immunization, vaccine, or emergency medication, only if a pharmacist authorized under subsection (A) verifies the intern is currently licensed in this state, successfully completed a training program that meets the requirements specified in subsection (D); and has a current certificate in basic cardiopulmonary resuscitation.
 2. An intern authorized under subsection (H)(1) may administer an immunization, vaccine, or emergency medication to an eligible adult patient or eligible minor patient only under the supervision of a pharmacist authorized under subsection (A).

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3. An intern shall not independently order an immunization, vaccine, or emergency medication.
 - I. Administration by a pharmacy technician.**
 1. Before a pharmacy technician administers an immunization or vaccine, a pharmacist authorized under subsection (A) shall verify the pharmacy technician is currently licensed in this state, successfully completed a training program that meets the requirements specified in subsection (D), and has a current certificate in basic cardiopulmonary resuscitation.
 2. A pharmacy technician qualified under subsection (I)(1) may administer an immunization or vaccine to an eligible adult patient or eligible minor patient only if the administration is delegated by the pharmacist on duty and under the direct supervision of a pharmacist authorized under subsection (A).
 3. A pharmacy technician shall not:
 - a. Order an immunization, vaccine, or emergency medication; or
 - b. Administer an emergency medication.
 - J. Definitions.** The following definitions apply to this Section:
 1. "Eligible adult patient" means an eligible patient who is 13 years of age or older.
 2. "Eligible minor patient" means an eligible patient who is younger than 13 years of age and who meets the following minimum age requirements for the administration of an immunization or vaccine:
 - a. For an immunization or vaccine that is not influenza: six years of age or older; and
 - b. For influenza vaccine: three years of age or older.
 3. "Standing order" means a written directive issued by a licensed healthcare provider authorized by the Arizona Department of Health Services that allows an authorized pharmacist and other qualified pharmacy personnel, to order or administer immunizations, vaccines, or emergency medications to individuals who meet the criteria set forth in the standing order, in accordance with established clinical protocols, without needing a patient-specific prescription order. For the purpose of this Section, a standing order is a prescription order as defined at A.R.S. § 32-1901(87)(c) and required under A.R.S. § 32-1974(B). A standing order may include an effective and expiration date and shall not be relied on if expired, superseded, revoked, or otherwise terminated.
- Historical Note**
Amended by emergency rulemaking at 31 A.A.R. 4007 (October 10, 2025), effective September 22, 2025, for 180 days (Supp. 25-3).
- R4-23-411. Pharmacist-administered or Intern-administered Immunizations**
- A.** Authorization to administer immunizations, vaccines, and emergency medications, as defined at A.R.S. § 32-1974(N), to an eligible adult patient or eligible minor patient. As used in this Section, "eligible adult patient" means an eligible patient 13 years of age or older and "eligible minor patient" means an eligible patient at least three years of age but less than 13 years of age. A pharmacist or an intern in the presence of and under the immediate personal supervision of a pharmacist may administer, without a prescription, immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient, if:
 1. Both the pharmacist and intern meet the qualifications and standards specified by A.R.S. § 32-1974 and this Section;
 2. The Board authorizes both the pharmacist and intern as specified in subsection (D);
 3. For an eligible adult patient, the immunization or vaccine is:
 - a. Recommended for adults by the United States Centers for Disease Control and Prevention; or
 - b. Recommended by the United States Centers for Disease Control and Prevention's Health Information for International Travel;
 4. For an eligible adult patient, the immunization or vaccine is not on the Arizona Department of Health Services list specified in A.A.C. R9-6-1301 as required under A.R.S. § 32-1974(I);
 5. For an eligible minor patient, the immunization or vaccine is for influenza or a booster dose as described under A.R.S. § 32-1974(B)(2); and
 6. For an eligible minor patient, any immunizations or vaccines other than influenza or a booster dose as described under A.R.S. § 32-1974(B)(2) are administered in response to a public health emergency declared by the Governor under A.R.S. § 36-787.
 - B.** A pharmacist or an intern in the presence of and under the immediate personal supervision of a pharmacist, may administer, with a prescription, any immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient, if:
 1. Both the pharmacist and intern meet the qualifications and standards specified by A.R.S. § 32-1974 and this Section; and
 2. The Board authorizes both the pharmacist and intern as specified in subsection (D).
 - C.** A pharmacist or intern who is authorized to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient shall:
 1. Not delegate the authority to any other pharmacist, intern, or employee not specifically authorized by rule; and
 2. Maintain their current certificate for inspection by the Board or its designee or review by the public.
 - D.** Qualifications to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient. After receipt of a completed application form, the Board shall authorize the administration of immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient by a pharmacist or intern who meets the following qualifications:
 1. Has a current license to practice pharmacy in this state,
 2. Successfully completes a training program specified in subsection (E), and
 3. Has a current certificate in basic cardiopulmonary resuscitation.
 - E.** Immunizations training program requirements. A training program for pharmacists or interns to administer immunizations, vaccines, and emergency medications to an eligible adult patient or eligible minor patient shall include the following courses of study:
 1. Basic immunology and the human immune response;
 2. Mechanics of immunity, adverse effects, dose, and administration schedule of available vaccines;
 3. Response to an emergency situation as a result of the administration of an immunization, vaccine, or medication including administering an emergency medication to

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counteract the adverse effects of the immunization, vaccine, or medication given;

4. Administration of intramuscular injections;
5. Other immunization administration methods; and
6. Recordkeeping and reporting requirements specified in subsection (F).

F. Recordkeeping and reporting requirements.

1. A pharmacist or intern authorized under this Section to administer immunizations, vaccines, and emergency medications to an eligible patient shall provide to the pharmacy the following information and documentation regarding each immunization, vaccine, or emergency medication administered:
 - a. The name, address, and date of birth of the patient;
 - b. The date of administration and site of injection;
 - c. The name, dose, manufacturer's lot number, and expiration date of the vaccine, immunization, or emergency medication;
 - d. The name and address of the patient's identified primary-care provider or physician;
 - e. The name of the pharmacist or intern administering the immunization, vaccine, or emergency medication;
 - f. A record of the pharmacist's or intern's consultation with the patient determining that the patient is an eligible patient as defined in R4-23-110;
 - g. Consultation or other professional information provided to the patient by the pharmacist or intern;
 - h. The name and date of the immunization or vaccine information sheet provided to the patient; and
 - i. For an immunization or vaccine given to an eligible minor patient, a consent form signed by the minor's parent or guardian.
2. As required under A.R.S. § 32-1974(F)(1), the pharmacist or intern shall provide a written or electronic report to the patient's primary-care provider or physician containing the documentation required in subsection (F)(1)(a) through (d). The pharmacy shall document the time and date the report is sent and make the record of compliance with this subsection available in the pharmacy or on request, within 72 hours, for inspection by the Board or its designee.
3. A pharmacy's pharmacist-in-charge or permittee shall maintain the records required in subsection (F)(1) in the pharmacy or database for a minimum of seven years from the administration date.

G. Confidentiality of records. A pharmacist, intern, pharmacy permittee, or pharmacist-in-charge shall comply with applicable state and federal privacy statutes and rules when releasing patient health information.

H. Pharmacist-administered or intern-administered adult immunizations that require a prescription order. A pharmacist or intern authorized by the Board to administer adult immunizations or vaccines shall not administer any immunization or vaccine listed in A.A.C. R9-6-1301 without a prescription order. In addition to filing a prescription order as required in A.R.S. § 32-1964, a pharmacist or pharmacy intern who administers an immunization or vaccine listed in A.A.C. R9-6-1301 shall comply with the recordkeeping requirements of subsection (F)(1).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3967, effective November 13, 2004 (Supp. 04-3).
Amended by final rulemaking at 12 A.A.R. 279, effective

March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 14 A.A.R. 3674, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 15 A.A.R. 1930, effective November 3, 2009 (Supp. 09-4). Amended by final rulemaking at 17 A.A.R. 2596, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 23 A.A.R. 211, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 994 (May 13, 2022), effective July 2, 2022 (Supp. 22-2).

R4-23-412. Emergency Refill Prescription Dispensing

- A.** When a state of emergency is declared under A.R.S. § 32-1910(A) or (B) and the state of emergency results in individuals being unable to refill existing prescriptions, a pharmacist may work in the affected county, city, or town and may dispense a one-time emergency refill prescription of up to a 30-day supply of a prescribed medication to an affected individual if both of the following apply:
1. In the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy, and
 2. The pharmacist makes a good faith effort to reduce the information to a written prescription marked "emergency prescription" and files and maintains the prescription as required by law.
- B.** If the state of emergency declared under A.R.S. § 32-1910(A) or (B) continues for at least 21-days after the pharmacist dispenses an emergency prescription under subsection (A), the pharmacist may dispense one additional emergency refill prescription of up to a 30-day supply of the prescribed medication if the pharmacist complies with subsection (A)(2).
- C.** A pharmacist's authority to dispense emergency prescriptions under this Section ends when the declared state of emergency is terminated.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009 (Supp. 08-4).

R4-23-413. Temporary Recognition of Nonresident Licensure

- A.** When a state of emergency is declared under A.R.S. § 32-1910(A) or (B):
1. A pharmacist who is not licensed in this state, but who is currently licensed in another state, may dispense prescription medications in those affected counties, cities, or towns in this state during the time that a declared state of emergency exists under A.R.S. § 32-1910(A) or (B) if both of the following apply:
 - a. The pharmacist provides proof of current licensure in another state, and
 - b. The pharmacist is engaged in a relief effort during a state of emergency.
 2. Acting under the direct supervision of a pharmacist, a pharmacy technician or pharmacy intern not licensed in this state, but currently licensed or registered in another state, may assist a pharmacist in dispensing prescription medications in affected counties, cities, or towns in this state during the time that a declared state of emergency exists under A.R.S. § 32-1910(A) or (B) if both of the following apply:

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- a. The pharmacy technician or pharmacy intern provides proof of current licensure or registration in another state, and
 - b. The pharmacy technician or pharmacy intern is engaged in a relief effort during a state of emergency.
- B.** The recognition of nonresident licensure or registration shall end with the termination of the declared state of emergency.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009 (Supp. 08-4).

R4-23-414. Reserved**R4-23-415. Impaired Licensees – Treatment and Rehabilitation**

- A.** The Board may contract with qualified organizations to operate a program for the treatment and rehabilitation of licensees impaired as the result of alcohol or other drug abuse, pursuant to A.R.S. § 32-1932.01.
- B.** Participants in the program are either “confidential” or “known.” Confidential participants are self-referred and may remain unidentified to the Board, subject to maintaining compliance with their program contract. Known participants are under Board order to complete a minimum tenure in the program. After a known participant completes the minimum tenure, the Board may terminate the Board order and reinstate the participant’s license to practice pharmacy.
- C.** The program contract with a qualified organization shall include as a minimum the following:
1. Duties and responsibilities of each party.
 2. Duration, not to exceed two years, of contract and terms of compensation.
 3. Quarterly reports from the program administrator to the Board indicating:
 - a. Identity of participants;
 - i. By name, if a known participant; or
 - ii. By case number, if a confidential participant;
 - b. Status of each participant, including:
 - i. Clinical findings;
 - ii. Diagnosis and treatment recommendations;
 - iii. Program activities; and
 - iv. General recovery and rehabilitation program information.
 4. The program administrator shall report immediately to the Board the name of any impaired licensee who poses a danger to self or others.
 5. The program administrator shall report to the Board, as soon as possible, the name of any impaired licensee:
 - a. Who refuses to submit to treatment,
 - b. Whose impairment is not substantially alleviated through treatment, or
 - c. Who violates the terms of their contract.
 6. The program administrator shall periodically provide informational programs to the profession, including approved continuing education programs on the topic of drug and chemical impairment, treatment, and rehabilitation.
- D.** Under A.R.S. § 32-1903(F), the Board may publish the names of participants under current Board orders.
- E.** The Board or its executive director may request the treatment records for any participant. The program administrator shall provide treatment records within 10 working days of receiving a written request from the Board or its executive director for such records. Upon request of the program administrator or the

Board or its executive director, a program participant shall authorize a drug and alcohol treatment facility or program or a private practitioner or treatment program to release the participant’s records to the program administrator or the Board or its executive director.

- F.** On the recommendation of the program administrator or a Board member and by mutual consent, the program administrator, Board member, Board staff, and program participant may meet informally to discuss program compliance.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 467, effective January 4, 2000 (Supp. 00-1). Amended by final rulemaking at 14 A.A.R. 3611, effective November 8, 2008 (Supp. 08-3).

R4-23-416. Reserved**R4-23-417. Reserved****R4-23-418. Reserved****R4-23-419. Reserved****R4-23-420. Reserved****R4-23-421. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-422. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-423. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-424. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-425. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-426. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective

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February 4, 2012 (Supp. 11-4).

R4-23-427. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-428. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

R4-23-429. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4052, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 17 A.A.R. 2600, effective February 4, 2012 (Supp. 11-4).

ARTICLE 5. CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

New Article 5, consisting of Sections R4-23-501 through R4-23-505, made effective August 2, 2014 (Supp. 14-2).

Article 5, consisting of Sections R4-23-501 through R4-23-505, expired effective August 30, 2013 (Supp. 14-1).

Article 5, consisting of Sections R4-23-501 and R4-23-502, recodified to Article 8 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

New Article 5, consisting of Sections R4-23-501 through R4-23-505, made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3).

R4-23-501. Controlled Substances Prescription Monitoring (CSPMP) Program Registration and Database Access

A. Under A.R.S. § 36-2606, a medical practitioner who is issued a license under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 21, 25, or 29 and possesses a current DEA registration under the Federal Controlled Substances Act shall have a current CSPMP registration issued by the Board.

B. Application.

1. An applicant for CSPMP registration shall:
 - a. Submit a completed application for CSPMP registration electronically or manually on a form furnished by the Board, and
 - b. Submit with the application form the documents specified in the application form.
2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.

C. Registration. Within seven business days of receipt of a completed application specified in subsection (B), the Board office shall determine whether an application is complete. If the application is complete, the Board office shall issue a registration number and provide a current registration certificate to the applicant by mail or electronic transmission. If the application is incomplete, the Board office shall issue a written notice of incompleteness. An applicant with an incomplete application shall comply with the requirements of R4-23-202(F).

D. Registration renewal. As specified in A.R.S. § 36-2606(C), the Board shall automatically suspend the registration of any registrant that fails to renew the registration on or before May 1 of the year in which the renewal is due. The Board shall vacate a suspension if the registrant submits a renewal application. A suspended registrant with CSPMP database access credentials is prohibited from accessing information in the prescription monitoring program database.

E. CSPMP database access.

1. A medical practitioner that chooses to use the CSPMP database shall request access from the CSPMP Director by completing an access user registration form electronically. Upon receipt of the access user registration form, the CSPMP Director or designee shall issue access credentials provided the medical practitioner is in compliance with the registration requirements of this Section.
2. A pharmacist that chooses to use the CSPMP database shall request access from the CSPMP Director by completing an access user registration form electronically. Upon receipt of the access user registration form, the CSPMP Director or designee shall issue access credentials provided the pharmacist has a current active pharmacist license.
3. A medical practitioner or pharmacist who is not licensed in Arizona may request access from the CSPMP Director by:
 - a. Completing an access user registration form electronically;
 - b. Printing the access user registration form;
 - c. Having the access user registration form signed and notarized; and
 - d. Mailing the notarized access user form along with a current copy of the applicant's nonresident state license and driver's license. Upon receipt of the notarized access user registration form and other required documents, the CSPMP Director or designee shall issue access credentials provided the nonresident licensed medical practitioner or pharmacist credentials show an current active license in another state.

Historical Note

Former Rule 5.2110; Amended effective August 9, 1983 (Supp. 83-4). Amended by final rulemaking at 8 A.A.R. 4898, effective January 5, 2003 (Supp. 02-4). Recodified to R4-23-801 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 19 A.A.R. 94, effective March 10, 2013 (Supp. 13-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-502. Requirements for Data Format and Transmission

A. Each dispenser shall submit to the Board or its designee by electronic means information regarding each prescription dispensed for a controlled substance listed in Schedules II, III, and IV of A.R.S. Title 36, Chapter 27, the Arizona Uniform Controlled Substances Act. The information reported shall conform to the August 31, 2005 Version 003, Release 000 ASAP Rules-based Standard Implementation Guide for Prescription Monitoring Programs published by the American Society for Automation in Pharmacy as specified in A.R.S. §

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36-2608(B). The information submitted for each prescription shall include:

1. The name, address, telephone number, prescription number, and DEA registration number of the dispenser;
 2. The name, address, gender, date of birth, and telephone number of the person or, if for an animal, the owner of the animal for whom the prescription is written;
 3. The name, address, telephone number, and DEA registration number of the prescribing medical practitioner;
 4. The quantity and National Drug Code (NDC) number of the Schedule II, III, or IV controlled substance dispensed;
 5. The date the prescription was dispensed;
 6. The number of refills, if any, authorized by the medical practitioner;
 7. The date the prescription was issued;
 8. The method of payment identified as cash or third party; and
 9. Whether the prescription is new or a refill.
- B.** A dispenser shall submit the required information electronically unless the Board or its designee approves a waiver as specified in subsection (D).
- C.** A dispenser's electronic data transfer equipment including hardware, software, and internet connections shall meet the privacy and security standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and A.R.S. § 12-2292, in addition to common internet industry standards for privacy and security. A dispenser shall ensure that each electronic transmission meets the following data protection requirements:
1. Data shall be at least 128-bit encryption in transmission and at rest; and
 2. Data shall be transmitted via secure e-mail, telephone modem, diskette, CD-ROM, tape, secure File Transfer Protocol (FTP), Virtual Private Network (VPN), or other Board-approved media.
- D.** A dispenser who does not have an automated recordkeeping system capable of producing an electronic report in the Board established format may request a waiver from electronic reporting by submitting a written request to the Board or its designee. The Board or its designee shall grant the request if the dispenser agrees in writing to report the data by submitting a completed universal claim form supplied by the Board or its designee.
- E.** Unless otherwise approved by the Board, a dispenser shall report by the close of business on each Friday the required information for the previous week, Sunday through Saturday. If a Friday falls on a state holiday, the dispenser shall report the information on the following business day. The Board or its designee may approve a less frequent reporting period if a dispenser makes a showing that a less frequent reporting period will not reduce the effectiveness of the system or jeopardize the public health.

Historical Note

Former Rule 5.2510. Amended by final rulemaking at 8 A.A.R. 4898, effective January 5, 2003 (Supp. 02-4). Recodified to R4-23-802 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-503. Access to Controlled Substances Prescription**Monitoring Program Data**

- A.** Except as provided in A.R.S. § 36-2604(B) and (C) and this Section, prescription information submitted to the Board or its designee is confidential and is not subject to public inspection.
- B.** The Board or its designee shall review the prescription information collected under A.R.S. Title 36, Chapter 28 and R4-23-502. If the Board or its designee has reason to believe an act of unprofessional or illegal conduct has occurred, the Board or its designee shall notify the appropriate professional licensing board or law enforcement or criminal justice agency and provide the prescription information required for an investigation.
- C.** The Board or its designee is authorized to release data collected by the program to the following:
1. A person who is authorized to prescribe or dispense a controlled substance to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient;
 2. An individual who requests the individual's own controlled substance prescription information under A.R.S. § 12-2293;
 3. A professional licensing board established under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 18, 21, 25, or 29. Except as required under subsection (B), the Board or its designee shall provide this information only if the requesting board states in writing that the information is necessary for an open investigation or complaint;
 4. A local, state, or federal law enforcement or criminal justice agency. Except as required under subsection (B), the Board or its designee shall provide this information only if the requesting agency states in writing that the information is necessary for an open investigation or complaint;
 5. The Arizona Health Care Cost Containment System Administration regarding individuals who are receiving services under A.R.S. Title 36, Chapter 29. Except as required under subsection (B), the Board or its designee shall provide this information only if the Administration states in writing that the information is necessary for an open investigation or complaint;
 6. A person serving a lawful order of a court of competent jurisdiction;
 7. A person who is authorized to prescribe or dispense a controlled substance and who performs an evaluation on an individual under A.R.S. § 23-1026; and
 8. The Board staff for purposes of administration and enforcement of A.R.S. Title 36, Chapter 28 and this Article.
- D.** The Board or its designee may provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.

Historical Note

Former Rules 5.3500, 5.3520, 5.3540, 5.3550, 5.3560, 5.3570, 5.3580, 5.3590, 5.4110, and 5.6110; Repealed effective August 2, 1982 (Supp. 82-4). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-504. Computerized Central Database Tracking System Task Force

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- A. The Board shall appoint a task force to help it administer the computerized central database tracking system as specified in A.R.S. § 36-2603.
- B. The Task Force shall meet at least once each year and at the call of the chairperson to establish the procedures and conditions relating to the release of prescription information specified in A.R.S. § 36-2604 and R4-23-503.
- C. The Task Force shall determine:
 - 1. The information to be screened;
 - 2. The frequency and thresholds for screening; and
 - 3. The parameters for using the information to notify medical practitioners, patients, and pharmacies to educate and provide for patient management and treatment options.
- D. The Board shall review and approve the procedures and conditions established by the Task Force as needed but at least once every calendar year.

Historical Note

Former Rule 5.7010; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective August 2, 1982 (Supp. 82-4). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-505. Reports

- A. Before releasing prescription monitoring program data, the Board or its designee shall receive a written or electronic request for controlled substance prescription information.
- B. A person authorized to access CSPMP data under R4-23-503(C)(1) through (7) shall submit a written or electronic request that:
 - 1. Specifies the information requested for the report;
 - 2. For a medical practitioner, provides a statement that the report's purpose is to provide medical or pharmaceutical care to a patient or to evaluate a patient;
 - 3. For an individual obtaining the individual's own controlled substance prescription information, provides a form of non-expired government-issued photo identification;
 - 4. For a professional licensing board, states that the information is necessary for an open investigation or complaint;
 - 5. For a local, state, or federal law enforcement or criminal justice agency, states that the information is necessary for an open investigation or complaint;
 - 6. For the AHCCCS Administration, states that the information is necessary for an open investigation or complaint; and
 - 7. For a person serving a lawful order of a court of competent jurisdiction, provides a copy of the court order.
- C. The Board or its designee may provide reports through U.S. mail, other common carrier, facsimile, or secured electronic media or may allow reports to be picked up in-person at the Board office.

Historical Note

Former Rules 5.7100, 5.8100, 5.8500, 5.9100, and 5.9500; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective August 2, 1982 (Supp. 82-4). New Section made by final rulemaking at 14 A.A.R. 3410, effective October 4, 2008 (Supp. 08-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 133, effective August 30, 2013 (Supp. 14-1). New Section made by

final rulemaking at 20 A.A.R. 1359, effective August 2, 2014 (Supp. 14-2).

R4-23-506. Repealed**Historical Note**

Adopted effective December 3, 1974 (Supp. 75-1).

Repealed effective August 24, 1992 (Supp. 92-3).

ARTICLE 6. PERMITS AND DISTRIBUTION OF DRUGS**R4-23-601. General Provisions**

- A. Permit required to sell a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical. A person shall have a current Board permit to:
 - 1. Sell a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical in Arizona; or
 - 2. Sell a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical from outside Arizona and ship the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona.
- B. A medical practitioner is exempt from subsection (A) to administer a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical for the emergency needs of a patient.
- C. Permit fee. Permits are issued biennially on an odd- and even-year expiration based on the assigned permit number. The fee, specified in R4-23-205, is not refundable unless the Board fails to comply with the permit time frames established in R4-23-602.
- D. Record of receipt and disposal of narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals.
 - 1. Every person manufacturing a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, including repackaging or relabeling, shall prepare and retain for no fewer than three years the manufacturing, repackaging, or relabeling date for each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical.
 - 2. Every person receiving, selling, delivering, or disposing of a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical shall record and retain for no fewer than three years the following information:
 - a. The name, strength, dosage form, and quantity of each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical received, sold, delivered, or disposed;
 - b. The name, address, and license or permit number, if applicable, of the person from whom each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is received;
 - c. The name, address, and license or permit number, if applicable, of the person to whom each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or

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regulated chemical is sold or delivered, or of the person who disposes of each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and

- d. The receipt, sale, deliver, or disposal date of each narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical.
3. The record required in this subsection shall be available for inspection by the Board or its compliance officer during regular business hours.
4. If the record required in this subsection is stored in a centralized recordkeeping system and not immediately available for inspection, a permittee, manager, or pharmacist-in-charge shall provide the record within four working days of the Board's or its compliance officer's request.
- E. Narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals damaged by water, fire, or from human or animal consumption or use. A person shall not sell or offer to sell any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical damaged by water, fire, or from human or animal consumption or use.
- F. At least 14 days before there is a change in ownership, as defined at R4-23-110, of a license or permit issued under this Chapter, the new licensee or permittee shall apply to the Board for a new license or permit.

Historical Note

Former Rules 6.1100, 6.1200, 6.1300, 6.1400, and 6.1500. Amended effective August 10, 1978 (Supp. 78-4). Amended subsection (C) effective August 9, 1983 (Supp. 83-4). Amended subsection (C) effective August 12, 1988 (Supp. 88-3). Amended by final rulemaking at 6 A.A.R. 4656, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 12 A.A.R. 1912, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-602. Permit Application Process and Time Frames**A. A person applying for a permit shall:**

1. Submit a completed application for the desired permit electronically or manually on a form furnished by the Board, and
2. Submit with the application form:
 - a. The documents specified in the application form, and
 - b. The permit fee specified in R4-23-205.

B. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.**C. Time frames for permits.**

1. The Board office shall finish an administrative completeness review within 60 days from the date the application form is received.
 - a. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the application form.
 - b. If the application form is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the miss-

ing information. The 60-day time frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.

- c. If the Board office does not provide the applicant with written notice regarding administrative completeness, the application form shall be deemed complete 60 days after receipt by the Board office.
2. An applicant with an incomplete application form shall submit to the Board office all of the missing information within 90 days of service of the notice of incompleteness. If an applicant cannot submit all missing information within 90 days of service of the notice of incompleteness, the applicant may send a written notice of a 30-day extension to the Board office postmarked or delivered no later than 90 days from service of the notice of incompleteness.
3. If an applicant fails to submit a complete application form within the time allowed under subsection (C)(2), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall submit a new application and fee as specified in subsection (A).
4. For a compressed medical gas distributor permit applicant and a durable medical equipment and compressed medical gas supplier permit applicant, the Board office shall issue a permit on the day the Board office determines an administratively complete application form is received.
5. Except as described in subsection (C)(4), from the date on which the administrative completeness review of an application form is finished, the Board office shall complete a substantive review of the applicant's qualifications in no more than 120 days.
 - a. If an applicant is found to be ineligible, the Board office shall issue a written notice of denial to the applicant.
 - b. If an applicant is found to be eligible, the Board office shall recommend to the Board that the applicant be issued a permit. Upon receipt of the Board office's recommendation, the Board shall either issue a permit to the applicant or if the Board determines the applicant does not meet eligibility requirements, return the matter to the Board office.
 - c. If the Board office finds deficiencies during the substantive review of the application form, the Board office shall issue a written request to the applicant for additional documentation.
 - d. The 120-day time frame for a substantive review for the issuance or denial of a permit is suspended from the date of the written request for additional documentation until the date all documentation is received. The applicant shall submit the additional documentation according to subsection (C)(2).
 - e. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time frame may be extended once for no more than 45 days.
6. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time frames for permits:
 - a. Administrative completeness review time frame: 60 days.
 - b. Substantive review time frame:

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- i. Compressed medical gas distributor permit and durable medical equipment and compressed medical gas supplier permit: none.
 - ii. Except as described in subsection (C)(6)(b)(i): 120 days.
- c. Overall time frame:
 - i. Compressed medical gas distributor permit and durable medical equipment and compressed medical gas supplier permit: 60 days.
 - ii. Except as described in subsection (C)(6)(c)(i): 180 days.
- D. Permit renewal.
 - 1. To renew a permit, a permittee shall submit a completed application for permit renewal electronically or manually on a form furnished by the Board with the biennial renewal fee specified in R4-23-205.
 - 2. If the biennial renewal fee is not paid by November 1 of the renewal year specified in A.R.S. § 32-1931, the permit is suspended. The permittee shall pay a penalty as provided in A.R.S. § 32-1931 and R4-23-205 to vacate the suspension.
 - 3. Time frames for permit renewals. The Board office shall follow the time frames established in subsection (C).
- E. Display of permit. A permittee shall conspicuously display the permit in the location to which it applies.

Historical Note

Former Rules 6.2100, 6.2200, 6.2300, 6.2400, 6.2500, 6.2600, 6.2610, 6.2620, 6.2630, 6.2640, and 6.2650.
 Amended effective August 10, 1978 (Supp. 78-4).
 Amended effective August 9, 1983 (Supp. 83-4).
 Repealed effective August 12, 1988 (Supp. 88-3). New Section adopted effective August 5, 1997 (Supp. 97-3).
 Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-603. Repealed**Historical Note**

Adopted effective August 10, 1978 (Supp. 78-4).
 Amended subsection (D) paragraph (1) and added subsection (G) effective April 20, 1982 (Supp. 82-2).
 Amended effective August 12, 1988 (Supp. 88-3).
 Amended effective February 8, 1991 (Supp. 91-1).
 Amended effective August 5, 1997 (Supp. 97-3).
 Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Repealed by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-604. Resident Drug Manufacturer

- A. Permit. A person shall not manufacture, package, repack, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical without a current Board-issued drug manufacturer permit.
- B. Application. To obtain a permit to operate a drug manufacturing firm in Arizona, a person shall submit a completed application, on a form furnished by the Board, and the fee specified in R4-23-205.

- C. Before issuing a drug manufacturer permit, the Board shall:
 - 1. Receive and approve a completed permit application;
 - 2. Interview the applicant and manager, if different from the applicant, at a Board meeting; and
 - 3. Receive a satisfactory compliance inspection report on the facility from a Board compliance officer.
- D. Notification. A resident drug manufacturer permittee shall notify the Board of changes involving the drug list, address, telephone number, business name, or manager, including manager's telephone number. The resident drug manufacturer permittee shall submit using the permittee's online profile or a written notice by mail, fax, or e-mail to the Board office within 24 hours of the change.
- E. Change of ownership. A resident drug manufacturer permittee shall comply with R4-23-601(F).
- F. Before an existing resident drug manufacturer permittee relocates, the drug manufacturer permittee shall submit the application packet described in subsection R4-23-604(B), excluding the fee. The facility at the new location shall pass a final inspection by a Board compliance officer before operations begin.
- G. No later than 14 days after the change occurs, a resident drug manufacturer permittee shall submit the application described under subsection R4-23-604(B), excluding the fee, for any change of officers in a corporation.
- H. Manufacturing and distribution.
 - 1. A drug manufacturer permittee shall manufacture and distribute a drug only:
 - a. To a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board;
 - b. To a medical practitioner currently licensed as a medical practitioner as defined in A.R.S. § 32-1901; or
 - c. To a properly permitted, registered, licensed, or certified person or firm of another jurisdiction.
 - 2. Before manufacturing and distributing a drug that is not listed on a drug manufacturer's permit application, the drug manufacturer permittee shall send to the Board office a written request to amend the permit application, including documentation of FDA approval to manufacture the drug not listed on the original permit application. If a request to amend a permit application includes the documentation required in this subsection, the Board or its designee shall approve the request to amend within 30 days of receipt.
- I. A drug manufacturer permit is subject to denial, suspension, probation, or revocation under A.R.S. § 32-1927.02.
- J. Current Good Manufacturing Practice. A drug manufacturer permittee is required under federal law to follow the good manufacturing practice requirements of 21 CFR 210 through 211.
- K. Records. A drug manufacturer permittee shall:
 - 1. Establish and implement written procedures for maintaining records pertaining to production, process control, labeling, packaging, quality control, distribution, complaints, and any information required by federal or state law;
 - 2. Retain the records required by this Article and 21 CFR 210 through 211 for at least two years after distribution of a drug or one year after the expiration date of a drug, whichever is longer; and

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3. Make the records required by this Article and 21 CFR 210 through 211 available within 48 hours for review by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.
- L. Inspections. A drug manufacturer permittee shall make the drug manufacturer's facility available for inspection by the Board or its compliance officer under A.R.S. § 32-1904.
- M. Nonresident drug manufacturer. A nonresident drug manufacturer shall comply with the requirements of R4-23-607.
- N. Manufacturing radiopharmaceuticals. Before manufacturing a radiopharmaceutical, a drug manufacturer permittee shall:
 1. Comply with the regulatory requirements of the Arizona Radiation Regulatory Agency, the U.S. Nuclear Regulatory Commission, the FDA, and this Section; and
 2. Hold a current Arizona Radiation Regulatory Agency Radioactive Materials License. If a drug manufacturer permittee who manufactures radiopharmaceuticals fails to maintain a current Arizona Radiation Regulatory Agency Radioactive Materials License, the permittee's drug manufacturer permit shall be immediately suspended pending a hearing by the Board.

Historical Note

Former Rules 6.4001, 6.4002, 6.4003, 6.4004, 6.4005, 6.4006, 6.4007, 6.4008, 6.4009, 6.4100, 6.4110, 6.4111, 6.4115, 6.4116, 6.4120, 6.4122, 6.4190, 6.4191, 6.4200, 6.4250, 6.4300, 6.4350, 6.4355, 6.4360, 6.4400, 6.4401, 6.4403, 6.4410, 6.4430, 6.4450, 6.4500, 6.4510, 6.4530, 6.4533, 6.4600, 6.4610, 6.4640, 6.4660, 6.4700, 6.4710, and 6.4750. Adopted effective December 3, 1974 (Supp. 75-1). Amended effective August 10, 1978 (Supp. 78-4). Amended subsection (B) paragraph (2) effective April 20, 1982 (Supp. 82-2). Amended subsections (B), (G), (K) and (L) effective August 12, 1988 (Supp. 88-3). Amended effective August 24, 1992 (Supp. 92-3). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 3815, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 702, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-605. Resident Drug Wholesaler Permit

- A. Permit. A person shall not operate a business or firm for the wholesale distribution of any drug, device, precursor chemical, or regulated chemical without a current Board-issued full-service or nonprescription drug wholesale permit.
- B. Application.
 1. To obtain a permit to operate a full-service or nonprescription drug wholesale firm in Arizona, a person shall submit a completed application, on a form furnished by the Board, and the fee specified in R4-23-205.
 2. Before issuing a full-service or nonprescription drug wholesale permit, the Board shall:
 - a. Receive and approve a completed permit application;
 - b. Interview the applicant and the designated representative, if different from the applicant, at a Board meeting;
 - c. Receive a satisfactory compliance inspection report on the facility from a Board compliance officer; and
 - d. For a full-service drug wholesale permit, issue a fingerprint clearance to a qualified designated representative, as specified in subsection (L). If the fingerprint clearance of a designated representative for a full-service drug wholesale permit applicant is denied, the full-service drug wholesale permit applicant shall appoint another designated representative and submit the documentation, fingerprints, and fee specified in the application required in subsection (B).
- C. Notification. A resident full-service or nonprescription drug wholesale permittee shall notify the Board of changes involving the type of drugs sold or distributed, address, telephone number, business name, or manager or designated representative, including the manager's or designated representative's telephone number.
 1. The resident full-service or nonprescription drug wholesale permittee shall submit using the permittee's online profile or a written notice by mail, fax, or e-mail to the Board office within 10 days of the change.
 2. For a change of designated representative, a resident full-service drug wholesale permittee shall submit the documentation, fingerprints, and fee specified in the application required in subsection (B).
- D. Change of ownership. A resident full-service or nonprescription drug wholesale permittee shall comply with R4-23-601(F).
- E. Before an existing resident full-service or nonprescription drug wholesaler permittee relocates, the resident full-service or nonprescription drug wholesale permittee shall submit the application required under subsection (B), excluding the fee. The facility at the new location shall pass a final inspection by a Board compliance officer before operations begin.
- F. No later than 14 days after the change occurs, a resident full-service or nonprescription drug wholesale permittee shall submit the application described under subsection (B), excluding the fee, for any change of officers in a corporation.
- G. Distribution restrictions. In addition to the requirements of this subsection, a resident full-service wholesale permittee shall comply with the distribution restrictions specified in A.R.S. § 32-1983.
 1. Records.
 - a. A full-service drug wholesale permittee shall:
 - i. Maintain records to ensure full accountability of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical including dates of receipt and sales, names, addresses, and DEA registration numbers, if required, of suppliers or sources of merchandise, and customer names, addresses, and DEA registration numbers, if required;
 - ii. File the records required in subsection (G)(1)(a)(i) in a readily retrievable manner for a minimum of three years;
 - iii. Make the records required in subsection (G)(1)(a)(i) available upon request during regular business hours for inspection by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5). Records kept at a central location apart from the business location and not electronically retrievable shall be made available within two business days; and
 - iv. In addition to the records requirements of subsection (G)(1)(a)(i), comply with the retention

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- of track and trace documents required under the Drug Supply Chain and Security Act for all prescription-only drugs that leave the normal distribution channel as defined in A.R.S. § 32-1981.
- b. A nonprescription drug wholesale permittee shall:
 - i. Maintain records to ensure full accountability of any nonprescription drug, precursor chemical, or regulated chemical including dates of receipt and sales, names, addresses, and DEA registration numbers, if required, of suppliers or sources of merchandise, and customer names, addresses, and DEA registration numbers, if required;
 - ii. File the records required in subsection (G)(1)(b)(i) in a readily retrievable manner for a minimum of three years; and
 - iii. Make the records required in subsection (G)(1)(b)(i) available upon request during regular business hours for inspection by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5). Records kept at a central location apart from the business location and not electronically retrievable shall be made available within two business days.
2. Drug sales.
 - a. A full-service drug wholesale permittee shall:
 - i. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, except in the original container packaged and labeled by the manufacturer or repackager;
 - ii. Not package, repack, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical;
 - iii. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, or prescription-only drug or device, to anyone except a pharmacy, drug manufacturer, or full-service drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - iv. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical, to anyone except a pharmacy, drug manufacturer, full-service or nonprescription drug wholesaler, or nonprescription drug retailer currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - v. Provide track and trace documents required under the Drug Supply Chain and Security Act upon request, if immediately available, or within two business days from the date of a request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901;
 - vi. Maintain a copy of the current permit or license of each person that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
 - b. A nonprescription drug wholesale permittee shall:
 - i. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical except in the original container packaged and labeled by the manufacturer or repackager;
 - ii. Not package, repack, label, or relabel any nonprescription drug, precursor chemical, or regulated chemical;
 - iii. Not sell or distribute any nonprescription drug, precursor chemical, or regulated chemical to anyone except a pharmacy, drug manufacturer, full-service or nonprescription drug wholesaler, or nonprescription drug retailer currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - iv. Maintain a record of the current permit or license of each person that buys, receives, or disposes of any nonprescription drug, precursor chemical, or regulated chemical; and
 - v. Provide permit and license records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5).
 - c. Nothing in this subsection shall be construed to prevent the return of a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical to the original source of supply.
 3. Out-of-state drug sales.
 - a. A full-service drug wholesale permittee shall:
 - i. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical except in the original container packaged and labeled by the manufacturer or repackager;
 - ii. Not package, repack, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical;
 - iii. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical to anyone except a person that is properly permitted, registered, licensed, or certified in another jurisdiction;
 - iv. Provide track and trace documents required under the Drug Supply Chain and Security Act upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other

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- authorized officer of the law as defined in A.R.S. § 32-1901;
- v. Maintain a copy of the current permit, registration, license, or certificate of each person that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
 - vi. Provide permit, registration, license, and certificate records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5); and
- b. A nonprescription drug wholesale permittee shall:
 - i. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical except in the original container packaged and labeled by the manufacturer or repackager;
 - ii. Not package, repack, label, or relabel any nonprescription drug, precursor chemical, or regulated chemical;
 - iii. Not sell or distribute any nonprescription drug, precursor chemical, or regulated chemical to anyone except a person that is properly permitted, registered, licensed, or certified in another jurisdiction;
 - iv. Maintain a record of the current permit, registration, license, or certificate of each person that buys, receives, or disposes of any nonprescription drug, precursor chemical, or regulated chemical; and
 - v. Provide permit, registration, license, or certificate records upon request, if immediately available, or within two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5).
4. Cash-and-carry sales.
 - a. A full-service drug wholesale permittee shall complete a cash-and-carry sale or distribution of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical only after:
 - i. Verifying the validity of the order;
 - ii. Verifying the identity of the pick-up person for each transaction by confirming that the person represented placed the cash-and-carry order; and
 - iii. For a prescription-only drug order, verifying that the cash-and-carry sale or distribution is used only to meet the immediate needs of a particular patient of the person that placed the cash-and-carry order; and
 - b. A nonprescription drug wholesale permittee shall complete a cash-and-carry sale or distribution of any nonprescription drug, precursor chemical, or regulated chemical only after:
 - i. Verifying the validity of the order; and
 - ii. Verifying the identity of the pick-up person for each transaction by confirming that the person represented placed the cash-and-carry order.
- H. Prescription-only drug returns or exchanges. A full-service drug wholesale permittee shall ensure that any prescription-only drug returned or exchanged by a pharmacy or chain pharmacy warehouse under A.R.S. § 32-1983(A) meets the following criteria:
 1. The prescription-only drug is not adulterated or counterfeited, except an adulterated or counterfeited prescription-only drug that is the subject of an FDA or manufacturer recall may be returned for destruction or subsequent return to the manufacturer;
 2. The quantity of prescription-only drug returned or exchanged does not exceed the quantity of prescription-only drug that the full-service drug wholesale permittee or a full-service drug wholesale permittee under common ownership sold to the pharmacy or chain pharmacy warehouse; and
 3. The pharmacy or chain pharmacy warehouse provides documentation that:
 - a. Lists the name, strength, and manufacturer of the prescription-only drug being returned or exchanged; and
 - b. States that the prescription-only drug was maintained in compliance with storage conditions prescribed on the drug label or manufacturer's package insert.
 - I. Returned, outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, and contraband drugs.
 1. Except as specified in subsection (H)(1) for a prescription-only drug, a full-service drug wholesale permittee shall ensure that the return of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical meets the following criteria.
 - a. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, or otherwise deemed unfit for human or animal consumption shall be quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.
 - b. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical whose immediate or sealed outer or secondary containers or product labeling are misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband shall be quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or

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regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA. When the immediate or sealed outer or secondary containers or product labeling are determined to be misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband, the full-service drug wholesale permittee shall provide notice of the misbranding, counterfeiting, or contrabanding or suspected misbranding, counterfeiting, or contrabanding within three business days of the determination to the Board, FDA, and manufacturer or wholesale distributor from which the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical was acquired.

- c. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that has been opened or used, but is not adulterated, misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband shall be identified as opened or used, or both, and quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.
 - d. If the conditions under which a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical, the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical shall be quarantined and physically separated from other narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals until the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA, except as provided in subsection (I)(1)(d)(i).
 - i. If examination, testing, or other investigation proves that the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical meets appropriate standards of safety, identity, strength, quality, and purity, it does not have to be destroyed or returned to the manufacturer or wholesale distributor.
 - ii. In determining whether the conditions under which a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical has been held, stored, or shipped before or during its return and the condition of the narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical and the condition of its container, carton, or product labeling as a result of storage or shipping.
 - e. For any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical identified under subsections (I)(1)(a) or (b), the full-service drug wholesale permittee shall ensure that the identified item or items and other evidence of criminal activity, and accompanying documentation is retained and not destroyed until its disposition is authorized by the Board and the FDA.
2. A nonprescription drug wholesale permittee shall ensure that the return of any nonprescription drug, precursor chemical, or regulated chemical meets the following criteria.
 - a. Any nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, or otherwise deemed unfit for human or animal consumption shall be quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.
 - b. Any nonprescription drug, precursor chemical, or regulated chemical whose immediate or sealed outer or secondary containers or product labeling are misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband shall be quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA. When the immediate or sealed outer or secondary containers or product labeling are determined to be misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband, the non-

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prescription drug wholesale permittee shall provide notice of the misbranding, counterfeiting, or contrabanding or suspected misbranding, counterfeiting, or contrabanding within three business days of the determination to the Board, FDA, and manufacturer or wholesale distributor from which the nonprescription drug, precursor chemical, or regulated chemical was acquired.

- c. Any nonprescription drug, precursor chemical, or regulated chemical that has been opened or used, but is not adulterated, misbranded, counterfeited, or contraband or suspected of being misbranded, counterfeited, or contraband, shall be identified as opened or used, or both, and quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA.
- d. If the conditions under which a nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the nonprescription drug, precursor chemical, or regulated chemical, the nonprescription drug, precursor chemical, or regulated chemical shall be quarantined and physically separated from other nonprescription drugs, precursor chemicals, or regulated chemicals until the nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired as authorized by the Board and the FDA, except as provided in subsection (I)(2)(d)(i).
 - i. If examination, testing, or other investigation proves that the nonprescription drug, precursor chemical, or regulated chemical meets appropriate standards of safety, identity, strength, quality, and purity, the nonprescription drug, precursor chemical, or regulated chemical does not need to be destroyed or returned to the manufacturer or wholesale distributor.
 - ii. In determining whether the conditions under which a nonprescription drug, precursor chemical, or regulated chemical has been returned cast doubt on the safety, identity, strength, quality, or purity of the nonprescription drug, precursor chemical, or regulated chemical, the nonprescription drug wholesale permittee shall consider, among other things, the conditions under which the nonprescription drug, precursor chemical, or regulated chemical has been held, stored, or shipped before or during its return and the condition of the nonprescription drug, precursor chemical, or regulated chemical and the condition of its container, carton, or product labeling as a result of storage or shipping.
- e. For any nonprescription drug, precursor chemical, or regulated chemical identified under subsections (I)(2)(a) or (b), the nonprescription drug wholesale permittee shall ensure that the identified item or items and other evidence of criminal activity, and accompanying documentation is retained and not

destroyed until its disposition is authorized by the Board and the FDA.

3. A full-service drug wholesale permittee and nonprescription drug wholesale permittee shall comply with the recordkeeping requirements of subsection (G) for all outdated, damaged, deteriorated, adulterated, misbranded, counterfeited and contraband narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals.

J. Facility. A full-service or nonprescription drug wholesale permittee shall:

1. Ensure that the facility occupied by the full-service or nonprescription drug wholesale permittee is of adequate size and construction, well-lighted inside and outside, adequately ventilated, and kept clean, uncluttered, and sanitary;
2. Ensure that the permittee's warehouse facility:
 - a. Is secure from unauthorized entry; and
 - b. Has an operational security system designed to provide protection against theft;
3. In a full-service drug wholesale facility, ensure that only authorized personnel may enter areas where any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is kept;
4. In a nonprescription drug wholesale facility, ensure that only authorized personnel may enter areas where any nonprescription drug, precursor chemical, or regulated chemical is kept;
5. In a full-service drug wholesale facility, ensure that any thermolabile narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is stored in an area where room temperature is maintained in compliance with storage conditions prescribed on the product label;
6. In a nonprescription drug wholesale facility, ensure that any thermolabile nonprescription drug, precursor chemical, or regulated chemical is stored in an area where room temperature is maintained in compliance with storage conditions prescribed on the product label;
7. Make the facility available for inspection by a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901(5) during regular business hours;
8. In a full-service drug wholesale facility, provide a quarantine area for storage of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, otherwise deemed unfit for human or animal consumption, or that is in an open container; and
9. In a nonprescription drug wholesale facility, provide a quarantine area for storage of any nonprescription drug, precursor chemical, or regulated chemical that is outdated, damaged, deteriorated, adulterated, misbranded, counterfeited, or contraband or suspected of being adulterated, misbranded, counterfeited, or contraband, otherwise deemed unfit for human or animal consumption, or that is in an open container.

K. Quality controls.

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1. A full-service drug wholesale permittee shall:
 - a. Ensure that any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that meets the criteria specified in subsection (I)(1) is not sold, distributed, or delivered to any person for human or animal consumption;
 - b. Ensure that a narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is not manufactured, packaged, repackaged, labeled, or relabeled by any of its employees;
 - c. Ensure that any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical stocked, sold, offered for sale, or delivered is:
 - i. Kept clean,
 - ii. Protected from contamination and other deteriorating environmental factors, and
 - iii. Stored in a manner that complies with applicable federal and state law and official compendium storage requirements;
 - d. Maintain manual or automatic temperature and humidity recording devices or logs to document conditions in areas where any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is stored; and
 - e. Develop and implement a program to ensure that:
 - i. Any expiration-dated narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is reviewed regularly;
 - ii. Any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical that has less than 120 days remaining on the expiration date, or is deteriorated, damaged, or does not comply with federal law, is moved to a quarantine area and not sold or distributed; and
 - iii. Any quarantined narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired.
 2. A nonprescription drug wholesale permittee shall:
 - a. Ensure that any nonprescription drug, precursor chemical, or regulated chemical that meets the criteria specified in subsection (I)(2) is not sold, distributed, or delivered to any person for human or animal consumption;
 - b. Ensure that a nonprescription drug, precursor chemical, or regulated chemical is not manufactured, packaged, repackaged, labeled, or relabeled by any of its employees;
 - c. Ensure that any nonprescription drug, precursor chemical, or regulated chemical stocked, sold, offered for sale, or delivered is:
 - i. Kept clean,
 - ii. Protected from contamination and other deteriorating environmental factors, and
 - iii. Stored in a manner that complies with applicable federal and state law and official compendium storage requirements;
 - d. Maintain manual or automatic temperature and humidity recording devices or logs to document conditions in areas where any nonprescription drug, precursor chemical, or regulated chemical is stored; and
 - e. Develop and implement a program to ensure that:
 - i. Any expiration-dated nonprescription drug, precursor chemical, or regulated chemical is reviewed regularly;
 - ii. Any nonprescription drug, precursor chemical, or regulated chemical that has fewer than 120 days remaining on the expiration date, or is deteriorated, damaged, or does not comply with federal law, is moved to a quarantine area and not sold or distributed; and
 - iii. Any quarantined nonprescription drug, precursor chemical, or regulated chemical is destroyed or returned to the manufacturer or wholesale distributor from which it was acquired.
- L. Fingerprint clearance.
 1. After receiving the state and federal criminal history record of a designated representative, the Board shall compare the record with the list of criminal offenses that preclude a designated representative from receiving a fingerprint clearance. If the designated representative's criminal history record does not contain any of the offenses listed in subsection (L)(2), the Board shall issue the designated representative a fingerprint clearance.
 2. The Board shall not issue a fingerprint clearance to a designated representative who is awaiting trial for or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction:
 - a. Unlawfully administering intoxicating liquors, controlled substances, dangerous drugs, or prescription-only drugs;
 - b. Sale of peyote;
 - c. Possession, use, or sale of marijuana, dangerous drugs, prescription-only drugs, or controlled substances;
 - d. Manufacture or distribution of an imitation controlled substance;
 - e. Manufacture or distribution of an imitation prescription-only drug;
 - f. Possession or possession with intent to use an imitation controlled substance;
 - g. Possession or possession with intent to use an imitation prescription-only drug; or
 - h. A felony offense involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana, dangerous drugs, prescription-only drugs, or controlled substances.
 3. If the Board determines, after conducting a state and federal criminal history record check, that it is not authorized to issue a fingerprint clearance, the Board shall notify the full-service drug wholesale applicant or permittee that employs the designated representative that the Board is not authorized to issue a fingerprint clearance. This notice shall include the criminal history information on

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which the denial was based. This criminal history information is subject to dissemination restrictions under A.R.S. § 41-1750 and federal law.

Historical Note

Former Rules 6.5110, 6.5120, 6.5130, 6.5140, 6.5210, 6.5220, 6.5230, 6.5240, 6.5310, 6.5320, 6.5410, and 6.5420. Amended effective August 10, 1978 (Supp. 78-4). Amended effective April 20, 1982 (Supp. 82-2). Amended subsection (A) effective August 12, 1988 (Supp. 88-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective August 24, 1992 (Supp. 92-3). Amended by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 232, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 4270, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3477, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 702, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-606. Resident-Pharmacy Permit: Community, Hospital, and Limited Service

- A.** Permit. A person shall not operate a pharmacy in Arizona without a current Board-issued pharmacy permit.
- B.** Application.
 - 1. To obtain a permit to operate a pharmacy in Arizona, a person shall submit a completed application, on a form available from the Board, and the fee specified in R4-23-205.
 - 2. Before issuing a pharmacy permit, the Board shall:
 - a. Receive and approve a completed permit application; and
 - b. Receive a satisfactory compliance inspection report on the facility from a Board compliance officer.
 - 3. Before issuing a pharmacy permit, the Board may interview the applicant and the pharmacist-in-charge, if different from the applicant, at a Board meeting based on the need for additional information.
- C.** Notification. A pharmacy permittee shall notify the Board office within 10 days of changes involving the type of pharmacy operated, telephone or fax number, e-mail or mailing address, business name, or staff pharmacist. A pharmacy permittee shall provide the Board office immediate notice of a change of the pharmacist-in-charge.
- D.** If any nonprescription drugs are sold outside the pharmacy area when the pharmacy area is closed, the pharmacy permittee shall ensure that the business has a current, Board-issued nonprescription drug permit as required in Section R4-23-603.
- E.** Change of ownership. A pharmacy permittee shall comply with R4-23-601(F).
- F.** Relocation or remodel.
 - 1. No fewer than 30 days before the relocation or remodel of an existing pharmacy, the pharmacy permittee shall submit, electronically or manually, a completed application for remodel or relocation using the form specified under subsection (B). A fee is not required with an application for remodel or relocation.
 - 2. The new or remodeled facility shall pass a final inspection by a Board compliance officer before operations begin.

- G.** Permit renewal. To renew a pharmacy permit, the permittee shall comply with R4-23-602(D).

Historical Note

Former Rules 6.6010, 6.6020, 6.6030, 6.6040, 6.6050, 6.6060, 6.6071, 6.6072, 6.6073, 6.6074, 6.6075, and 6.6076. Amended effective August 10, 1978 (Supp. 78-4). Amended subsections (G) and (H) effective April 20, 1982 (Supp. 82-2). Amended subsection (L) effective July 2, 1982 (Supp. 82-4). Amended subsections (G) and (H) effective August 12, 1988 (Supp. 88-3). Amended effective November 1, 1993 (Supp. 93-4). Section heading amended effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 7 A.A.R. 3825, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-607. Nonresident Permits

- A.** Permit. A person that is not a resident of Arizona shall not sell or distribute any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona without possessing both:
 - 1. A current Board-issued nonresident pharmacy permit, nonresident manufacturer permit, or nonresident full-service or nonprescription drug wholesale permit; and
 - 2. A current equivalent license or permit issued by the licensing authority in the jurisdiction where the person resides.
- B.** Application. To obtain a nonresident pharmacy, nonresident manufacturer, or nonresident full-service or nonprescription drug wholesale, a person shall submit a completed application, on a form furnished by the Board, and the fee specified in R4-23-205.
- C.** Notification. A permittee shall submit notification of any change required in this subsection using the permittee's online profile or as a written notice by mail, fax, or e-mail to the Board office within 10 days of the change.
 - 1. Nonresident pharmacy. A nonresident pharmacy permittee shall notify the Board of changes involving the type of pharmacy operated, address, telephone number, business name, or pharmacist-in-charge.
 - 2. Nonresident manufacturer. A nonresident manufacturer permittee shall notify the Board of changes involving listed drugs, address, telephone number, business name, or manager, including manager's telephone number.
 - 3. Nonresident drug wholesaler. A nonresident full-service or nonprescription drug wholesale permittee shall notify the Board of changes involving the types of drugs sold or distributed, address, telephone number, business name, or manager or designated representative, including the manager's or designated representative's telephone number. For a change of designated representative, a nonresident full-service drug wholesale permittee shall submit the documentation, fingerprints, and fee required with the application under subsection (B).
- D.** Change of ownership. A nonresident permittee shall comply with R4-23-601(F).
- E.** Drug sales.
 - 1. Nonresident pharmacy. A nonresident pharmacy permittee shall:

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- a. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance or prescription-only drug or device to anyone in Arizona except:
 - i. A pharmacy, drug manufacturer, or full-service drug wholesaler currently permitted by the Board;
 - ii. A medical practitioner currently licensed under A.R.S. Title 32; or
 - iii. An Arizona resident upon receipt of a valid prescription order for the resident;
 - b. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except:
 - i. A pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board;
 - ii. A medical practitioner currently licensed under A.R.S. Title 32; or
 - iii. An Arizona resident either upon receipt of a valid prescription order for the resident or in the original container packaged and labeled by the manufacturer;
 - c. Except for a drug sale that results from the receipt and dispensing of a valid prescription order for an Arizona resident, maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
 - d. Provide permit and license records upon request, if immediately available, or in no fewer than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.
2. Nonresident manufacturer. A nonresident manufacturer permittee shall:
 - a. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance or prescription-only drug or device to anyone in Arizona except a pharmacy, drug manufacturer, or full-service drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - b. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - c. Maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
 - d. Provide permit and license records upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.
 3. Nonresident full-service drug wholesaler. In addition to complying with the distribution restrictions specified in A.R.S. § 32-1983, a nonresident full-service drug wholesaler permittee shall:
 - a. Not sell, distribute, give away, or dispose of, any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona, except in the original container, packaged and labeled by the manufacturer or repackager;
 - b. Not package, repack, label, or relabel any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical for shipment or delivery to anyone in Arizona;
 - c. Provide track and trace documents required under the Drug Supply Chain and Security Act upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901;
 - d. Not sell, distribute, give away, or dispose of any narcotic or other controlled substance, prescription only drug or device, nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full service drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - e. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - f. Maintain a copy of the current permit or license of each person in Arizona that buys, receives, or disposes of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical; and
 - g. Provide permit and license records upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.
 4. Nonresident nonprescription drug wholesaler. A nonresident nonprescription drug wholesaler permittee shall:
 - a. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona, except in the original container, packaged and labeled by the manufacturer or repackager;
 - b. Not package, repack, label, or relabel any nonprescription drug, precursor chemical, or regulated chemical for shipment or delivery to anyone in Arizona;
 - c. Not sell, distribute, give away, or dispose of any nonprescription drug, precursor chemical, or regulated chemical to anyone in Arizona except a pharmacy, drug manufacturer, or full-service or nonprescription drug wholesaler currently permitted by the Board or a medical practitioner currently licensed under A.R.S. Title 32;
 - d. Maintain a copy of the current permit or license of each person in Arizona that buys, receives, or dis-

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poses of any nonprescription drug, precursor chemical, or regulated chemical; and

- e. Provide permit and license records upon request, if immediately available, or in no more than two business days from the date of the request of a Board compliance officer or other authorized officer of the law as defined in A.R.S. § 32-1901.
- F. When selling or distributing any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical into Arizona, a nonresident pharmacy, nonresident manufacturer, or nonresident full-service or nonprescription drug wholesaler shall comply with federal law, the permittee's resident state drug law, and this Section.

Historical Note

Former Rules 6.6110, 6.6120, and 6.6130; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective July 24, 1985 (Supp. 85-4). New Section adopted by final rulemaking at 6 A.A.R. 4589, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 7 A.A.R. 3825, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 232, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 520, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3477, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-608. Change of Personnel and Responsibility

- A. A community, hospital, or limited-service pharmacy permittee shall give the Board:
 - 1. Notice by mail, facsimile, or electronic mail within ten days of employing or terminating a pharmacist; and
 - 2. Immediate notice of designating or terminating a pharmacist-in-charge.
- B. Responsibility of ownership and management. The owner and management of a pharmacy shall:
 - 1. Ensure that pharmacists, interns, and other pharmacy employees comply with state and federal laws and administrative rules; and
 - 2. Not overrule a pharmacist in matters of pharmacy ethics and interpreting laws pertaining to the practice of pharmacy or the distribution of drugs and devices.
- C. The Board may suspend or revoke a pharmacy permit if the owner or management of a pharmacy violates subsection (B).

Historical Note

Former Rules 6.6140 and 6.6150; Amended subsection (A) effective August 9, 1983 (Supp. 83-4). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 4253, effective September 11, 2001 (Supp. 01-3).

R4-23-609. Pharmacy Area of Community Pharmacy

- A. Minimum area of community pharmacy. The minimum area of a community pharmacy, the actual area primarily devoted to stocking drugs restricted to pharmacists, and to the compounding and dispensing of prescription medication, exclusive of office area or other support function area, shall not be less than 300 square feet. A maximum of three pharmacy personnel

may practice or work simultaneously in the minimum area. The pharmacy permittee shall provide an additional 60 square feet of floor area for each additional pharmacist, graduate intern, pharmacy intern, pharmacy technician, pharmacy technician trainee, or support personnel who may practice or work simultaneously. All of the allotted square footage area, including adequate shelving, shall lend itself to efficient pharmaceutical practice and permit free movement and visual surveillance of personnel by the pharmacist.

- B. Compounding and dispensing counter. On or after January 6, 2004, a pharmacy permit applicant or remodel or relocation applicant shall provide a compounding and dispensing counter that provides a minimum of three square feet of pharmacy counter working area of not less than 16 inches in depth and 24 inches in length for the practice of one pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee. For each additional pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee practicing simultaneously, there shall be an additional three square feet of pharmacy counter working area of not less than 16 inches in depth and 24 inches in length. The Board shall determine a pharmacy's total required compounding and dispensing counter area by multiplying the maximum number of personnel allowed in the pharmacy area using the requirements specified in subsection (A) by three square feet per person. A pharmacy permittee or pharmacist-in-charge may operate the pharmacy with a total pharmacy counter working area specified in subsection (A) that is equal to the actual maximum number of pharmacists, graduate interns, pharmacy interns, pharmacy technicians, and pharmacy technician trainees, working simultaneously in the pharmacy area times three square feet per person.
- C. Working area for compounding and dispensing counter. The aisle floor area used by the pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee at the compounding and dispensing counter shall extend the full length of the counter and be clear and continuous for a minimum of 36 inches from any counter, fixture, or structure.
- D. Area for patient counseling. On or after April 1, 1995, a pharmacy permit applicant or remodel or relocation applicant shall provide a separate and distinct patient counseling area that provides patient privacy. This subsection does not apply to a pharmacy exempt from the requirements of R4-23-402(B).
- E. Narcotic cabinet or safe. To prevent diversion, narcotics and other controlled substances may be:
 - 1. Kept in a separate locked cabinet or safe, or
 - 2. Dispersed throughout the pharmacy's prescription-only drug stock.
- F. Building security standard of community pharmacy area. The pharmacy area shall be enclosed by a permanent barrier or partition from floor or counter to structural ceiling or roof, with entry doors that can be securely locked. The barrier shall be designed so that only a pharmacist can access the area where prescription-only drugs, narcotics, and other controlled substances are stored, compounded and dispensed. The permanent barrier may be constructed of other than a solid material. If constructed of a material other than a solid, the openings or interstices of the material shall not be large enough to permit removal of items in the pharmacy area through the barrier. Any material used in the construction of the permanent barrier must be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated, or bent. The pharmacy

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permittee shall submit plans and specifications of the permanent barrier to the Board for approval.

G. Drug storage and security.

1. The pharmacy permittee shall ensure that drugs and devices are stored in a dry, well-lit, ventilated, and clean and orderly area. The pharmacy permittee shall maintain the drug storage area at temperatures that ensure the integrity of the drugs before dispensing as stated in the official compendium defined in A.R.S. § 32-1901(55) or the manufacturer's or distributor's labeling.
2. If the pharmacy permittee needs additional storage area for drugs that are restricted to sale by a pharmacist, the pharmacy permittee shall ensure that the area is contained by a permanent barrier from floor or counter to structural ceiling or roof. The pharmacy permittee shall lock all doors and gates to the drug storage area. Only a pharmacist with a key is permitted to enter the storage area, except in an extreme emergency.

H. A pharmacy permittee or pharmacist-in-charge shall ensure that the pharmacy working counter area is protected from unauthorized access while the pharmacy is open for business by a barrier not less than 66 inches in height or another method approved by the Board or its designee.

Historical Note

Former Rules 6.6210, 6.6220, 6.6230, 6.6240, 6.6250, 6.6310, 6.6320, and 6.6330; Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 5030, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 19 A.A.R. 97, effective March 10, 2013 (Supp. 13-1).

R4-23-610. Community Pharmacy Personnel and Security Procedures

A. Every pharmacy shall have a pharmacist designated as the "pharmacist-in-charge."

1. The pharmacist-in-charge shall ensure the communication and compliance of Board directives to the management, other pharmacists, interns, and technicians of the pharmacy.
2. The pharmacist-in-charge shall:
 - a. Ensure that all pharmacy policies and procedures required under 4 A.A.C. 23 are prepared, implemented, and complied with;
 - b. Review biennially and, if necessary, revise all pharmacy policies and procedures required under 4 A.A.C. 23;
 - c. Document the review required under subsection (A)(2)(b);
 - d. Ensure that all pharmacy policies and procedures required under 4 A.A.C. 23 are assembled as a written or electronic manual; and
 - e. Make all pharmacy policies and procedures required under 4 A.A.C. 23 available in the pharmacy for employee reference and inspection by the Board or its staff.

B. Personnel permitted in the pharmacy area of a community pharmacy include pharmacists, graduate interns, pharmacy interns, compliance officers, drug inspectors, peace officers acting in their official capacity, other persons authorized by law, pharmacy technicians, pharmacy technician trainees, sup-

port personnel, and other designated personnel. Pharmacy interns, graduate interns, pharmacy technicians, pharmacy technician trainees, support personnel, and other designated personnel shall be permitted in the pharmacy area only when a pharmacist is on duty, except in an extreme emergency as defined in R4-23-110.

1. The pharmacist-in-charge shall comply with the minimum area requirements as described in R4-23-609 for a community pharmacy and for compounding and dispensing counter area.
 2. A pharmacist employed by a pharmacy shall ensure that the pharmacy is physically secure while the pharmacist is on duty.
- C. In a community pharmacy, a pharmacist shall ensure that the pharmacy area, and any additional storage area for drugs that is restricted to access only by a pharmacist is locked when a pharmacist is not present, except in an extreme emergency.**
- D. A pharmacist is the only person permitted by the Board to unlock the pharmacy area or any additional storage area for drugs restricted to access only by a pharmacist, except in an extreme emergency.**
- E. A pharmacy permittee or pharmacist-in-charge shall ensure that any prescription-only drugs and controlled substances received in an area outside the pharmacy area are immediately transferred unopened to the pharmacy area. The pharmacist-in-charge shall ensure that any prescription-only drug and controlled substance shipments are opened and marked by pharmacy personnel in the pharmacy area under the supervision of a pharmacist, graduate intern, or pharmacy intern.**
- F. A pharmacy permittee or pharmacist-in-charge may provide a small opening or slot through which a written prescription order or prescription medication container to be refilled may be left in the prescription area when the pharmacist is not present.**
- G. A pharmacist shall ensure that prescription medication is not left outside the prescription area or picked up by the patient when the pharmacist is not present by either:**
1. Delivering the prescription medication to the patient, or
 2. Securing the prescription medication inside the locked pharmacy, except when using an automated storage and distribution system that complies with the requirements of R4-23-614.

Historical Note

Former Rules 6.6410, 6.6420, 6.6430, 6.6440, 6.6450, 6.6460, 6.6470, 6.6480, and 6.6490; Amended subsection (F), deleted subsection (I) effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 4441, effective November 2, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 4453, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 13 A.A.R. 2631, effective September 8, 2007 (Supp. 07-3).

R4-23-611. Pharmacy Facilities

A. Facilities. A pharmacy permittee or pharmacist-in-charge shall ensure that:

1. A pharmacy's facilities are constructed according to state and local laws and ordinances;
2. A pharmacy facility's:

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- a. Walls, ceilings, windows, floors, shelves, and equipment are clean and in good repair and order; and
 - b. Counters, shelves, aisles, and open spaces are not cluttered;
 3. Adequate trash receptacles are provided and emptied periodically during the day;
 4. A pharmacy facility of any pharmacy permit issued or pharmacy remodeled after February 1, 2014 provides access to toilet facilities either:
 - a. Within the pharmacy area, or
 - b. No further than a walking distance of 100 feet from the pharmacy area or an alternative distance approved by the Board or its designee;
 5. The toilet facilities are maintained in a sanitary condition and in good repair;
 6. All professional personnel and staff of the pharmacy keep themselves and their apparel clean while in the pharmacy area;
 7. No animals, except licensed assistant animals and guard animals, are allowed in the pharmacy;
 8. The pharmacy facility is kept free of insects and rodents; and
 9. There is a sink with hot and cold running water, other than a sink in a toilet facility, within the pharmacy area for use in preparing drug products.
- B. Supply of drugs and chemicals.** A pharmacy permittee or pharmacist-in-charge shall ensure that:
1. A pharmacy maintains a stock of drugs and chemicals that:
 - a. Are sufficient to meet the normal demands of the trading area or patient base the pharmacy serves; and
 - b. Meet all standards of strength and purity as established by the official compendiums;
 2. All stock, materials, drugs, and chemicals held for ultimate sale or supply to the consumer are not contaminated;
 3. Policies and procedures are developed, implemented, and complied with to prevent the sale or use of a drug or chemical:
 - a. That exceeds its expiration date;
 - b. That is deteriorated or damaged by reason of age, heat, light, cold, moisture, crystallization, chemical reaction, rupture of coating, disintegration, solidification, separation, discoloration, change of odor, precipitation, or other change as determined by organoleptic examination or by other means;
 - c. That is improperly labeled;
 - d. Whose container is defective; or
 - e. That does not comply with federal law; and
 4. The policies and procedures described in subsection (B)(3):
 - a. Are made available in the pharmacy for employee reference and inspection by the Board or its designee; and
 - b. Provide the following:
 - i. Any expiration-dated drug or chemical is reviewed regularly;
 - ii. Any drug or chemical that exceeds its expiration date, is deteriorated or damaged, improperly labeled, has a defective container, or does not comply with federal law, is moved to a quarantine area and not sold or distributed; and
 - iii. Any quarantined drug or chemical is properly destroyed or returned to its source of supply.

Historical Note

Former Rules 6.6510, 6.6520, 6.6530, 6.6540, 6.6550, 6.6560, 6.6570, 6.6580, 6.6600, 6.6610, 6.6620, 6.6630, 6.6640, 6.6650, and 6.6660; Amended subsection (B) effective August 9, 1983 (Supp. 83-4). Amended effective April 1, 1995; filed with the Secretary of State January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4253, effective September 11, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 4165, effective February 1, 2014 (Supp. 13-4).

R4-23-612. Equipment

A pharmacy permittee or pharmacist-in-charge shall ensure that a pharmacy has the necessary equipment to allow a pharmacist to practice the profession of pharmacy, including the following:

1. Adequate refrigeration equipment dedicated to the storage of drugs and biologicals;
2. A C-V controlled substance register, if C-V controlled substances are sold without an order of a medical practitioner;
3. Graduates in assorted sizes;
4. One mortar and pestle, not required if the pharmacy permittee states in the application that compounding will not be performed in the pharmacy;
5. Spatulas of assorted sizes including one nonmetallic;
6. Prescription balance, Class A with weights or an electronic balance of equal or greater accuracy, not required if the pharmacy permittee states in the application that compounding will not be performed in the pharmacy;
7. One ointment tile or equivalent, not required if the pharmacy permittee states in the application that compounding will not be performed in the pharmacy;
8. A current hard-copy or access to a current electronic-copy of the Arizona Pharmacy Act and administrative rules and Arizona Controlled Substance Act;
9. A professional reference library consisting of a minimum of one current reference or text, in hard-copy or electronic media, addressing the following subject areas:
 - a. Pharmacology or toxicology,
 - b. Therapeutics,
 - c. Drug compatibility, and
 - d. Drug product equivalency;
10. An assortment of labels, including prescription labels, transfer labels for controlled substances, and cautionary and warning labels;
11. A red C stamp as defined in R4-23-110, if C-III, C-IV, and C-V controlled substance invoices are not filed separately from other invoices;
12. Current antidote and drug interaction information; and
13. Regional poison control phone number prominently displayed in the pharmacy area.

Historical Note

Former Rule 6.6670; Former Section R4-23-612 repealed, new Section R4-23-612 adopted effective August 10, 1978 (Supp. 78-4). Amended effective August 9, 1983 (Supp. 83-4). Amended effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 7 A.A.R. 4253, effective September 11, 2001 (Supp. 01-3). Amended by final rulemaking at 19 A.A.R. 4165, effective February 1, 2014 (Supp. 13-4).

R4-23-613. Procedure for Discontinuing a Pharmacy

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- A.** A pharmacy permittee or pharmacist-in-charge shall provide written notice to the Board and the Drug Enforcement Administration (D.E.A.) at least 14 days before discontinuing operation of the pharmacy. The notice shall contain the following information:
1. Name, address, pharmacy permit number, and D.E.A. registration number of the pharmacy discontinuing business;
 2. Name, address, pharmacy permit number (if applicable), and D.E.A. registration number (if applicable) of the licensee, permittee, or registrant to whom any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical will be sold or transferred;
 3. Name and address of the location where the discontinuing pharmacy's records of purchase and disbursement of any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical will be kept and the person responsible for the records. These records shall be kept for a minimum of three years from the date the pharmacy is discontinued;
 4. Name and address of the location where the discontinuing pharmacy's prescription files and patient profiles will be kept and the person responsible for the files and profiles. These records shall be kept for a minimum of seven years from the date the last original or refill prescription was dispensed; and
 5. The proposed date of discontinuing business operations.
- B.** The pharmacy permittee shall ensure that all pharmacy signs and symbols are removed from both the inside and outside of the premises.
- C.** The pharmacy permittee or pharmacist-in-charge shall ensure that all state permits and certificates of registration are returned to the Board office and that D.E.A. registration certificates and unused D.E.A. Schedule II order forms are returned to the D.E.A. Regional Office in Phoenix.
- D.** The pharmacist-in-charge of the pharmacy discontinuing business shall ensure that:
1. Only a pharmacist has access to the prescription-only drugs and controlled substances until they are transferred to the licensee, permittee, or registrant listed in subsection (A)(2);
 2. All narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals are removed from the premises on or before the date the pharmacy is discontinued; and
 3. All controlled substances are transferred as follows:
 - a. Take an inventory of all controlled substances that are transferred using the procedures in R4-23-1003;
 - b. Include a copy of the inventory with the controlled substances that are transferred;
 - c. Keep the original of the inventory with the discontinued pharmacy's records of narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical purchase and disbursement for a minimum of three years from the date the pharmacy is discontinued;
 - d. Use a D.E.A. form 222 to transfer any Schedule II controlled substances; and
- E.** Transfer controlled substances that need destruction in the same manner as all other controlled substances.
- E.** Upon receipt of outdated or damaged controlled substances from a discontinued pharmacy, the licensee, permittee, or registrant described in subsection (A)(2) shall contact a D.E.A. registered reverse distributor for proper destruction of outdated or damaged controlled substances. If there are controlled substances a reverse distributor will not accept, the licensee, permittee, or registrant shall then contact the Board office and request an inspection for the purpose of drug destruction.
- F.** During the three-year record retention period specified in subsection (A)(3), the person described in subsection (A)(3) shall provide to the Board upon its request a discontinued pharmacy's records of the purchase and disbursement of narcotics or other controlled substances, prescription-only drugs or devices, nonprescription drugs, precursor chemicals, or regulated chemicals.
- G.** During the seven-year record retention period specified in subsection (A)(4), the person described in subsection (A)(4) shall provide to the Board upon its request a discontinued pharmacy's records of prescription files and patient profiles.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 3825, effective August 9, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 1912, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3).

R4-23-614. Automated Storage and Distribution System

- A.** Before using an automated storage and distribution system, a pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that the automated storage and distribution system and the policies and procedures comply with subsection (B); and
 2. Notify the Board in writing of the intent to use an automated storage and distribution system, including the type or name of the system.
- B.** A pharmacy permittee or pharmacist-in-charge shall establish policies and procedures for appropriate performance and use of the automated storage and distribution system that:
1. Ensure that the automated storage and distribution system is in good working order while maintaining appropriate recordkeeping and security safeguards;
 2. Ensure that an automated storage and distribution system used by the pharmacy that allows access to drugs or devices by a patient:
 - a. Only contains prescriptions that:
 - i. Do not require oral consultation as specified in R4-23-402(B); and
 - ii. Are properly labeled and verified by a pharmacist before placement into the automated storage and distribution system and subsequent release to patients;
 - b. Allows a patient to choose whether or not to use the system;
 - c. Is located either in a wall of a properly permitted pharmacy or within 20 feet of a properly permitted pharmacy if the automated storage and distribution system is secured against the wall or floor in such a manner that prevents the automated storage and distribution system's unauthorized removal;

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- d. Provides a method to identify the patient and only release that patient's prescriptions;
 - e. Is secure from access and removal of drugs or devices by unauthorized individuals;
 - f. Provides a method for a patient to obtain a consultation with a pharmacist if requested by the patient; and
 - g. Does not allow the system to dispense refilled prescriptions if a pharmacist determines that the patient requires oral counseling as specified in R4-23-402(B);
 - 3. Ensure that an automated storage and distribution system used by the pharmacy that allows access to drugs or devices only by authorized licensed personnel for the purposes of administration based on a valid prescription order or medication order:
 - a. Provides for adequate security to prevent unauthorized individuals from accessing or obtaining drugs or devices; and
 - b. Provides for the filling, stocking, or restocking of all drugs or devices in the system only by a Board licensee or other authorized licensed personnel; and
 - 4. Implement an ongoing quality assurance program that monitors compliance with the established policies and procedures of the automated storage and distribution system and federal and state law.
 - C. A pharmacy permittee or pharmacist-in-charge shall:
 - 1. Ensure that the policies and procedures required under subsection (B) are prepared, implemented, and complied with;
 - 2. Review biennially and, if necessary, revise the policies and procedures required under subsection (B);
 - 3. Document the review required under subsection (C)(2);
 - 4. Assemble the policies and procedures as a written or electronic manual; and
 - 5. Make the policies and procedures available for employee reference and inspection by the Board or its staff within the pharmacy and at any location outside the pharmacy where the automated storage and distribution system is used.
 - D. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using an automated storage and distribution system if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A), (B), or (C).
- Historical Note**
- New Section made by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1).
- R4-23-615. Mechanical Storage and Counting Device for a Drug in Solid, Oral Dosage Form**
- A. A pharmacy permittee or pharmacist-in-charge shall ensure that a mechanical storage and counting device for a drug in a solid, oral dosage form that is used by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist complies with the following method to identify the contents of the device:
 - 1. The drug name and strength are affixed to the front of each cell or cassette of the device;
 - 2. A paper or electronic log is kept for each cell or cassette that contains:
 - a. An identification of the cell or cassette by the drug name and strength or the number of the cell or cassette;
 - b. The drug's manufacturer or National Drug Code (NDC) number;
 - c. The expiration date and lot number from the manufacturer's stock bottle that is used to fill the cell or cassette. If multiple lot numbers of the same drug are added to a cell or cassette, each lot number and expiration date shall be documented, and the earliest expiration date shall become the expiration date of the mixed lot of drug in the cell or cassette;
 - d. The date the cell or cassette is filled;
 - e. Documentation of the identity of the licensee who placed the drug into the cell or cassette; and
 - f. If the licensee who filled the cell or cassette is not a pharmacist, documentation of the identity of the pharmacist who supervised the non-pharmacist licensee who filled the cell or cassette; and
 - 3. The paper or electronic log is available in the pharmacy for inspection by the Board or its designee for not less than two years.
 - B. A pharmacy permittee or pharmacist-in-charge shall ensure that any drug previously counted by a mechanical storage and counting device for a drug in a solid, oral dosage form that has not left the pharmacy is not returned to the drug's cell, cassette, or stock bottle, unless the drug return method is approved by the Board or its designee as specified in subsection (G). This subsection does not prevent a pharmacy permittee or pharmacist-in-charge from using a manual or mechanical counting device to count and dispense a previously counted drug that has not left the pharmacy if the previously counted drug is dispensed before its beyond-use-date.
 - C. A pharmacy permittee or pharmacist-in-charge shall ensure the accuracy of any mechanical storage and counting device for a drug in a solid, oral dosage form that is used by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist by documenting completion of the following:
 - 1. Training in the maintenance, calibration, and use of the mechanical storage and counting device for each employee who uses the mechanical storage and counting device;
 - 2. Maintenance and calibration of the mechanical storage and counting device as recommended by the device's manufacturer; and
 - 3. Routine quality assurance and accuracy validation testing for each mechanical storage and counting device.
 - D. A pharmacy permittee or pharmacist-in-charge shall ensure that the documentation required in subsection (C) is available for inspection by the Board or its designee.
 - E. A pharmacy permittee or pharmacist-in-charge shall:
 - 1. Ensure that policies and procedures for the performance and use of a mechanical storage and counting device for a drug in a solid, oral dosage form are prepared, implemented, and complied with;
 - 2. Review biennially and, if necessary, revise the policies and procedures required under subsection (E)(1);
 - 3. Document the review required under subsection (E)(2);
 - 4. Assemble the policies and procedures as a written or electronic manual; and
 - 5. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its staff.

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- F. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using a mechanical storage and counting device for a drug in a solid, oral dosage form if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A), (B), (C), (D), or (E).
- G. Returning a drug previously counted by a mechanical storage and counting device for a drug in a solid, oral dosage form that has not left the pharmacy to the drug's cell or cassette.
1. Before returning a drug previously counted by a mechanical storage and counting device that has not left the pharmacy to the drug's cell or cassette, a pharmacy permittee or pharmacist-in-charge shall:
 - a. Apply for approval from the Board or its designee for the drug return method to be used in returning the drug;
 - b. Develop a drug return method that uses technology, such as bar coding, to prevent drug return errors;
 - c. Provide documentation depicting the drug return method;
 - d. Demonstrate the drug return method for a Board Compliance Officer; and
 - e. Receive approval from the Board or its designee for the drug return method to be used in returning the drug.
 2. Before approving a request to waive the drug return prohibition in subsection (B), the Board or its designee shall:
 - a. Receive a request in writing from the pharmacy permittee or pharmacist-in-charge;
 - b. Review the documentation of the drug return method; and
 - c. Receive a satisfactory inspection report from a Board Compliance Officer that the drug return method uses technology to prevent drug return errors.
- solid, oral dosage form are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (C)(1);
 3. Document the review required under subsection (C)(2);
 4. Assemble the policies and procedures as a written or electronic manual; and
 5. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its staff.
- D. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using a mechanical counting device for a drug in a solid, oral dosage form if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A), (B), or (C).

Historical Note

New Section made by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1).

R4-23-617. Temporary Pharmacy Facilities or Mobile Pharmacies

- A. Pharmacies located in declared disaster areas, nonresident pharmacies, and pharmacies licensed or permitted in another state but not licensed or permitted in this state, if necessary to provide pharmacy services during a declared state of emergency, may arrange to temporarily locate to a temporary pharmacy facility or mobile pharmacy or relocate to a temporary pharmacy facility or mobile pharmacy if the pharmacist-in-charge of the temporary pharmacy facility or mobile pharmacy ensures that:
1. The pharmacy is under the control and management of the pharmacist-in-charge or a supervising pharmacist designated by the pharmacist-in-charge;
 2. The pharmacy is located within or adjacent to the declared disaster area;
 3. The Board is notified of the pharmacy's location;
 4. The pharmacy is properly secured to prevent theft and diversion of drugs;
 5. The pharmacy's records are maintained in accordance with Arizona statutes and rules; and
 6. The pharmacy stops providing pharmacy services when the declared state of emergency ends, unless it possesses a current resident pharmacy permit issued by the Board under A.R.S. §§ 32-1929, 32-1930, and 32-1931.
- B. The Board shall have the authority to approve or deny temporary pharmacy facilities, mobile pharmacies, and shall make arrangements for appropriate monitoring and inspection of the temporary pharmacy facilities and mobile pharmacies on a case-by-case basis.
- C. A temporary pharmacy facility wishing to permanently operate at its temporary site shall apply for and have received a permit issued under A.R.S. §§ 32-1929, 32-1930, and 32-1931 by following the application process under R4-23-606.
- D. A mobile pharmacy, placed in operation during a declared state of emergency, shall not operate permanently.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4400, effective January 3, 2009 (Supp. 08-4).

R4-23-618. Reserved**R4-23-619. Reserved****R4-23-620. Continuous Quality Assurance Program****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 616, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 3677, effective November 8, 2008 (Supp. 08-3).

R4-23-616. Mechanical Counting Device for a Drug in Solid, Oral Dosage Form

- A. A pharmacy permittee or pharmacist-in-charge shall ensure the accuracy of any mechanical counting device for a drug in a solid, oral dosage form that is used by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacy technician trainee under the supervision of a pharmacist by documenting completion of the following:
1. Training in the maintenance, calibration, and use of the mechanical counting device for each employee who uses the mechanical counting device;
 2. Maintenance and calibration of the mechanical counting device as recommended by the device's manufacturer; and
 3. Routine quality assurance and accuracy validation testing for each mechanical counting device.
- B. A pharmacy permittee or pharmacist-in-charge shall ensure that the documentation required in subsection (A) is available for inspection by the Board or its designee.
- C. A pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that policies and procedures for the performance and use of a mechanical counting device for a drug in a

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- A. Each pharmacy permittee shall implement or participate in a continuous quality assurance (CQA) program. A pharmacy permittee meets the requirements of this Section if it holds a current general, special or rural general hospital license from the Arizona Department of Health Services and is any of the following:
1. Certified by the Centers for Medicare and Medicaid Services to participate in the Medicare or Medicaid programs;
 2. Accredited by the Joint Commission on the Accreditation of Healthcare Organizations; or
 3. Accredited by the American Osteopathic Association.
- B. A pharmacy permittee or the pharmacist-in-charge shall ensure that:
1. The pharmacy develops, implements, and utilizes a CQ program consistent with the requirements of this Section and A.R.S. § 32-1973;
 2. The medication error data generated by the CQA program is utilized and reviewed on a regular basis, as required by subsection (D); and
 3. Training records, policies and procedures, and other program records or documents, other than medication error data, are maintained for a minimum of two years in the pharmacy or in a readily retrievable manner.
- C. A pharmacy permittee or pharmacist-in-charge shall:
1. Ensure that policies and procedures for the operation and management of the pharmacy's CQA program are prepared, implemented, and complied with;
 2. Review biennially and, if necessary, revise the policies and procedures required under subsection (C)(1);
 3. Document the review required under subsection (C)(2);
 4. Assemble the policies and procedures as a written or electronic manual; and
 5. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its staff.
- D. The policies and procedures shall address a planned process to:
1. Train all pharmacy personnel in relevant phases of the CQA program;
 2. Identify and document medication errors;
 3. Record, measure, and analyze data collected to:
 - a. Assess the causes and any contributing factors relating to medication errors, and
 - b. Improve the quality of patient care;
 4. Utilize the findings from subsections (D)(2) and (3) to develop pharmacy systems and workflow processes designed to prevent or reduce medication errors; and
 5. Communicate periodically, and at least annually, with pharmacy personnel to review CQA program findings and inform pharmacy personnel of any changes made to pharmacy policies, procedures, systems, or processes as a result of CQA program findings.
- E. The Board's regulatory oversight activities regarding a pharmacy's CQA program are limited to inspection of the pharmacy's CQA policies and procedures and enforcing the pharmacy's compliance with those policies and procedures.
- F. A pharmacy's compliance with this Section shall be considered by the Board as a mitigating factor in the investigation and evaluation of a medication error.

Historical Note

New Section made by final rulemaking at 18 A.A.R.

2603, effective December 2, 2012 (Supp. 12-4).

R4-23-621. Shared Services

- A. Before participating in shared services, a pharmacy shall have either a current resident or non-resident pharmacy permit issued by the Board.
- B. A pharmacy may provide or utilize shared services functions only if the pharmacies involved:
1. Have the same owner, or
 2. Have a written contract or agreement that outlines the services provided and the shared responsibilities of each party in complying with federal and state pharmacy statutes and rules, and
 3. Share a common electronic file or technology that allows access to information necessary or required to perform shared services in conformance with the pharmacy act and the Board's rules.
- C. Notifications to patients.
1. Before using shared services provided by another pharmacy, a pharmacy permittee shall:
 - a. Notify patients that their orders may be processed or filled by another pharmacy; and
 - b. Provide the name of that pharmacy or, if the pharmacy is part of a network of pharmacies under common ownership and any of the network pharmacies may process or fill the order, notify the patient of this fact. The notification may be provided through a one-time written notice to the patient or through use of a sign in the pharmacy.
 2. If an order is delivered directly to the patient by a filling pharmacy and not returned to the requesting pharmacy, the filling pharmacy permittee shall ensure that the following is placed on the prescription container or on a separate sheet delivered with the prescription container:
 - a. The local, and if applicable, the toll-free telephone number of the pharmacy utilizing shared services that has access to the patient's records; and
 - b. A statement that conveys to the patient or patient's care-giver the following information: "Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at (insert the local and toll-free telephone numbers of the pharmacy utilizing shared services that has access to the patient's records)."
 3. The provisions of subsection (C) do not apply to orders delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient.
- D. A pharmacy permittee engaged in shared services shall:
1. Maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention, or refill authorization functions performed at that pharmacy;
 2. Maintain manual or electronic records that identify, individually for each order filled or dispensed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and phar-

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macy technician trainee who took part in the filling, dispensing, and counseling functions performed at that pharmacy;		(Supp. 13-1).
3. Report to the Board as soon as practical the results of any disciplinary action taken by another state's pharmacy regulatory agency involving shared services;	R4-23-622.	Reserved
4. Maintain a mechanism for tracking the order during each step of the processing and filling procedures performed at the pharmacy;	R4-23-623.	Reserved
5. Provide for adequate security to protect the confidentiality and integrity of patient information; and	R4-23-624.	Reserved
6. Provide for inspection of any required record or information within 72 hours of any request by the Board or its designee.	R4-23-625.	Reserved
E. Each pharmacy permittee that provides or utilizes shared services shall develop, implement, review, revise, and comply with joint policies and procedures for shared services in the manner described in R4-23-610(A)(2). Each pharmacy permittee is required to maintain only those portions of the joint policies and procedures that relate to that pharmacy's operations. The policies and procedures shall:	R4-23-626.	Reserved
1. Outline the responsibilities of each of the pharmacies;	R4-23-627.	Reserved
2. Include a list of the name, address, telephone numbers, and all license and permit numbers of the pharmacies involved in shared services; and	R4-23-628.	Reserved
3. Include policies and procedures for:	R4-23-629.	Reserved
a. Notifying patients that their orders may be processed or filled by another pharmacy and providing the name of that pharmacy;	R4-23-630.	Reserved
b. Protecting the confidentiality and integrity of patient information;	R4-23-631.	Reserved
c. Dispensing orders when the filled order is not received or the patient comes in before the order is received;	R4-23-632.	Reserved
d. Maintaining required manual or electronic records to identify the name, initials, or identification code and specific activity or activities of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee who performed any shared services;	R4-23-633.	Reserved
e. Complying with federal and state laws; and	R4-23-634.	Reserved
f. Operating a continuous quality improvement program for shared services, designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.	R4-23-635.	Reserved
F. Nothing in this Section shall prohibit an individual pharmacist licensed in Arizona, who is an employee of or under contract with a pharmacy, or an Arizona-licensed graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee, working under the supervision of the pharmacist, from accessing that pharmacy's electronic database from inside or outside the pharmacy and performing the order processing functions permitted by the pharmacy act, if both of the following conditions are met:	R4-23-636.	Reserved
1. The pharmacy establishes controls to protect the confidentiality and integrity of patient information; and	R4-23-637.	Reserved
2. None of the database is duplicated, downloaded, or removed from the pharmacy's electronic database.	R4-23-638.	Reserved
	R4-23-639.	Reserved
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	R4-23-650.	Reserved
	R4-23-651.	Definitions
	The following definitions apply to R4-23-651 through R4-23-659:	
	"Administration" means the giving of a dose of medication to a patient as a result of an order of a medical practitioner.	
	"Direct copy" means an electronic, facsimile or carbonized copy.	
	"Dispensing for hospital inpatients" means the interpreting, evaluating, and implementing a medication order including preparing for delivery a drug or device to an inpatient or inpatient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, an inpatient (hereafter referred to as "dispensing").	
	"Drug distribution" means the delivery of drugs other than "administering" or "dispensing."	
	"Emergency medical situation" means a condition of emergency in which immediate drug therapy is required for the preservation of health, life, or limb of a person or persons.	

Historical Note

New Section made by final rulemaking at 13 A.A.R. 520, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 97, effective March 10, 2013

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“Floor stock” means a supply of essential drugs not labeled for a specific patient and maintained and controlled by the pharmacy at a patient care area for the purpose of timely administration to a patient of the hospital.

“Formulary” means a continually revised compilation of pharmaceuticals (including ancillary information) that reflects the current clinical judgment of the medical staff.

“Hospital pharmacy” means a pharmacy, as defined in A.R.S. § 32-1901, that holds a current permit issued by the Board pursuant to A.R.S. § 32-1931, and is located in a hospital as defined in A.R.S. § 32-1901.

“Inpatient” means any patient who receives non-self-administered drugs from a hospital pharmacy for use while within a facility owned by the hospital.

“Intravenous admixture” means a sterile parenteral solution to which one or more additional drug products have been added.

“Medication order” means a written, electronic, or verbal order from a medical practitioner or a medical practitioner’s authorized agent for administration of a drug or device.

“On-call” means a pharmacist is available to:

Consult or provide drug information regarding drug therapy or related issues; or

Dispense a medication order and review a patient’s medication order for pharmaceutical and therapeutic feasibility under R4-23-653(E)(2) before any drug is administered to a patient, except as specified in R4-23-653(E)(1).

“Patient care area” means any area for the primary purpose of providing a physical environment that is owned by or operated in conjunction with a hospital, for a patient to obtain health care services, except those areas where a physician, dentist, veterinarian, osteopath, or other medical practitioner engages primarily in private practice.

“Repackaged drug” means a drug product that is transferred by pharmacy personnel from an original manufacturer’s container to another container properly labeled for subsequent dispensing.

“Satellite pharmacy” means a work area in a hospital setting under the direction of a pharmacist that is a remote extension of a centrally licensed hospital pharmacy and owned by and dependent upon the centrally licensed hospital pharmacy for administrative control, staffing, and drug procurement.

“Single unit” means a package of medication that contains one discrete pharmaceutical dosage form.

“Supervision” means the process by which a pharmacist directs the activities of hospital pharmacy personnel to a sufficient degree to ensure that all activities are performed accurately, safely, and without risk of harm to patients.

Historical Note

Former Rules 6.7110, 6.7120, and 6.7130; Amended effective August 10, 1978 (Supp. 78-4). Amended subsection (B) effective April 20, 1982 (Supp. 82-2). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R.

4902, effective January 5, 2003 (Supp. 02-4).

R4-23-652. Hospital Pharmacy Permit

- A. The following rules are applicable to all hospitals as defined by A.R.S. § 32-1901 and hospital pharmacies as defined by R4-23-651.
- B. Before opening a hospital pharmacy, a person shall obtain a pharmacy permit as specified in R4-23-602 and R4-23-606.
- C. Discontinued hospitals. If a hospital license is discontinued by the state Department of Health Services, the pharmacy permittee or pharmacist-in-charge shall follow the procedures described in R4-23-613 for discontinuing a pharmacy.

Historical Note

Former Rules 6.7210, 6.7220, 6.7230, 6.7231, 6.7232, and 6.7233. Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-653. Personnel: Professional or Technician

- A. Each hospital pharmacy shall be directed by a pharmacist who is licensed to engage in the practice of pharmacy in Arizona and is referred to as the Director of Pharmacy. The Director of Pharmacy shall be the pharmacist-in-charge, as defined in A.R.S. § 32-1901 or shall appoint a pharmacist-in-charge. The Director of Pharmacy and the pharmacist-in-charge, if a different individual, shall:
 1. Be responsible for all the activities of the hospital pharmacy and for meeting the requirements of the Arizona Pharmacy Act and these rules;
 2. Ensure that the policies and procedures required by these rules are prepared, implemented, and complied with;
 3. Review biennially and, if necessary, revise the policies and procedures required under these rules;
 4. Document the review required under subsection (A)(3);
 5. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee; and
 6. Make the policies and procedures available within the pharmacy for employee reference and inspection by the Board or its designee.
- B. In all hospitals, a pharmacist shall be in the hospital during the time the pharmacy is open for pharmacy services, except for an extreme emergency as defined in R4-23-110. Pharmacy services shall be provided for a minimum of 40 hours per week, unless an exception for less than the minimum hours is made upon written request by the hospital and with express permission of the Board or its designee.
- C. In a hospital where the pharmacy is not open 24 hours per day for pharmacy services, a pharmacist shall be “on-call” as defined in R4-23-651 when the pharmacy is closed.
- D. The Director of Pharmacy may be assisted by other personnel approved by the Director of Pharmacy in order to operate the pharmacy competently, safely, and adequately to meet the needs of the hospital’s patients.
- E. Pharmacists. A pharmacist or a pharmacy intern or graduate intern under the supervision of a pharmacist shall perform the following professional practices:
 1. Verify a patient’s medication order before administration of a drug to the patient, except:
 - a. In an emergency medical situation; or
 - b. In a hospital where the pharmacy is open less than 24 hours a day for pharmacy services, a pharmacist shall verify a patient’s medication order within four

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- hours of the time the pharmacy opens for pharmacy services;
2. Verify a medication order's pharmaceutical and therapeutic feasibility based upon:
 - a. The patient's medical condition,
 - b. The patient's allergies,
 - c. The pharmaceutical and therapeutic incompatibilities, and
 - d. The recommended dosage limits;
 3. Measure, count, pour, or otherwise prepare and package a drug needed for dispensing, except a pharmacy technician or pharmacy technician trainee may measure, count, pour, or otherwise prepare and package a drug needed for dispensing under the supervision of a pharmacist according to written policies and procedures approved by the Board or its designee;
 4. Compound, admix, combine, or otherwise prepare and package a drug needed for dispensing, except a pharmacy technician may compound, admix, combine, or otherwise prepare and package a drug needed for dispensing under the supervision of a pharmacist according to written policies and procedures approved by the Board or its designee;
 5. Verify the accuracy, correct procedure, compounding, admixing, combining, measuring, counting, pouring, preparing, packaging, and safety of a drug prepared and packaged by a pharmacy technician or pharmacy technician trainee according to subsections (E)(3) and (4) and according to the policies and procedures in subsection (G);
 6. Supervise drug repackaging and check the completed repackaged product as specified in R4-23-402(A);
 7. Supervise training and education in aseptic technique and drug incompatibilities for all personnel involved in the admixture of parenteral products within the hospital pharmacy;
 8. Consult with the medical practitioner regarding the patient's drug therapy or medical condition;
 9. When requested by a medical practitioner, patient, patient's agent, or when the pharmacist deems it necessary, provide consultation with a patient regarding the medication order, patient's profile, or overall drug therapy;
 10. Monitor a patient's drug therapy for safety and effectiveness;
 11. Provide drug information to patients and health care professionals;
 12. Manage the activities of pharmacy technicians, pharmacy technician trainees, other personnel, and systems to ensure that all activities are performed accurately, safely, and without risk of harm to patients;
 13. Verify the accuracy of all aspects of the original, completed medication order; and
 14. Ensure compliance by pharmacy personnel with a quality assurance program developed by the hospital.
- F.** Pharmacy technicians and pharmacy technician trainees. Before working as a pharmacy technician or pharmacy technician trainee, an individual shall meet the eligibility and licensure requirements prescribed in 4 A.A.C. 23, Article 11
- G.** Pharmacy technician policies and procedures. Before employing a pharmacy technician or pharmacy technician trainee, a Director of Pharmacy or pharmacist-in-charge shall develop the policies and procedures required under R4-23-1104.
- H.** Pharmacy technician training program.

1. A Director of Pharmacy or pharmacist-in-charge shall comply with the training program requirements of R4-23-1105 based on the needs of the hospital pharmacy;
 2. A pharmacy technician or pharmacy technician trainee shall:
 - a. Perform only those tasks for which training and competency have been demonstrated; and
 - b. Not perform professional practices reserved for a pharmacist, graduate intern, or pharmacy intern in subsection (E), except as specified in subsections (E)(3) and (4).
- I.** Supervision. A hospital pharmacy's Director of Pharmacy and the pharmacist-in-charge, if a different individual, shall supervise all of the activities and operations of a hospital pharmacy. A pharmacist shall supervise all functions and activities of pharmacy technicians, pharmacy technician trainees, and other hospital pharmacy personnel to ensure that all functions and activities are performed competently, safely, and without risk of harm to patients.

Historical Note

Former Rules 6.7310 and 6.7320; Amended effective August 10, 1978 (Supp. 78-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-654. Absence of Pharmacist

- A.** If a pharmacist will not be on duty in the hospital, the Director of Pharmacy or pharmacist-in-charge shall arrange, before the pharmacist's absence, for the medical staff and other authorized personnel of the hospital to have access to drugs in the remote drug storage area defined in R4-23-110 or in the hospital pharmacy if a drug is not available in a remote drug storage area and is required to treat the immediate needs of a patient. A pharmacist shall be on-call during all absences.
- B.** If a pharmacist will not be on duty in the hospital pharmacy, the Director of Pharmacy or pharmacist-in-charge shall arrange, before the pharmacist's absence, for the medical staff and other authorized personnel of the hospital to have telephone access to an on-call pharmacist.
- C.** The hospital pharmacy permittee shall ensure that the hospital pharmacy is not without a pharmacist on duty in the hospital for more than 72 consecutive hours.
- D.** Remote drug storage area. The Director of Pharmacy or pharmacist-in-charge shall, in consultation with the appropriate committee of the hospital:
 1. Develop and maintain an inventory listing of the drugs to be included in a remote drug storage area; and
 2. Develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures that ensure proper storage, access, and accountability for drugs in a remote drug storage area.
- E.** Access to hospital pharmacy. If a drug is not available from a remote drug storage area and the drug is required to treat the immediate needs of a patient whose health may be compromised, the drug may be obtained from the hospital pharmacy according to the requirements of this subsection.
 1. The Director of Pharmacy or pharmacist-in-charge shall, in consultation with the appropriate committee of the hospital, develop, implement, review, and revise in the same

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manner described in R4-23-653(A) and comply with policies and procedures to ensure that access to the hospital pharmacy during the pharmacist's absence conforms to the following requirements:

- a. Access is delegated to only one supervisory nurse in each shift;
 - b. The policy and name of supervisory nurse is communicated in writing to the medical staff of the hospital;
 - c. Access is delegated only to a nurse who has received training from the Director of Pharmacy, pharmacist-in-charge, or Director's designee in the procedures required for proper access, drug removal, and recordkeeping; and
 - d. Access is delegated by the supervisory nurse to another nurse only in an emergency.
2. If a nurse to whom authority is delegated to access the hospital pharmacy removes a drug from the hospital pharmacy, the nurse shall:
 - a. Record the following information on a form or by another method approved by the Board or its designee:
 - i. Patient's name;
 - ii. Drug name, strength, and dosage form;
 - iii. Quantity of drug removed; and
 - iv. Date and time of removal;
 - b. Sign or initial, if a corresponding signature is on file in the hospital pharmacy, the form recording the drug removal;
 - c. Attach the original or a direct copy of the medication order for the drug to the form recording the drug removal; and
 - d. Place the form recording the drug removal conspicuously in the hospital pharmacy.
 3. Within four hours after a pharmacist returns from an absence, the pharmacist shall verify all records of drug removal that occurred during the pharmacist's absence according to R4-23-653(E).

Historical Note

Former Rules 6.7410, 6.7420, 6.7430, 6.7440, 6.7450, and 6.7460; Amended subsection (A) effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-655. Physical Facility

- A. General. A hospital pharmacy permittee shall ensure that the hospital pharmacy has sufficient equipment and physical facilities for proper compounding, dispensing, and storage of drugs, including parenteral preparations.
- B. Minimum area of hospital pharmacy. The minimum area of a hospital pharmacy depends on the type of hospital, the number of beds, and the pharmaceutical services provided. Any hospital pharmacy permit issued or hospital pharmacy remodeled after January 31, 2003 shall provide a minimum hospital pharmacy area, the actual area primarily devoted to drug dispensing and preparation functions, exclusive of bulk drug storage, satellite pharmacy, and office areas that is not less than 500 square feet. The minimum area requirement, not including unusable area, may be varied upon approval by the Board for

out-of-the-ordinary conditions or for systems that require less space.

- C. The Board may also require that a hospital pharmacy permittee or applicant provide:
 1. More than the minimum area if equipment, inventory, personnel, or other factors cause crowding to a degree that interferes with safe pharmacy practice;
 2. Additional dispensing, preparation, or storage areas because of the increased number of specific drugs prescribed per day, the increased use of intravenous and irrigating solutions, and the increased use of disposable and prepackaged products;
 3. Additional dispensing, preparation, or storage areas to handle investigational drugs, emergency drug kits, chemotherapeutics, alcohol and other flammables, poisons, external preparations, and radioisotopes, and to accommodate quality control procedures; and
 4. Additional office space to provide for an increased number of personnel, a drug information library, a poison information library, research support, teaching and conferences, and a waiting area.
- D. Hospital pharmacy area. A hospital pharmacy permittee shall ensure that the hospital pharmacy area is enclosed by a permanent barrier or partition from floor to ceiling with entry doors that can be securely locked, constructed according to R4-23-609(F).
- E. Hospital pharmacy storage areas. The hospital pharmacy permittee, Director of Pharmacy, or pharmacist-in-charge shall ensure that all undispensed or undistributed drugs are stored in designated areas within the hospital pharmacy or other locked areas under the control of a pharmacist that ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.

Historical Note

Former Rules 6.7471, 6.7472, 6.7473, 6.7474, and 6.7490; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Correction to Table 1 ("square feet" changed to "square feet") (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 11 A.A.R. 462, effective March 5, 2005 (Supp. 05-1).

R4-23-656. Sanitation and Equipment

A hospital pharmacy permittee or Director of Pharmacy shall ensure that a hospital pharmacy:

1. Has a professional reference library consisting of hard-copy or electronic media appropriate for the scope of pharmacy services provided by the hospital;
2. Has a sink, other than a sink in a toilet facility, that:
 - a. Has hot and cold running water;
 - b. Is within the hospital pharmacy area for use in preparing drug products; and
 - c. Is maintained in a sanitary condition and in good repair;
3. Maintains a room temperature within a range compatible with the proper storage of drugs;
4. Has a refrigerator and freezer with a temperature maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing; and
5. Has a designated area for a laminar air flow hood and other supplies required for the preparation of sterile products as specified in R4-23-670.

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Historical Note

Former Rule 6.7480. Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1).
Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-657. Security

- A.** Personnel security standards. A Director of Pharmacy shall ensure that:
1. No one is permitted in the pharmacy unless a pharmacist is present except as provided in this Section and R4-23-654. If only one pharmacist is on duty in the pharmacy and that pharmacist must leave the pharmacy for an emergency or patient care duties, nonpharmacist personnel may remain in the pharmacy to perform duties as outlined in R4-23-653, provided that all C-II controlled substances are secured to prohibit access by other than a pharmacist, and that the pharmacist remains available in the hospital;
 2. All hospital pharmacy areas are kept locked by key or programmable lock to prevent access by unauthorized personnel; and
 3. Pharmacists, pharmacy or graduate interns, pharmacy technicians, pharmacy technician trainees, and other personnel working in the pharmacy wear identification badges, including name and position, whenever on duty.
- B.** Prescription blank security. The Director of Pharmacy shall develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures for the safe distribution and control of prescription blanks bearing identification of the hospital.

Historical Note

Former Rule 6.7500; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1).
Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-658. Drug Distribution and Control

- A.** General. The Director of Pharmacy or pharmacist-in-charge shall in consultation with the medical staff, develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with written policies and procedures for the effective operation of a drug distribution system that optimizes patient safety.
- B.** Responsibility. The Director of Pharmacy is responsible for the safe and efficient procurement, dispensing, distribution, administration, and control of drugs, including the following:
1. In consultation with the appropriate department personnel and medical staff committee, develop a medication formulary for the hospital;
 2. Proper handling, distribution, and recordkeeping of investigational drugs; and
 3. Regular inspections of drug storage and preparation areas within the hospital.
- C.** Physician orders. A Director of Pharmacy or pharmacist-in-charge shall ensure that:
1. Drugs are dispensed from the hospital pharmacy only upon a written order, direct copy or facsimile of a written order, or verbal order of an authorized medical practitioner; and

2. A pharmacist reviews the original, direct or facsimile copy, or verbal order before an initial dose of medication is administered, except as specified in R4-23-653(E)(1).
- D.** Labeling. A Director of Pharmacy or pharmacist-in-charge shall ensure that all drugs distributed or dispensed by a hospital pharmacy are packaged in appropriate containers and labeled as follows:
1. For use inside the hospital.
 - a. Labels for all single unit packages contain at a minimum, the following information:
 - i. Drug name, strength, and dosage form;
 - ii. Lot number and beyond-use-date; and
 - iii. Appropriate auxiliary labels;
 - b. Labels for repackaged preparations contain at a minimum the following information:
 - i. Drug name, strength, and dosage form;
 - ii. Lot number and beyond-use-date;
 - iii. Appropriate auxiliary labels; and
 - iv. Mechanism to identify pharmacist accountable for repackaging;
 - c. Labels for all intravenous admixture preparations contain at a minimum the following information:
 - i. Patient's name and location;
 - ii. Name and quantity of the basic parenteral solution;
 - iii. Name and amount of drug added;
 - iv. Date of preparation;
 - v. Beyond-use-date and time;
 - vi. Guidelines for administration;
 - vii. Appropriate auxiliary label or precautionary statement; and
 - viii. Initials of pharmacist responsible for admixture preparation; and
 2. For use outside the hospital. Any drug dispensed to a patient by a hospital pharmacy that is intended for self-administration outside of the hospital is labeled as specified in A.R.S. §§ 32-1963.01(C) and 32-1968(D) and A.A.C. R4-23-402.
- E.** Controlled substance accountability. A Director of Pharmacy or pharmacist-in-charge shall ensure that effective policies and procedures are developed, implemented, reviewed, and revised in the same manner described in R4-23-653(A) and complied with regarding the use, accountability, and record-keeping of controlled substances in the hospital, including the use of locked storage areas when controlled substances are stored in patient care areas.
- F.** Emergency services dispensing. If a hospital permits dispensing of drugs from the emergency services department when the pharmacy is unable to provide this service, the Director of Pharmacy, in consultation with the appropriate department personnel and medical staff committee shall develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with written policies and procedures for dispensing drugs for outpatient use from the hospital's emergency services department. The policies and procedures shall include the following requirements:
1. Drugs are dispensed only to patients who have been admitted to the emergency services department;
 2. Drugs are dispensed only by an authorized medical practitioner, not a designee or agent;
 3. The nature and type of drugs available for dispensing are designed to meet the immediate needs of the patients treated within the hospital;

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4. Drugs are dispensed only in quantities sufficient to meet patient needs until outpatient pharmacy services are available;
5. Drugs are prepackaged by a pharmacist or a pharmacy intern, graduate intern, pharmacy technician, or pharmacist technician trainee under the supervision of a pharmacist in suitable containers and appropriately prelabeled with the drug name, strength, dosage form, quantity, manufacturer, lot number, beyond-use-date, and any appropriate auxiliary labels;
6. Upon dispensing, the authorized medical practitioner completes the label on the prescription container that complies with the requirements of R4-23-658(D); and
7. The hospital pharmacy maintains a dispensing log, hard-copy prescription, or electronic record, approved by the Board or its designee and includes the patient name and address, drug name, strength, dosage form, quantity, directions for use, medical practitioner's signature or identification code, and DEA registration number, if applicable.

Historical Note

Former Rules 6.7610, 6.7620, and 6.7710; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Correction to subsection (I)(5) ("unnecessary" changed to "necessary") (Supp. 91-1). Amended effective November 1, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-659. Administration of Drugs

- A. Self-administration. A hospital shall not allow self-administration of medications by a patient unless the Director of Pharmacy or pharmacist-in-charge, in consultation with the appropriate department personnel and medical staff committee, develops, implements, reviews, and revises in the same manner described in R4-23-653(A) and complies with policies and procedures for self-administration of medications by a patient. The policies and procedures shall specify that self-administration of medications, if allowed, occurs only when:
 1. Specifically ordered by a medical practitioner, and
 2. The patient is educated and trained in the proper manner of self-administration.
- B. Drugs brought in by a patient. If a hospital allows a patient to bring a drug into the hospital and before a patient brings a drug into the hospital, the Director of Pharmacy or pharmacist-in-charge shall, in consultation with the appropriate department personnel and medical staff committee, develop, implement, review, and revise in the same manner described in R4-23-653(A) and comply with policies and procedures for a patient-owned drug brought into the hospital. The policies and procedures shall specify the following criteria for a patient-owned drug brought into the hospital:
 1. When policy allows the administration of a patient-owned drug, the drug is not administered to the patient unless:
 - a. A pharmacist or medical practitioner identifies the drug, and
 - b. A medical practitioner writes a medication order specifying administration of the identified patient-owned drug; and

2. If a patient-owned drug will not be used during the patient's hospitalization, the hospital pharmacy's personnel shall:
 - a. Package, seal, and give the drug to the patient's agent for removal from the hospital; or
 - b. Package, seal, and store the drug for return to the patient at the time of discharge from the hospital.
- C. Drug samples. The Director of Pharmacy or pharmacist-in-charge is responsible for the receipt, storage, distribution, and accountability of drug samples within the hospital, including developing, implementing, reviewing, and revising in the same manner described in R4-23-653(A) and complying with specific policies and procedures regarding drug samples.

Historical Note

Former Rules 6.7720, 6.7730, 6.7740, 6.7760, 6.7770, 6.7780, 6.7800, 6.7810, 6.7820, 6.7830, 6.7840, 6.7850, 6.7871, 6.7872, and 6.7873; Amended effective Aug. 9, 1983 (Supp. 83-4). Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Correction to Section heading ("rules" changed to "roles") (Supp. 91-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-660. Investigational Drugs

The Director of Pharmacy or pharmacist-in-charge shall ensure that:

1. The following information concerning an investigational drug is available for use by hospital personnel:
 - a. Composition,
 - b. Pharmacology,
 - c. Adverse reactions,
 - d. Administration guidelines, and
 - e. All other available information concerning the drug, and
2. An investigational drug is:
 - a. Properly stored in, labeled, and dispensed from the pharmacy, and
 - b. Not dispensed before the drug is approved by the appropriate medical staff committee of the hospital.

Historical Note

Former Rules 6.7881, 6.7882, and 6.7883; Amended subsection (A) effective Aug. 9, 1983 (Supp. 83-4). Repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-661. Repealed**Historical Note**

Former Rules 6.7910, 6.7920, 6.7930, 6.7940, and 6.7950. Section repealed, new Section adopted effective February 7, 1990 (Supp. 90-1). Section repealed by final rulemaking at 8 A.A.R. 4902, effective January 5, 2003 (Supp. 02-4).

R4-23-662. Repealed**Historical Note**

Adopted effective February 7, 1990 (Supp. 90-1). Section repealed by final rulemaking at 8 A.A.R. 4902, effective

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January 5, 2003 (Supp. 02-4).

R4-23-663. Repealed**Historical Note**

Adopted effective February 7, 1990 (Supp. 90-1).
Amended effective November 1, 1993 (Supp. 93-4).
Section repealed by final rulemaking at 8 A.A.R. 4902,
effective January 5, 2003 (Supp. 02-4).

R4-23-664. Repealed**Historical Note**

Adopted effective February 7, 1990 (Supp. 90-1).
Subsection label removed (Supp. 91-1). Section repealed
by final rulemaking at 8 A.A.R. 4902, effective January
5, 2003 (Supp. 02-4).

R4-23-665. Reserved**R4-23-666. Reserved****R4-23-667. Reserved****R4-23-668. Reserved****R4-23-669. Reserved****R4-23-670. Sterile Pharmaceutical Products**

A. In addition to the minimum area requirement of R4-23-609(A) and R4-23-655(B) and before compounding a sterile pharmaceutical product, a pharmacy permittee, limited-service pharmacy permittee, or applicant shall provide a minimum sterile pharmaceutical product compounding area that is not less than 100 square feet of contiguous floor area, except any pharmacy permit issued or pharmacy remodeled before November 1, 2006 may continue to use a sterile pharmaceutical product compounding area that is not less than 60 square feet of contiguous floor area, until a pharmacy ownership change occurs that requires issuance of a new permit or the pharmacy is remodeled. The pharmacy permittee or the pharmacist-in-charge shall ensure that the sterile pharmaceutical product compounding area:

1. Is dedicated to the purpose of preparing and compounding sterile pharmaceutical products;
2. Is isolated from other pharmacy functions;
3. Restricts entry or access;
4. Is free from unnecessary disturbances in air flow;
5. Is made of non-porous and cleanable floor, wall, and ceiling material; and
6. Meets the minimum air cleanliness standards of an ISO Class 7 environment as defined in R4-23-110, except an ISO class 7 environment is not required if all sterile pharmaceutical product compounding occurs within an ISO class 5 environment isolator, such as a glove box, pharmaceutical isolator, barrier isolator, pharmacy isolator, or hospital pharmacy isolator.

B. In addition to the equipment requirements in R4-23-611 and R4-23-612 or R4-23-656 and before compounding a sterile pharmaceutical product, a pharmacy permittee, limited-service pharmacy permittee, or applicant shall ensure that a pharmacist who compounds a sterile pharmaceutical product has the following equipment:

1. Environmental control devices capable of maintaining a compounding area environment equivalent to an "ISO class 5 environment" as defined in R4-23-110. Devices capable of meeting these standards include: laminar airflow hoods, hepa filtered zonal airflow devices, glove boxes, pharmaceutical isolators, barrier isolators, phar-

macy isolators, hospital pharmacy isolators, and biological safety cabinets;

2. Disposal containers designed for needles, syringes, and other material used in compounding sterile pharmaceutical products and if applicable, separate containers to dispose of cytotoxic, chemotherapeutic, and infectious waste products;
 3. Freezer storage units with thermostatic control and thermometer, if applicable;
 4. Packaging or delivery containers capable of maintaining official compendial drug storage conditions;
 5. Infusion devices and accessories, if applicable; and
 6. In addition to the reference library requirements of R4-23-612, a current reference pertinent to the preparation of sterile pharmaceutical products.
- C.** Before compounding a sterile pharmaceutical product, the pharmacy permittee, limited-service pharmacy permittee, or pharmacist-in-charge shall:
1. Prepare, implement, and comply with policies and procedures for compounding and dispensing sterile pharmaceutical products,
 2. Review biennially and if necessary revise the policies and procedures required under subsection (C)(1),
 3. Document the review required under subsection (C)(2),
 4. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee, and
 5. Make the policies and procedures available in the pharmacy for employee reference and inspection by the Board or its designee.
- D.** The assembled policies and procedures shall include, where applicable, the following subjects:
1. Supervisory controls and verification procedures to ensure the quality and safety of sterile pharmaceutical products;
 2. Clinical services and drug monitoring procedures for:
 - a. Patient drug utilization reviews;
 - b. Inventory audits;
 - c. Patient outcome monitoring;
 - d. Drug information; and
 - e. Education of pharmacy and other health professionals;
 3. Controlled substances;
 4. Supervisory controls and verification procedures for:
 - a. Cytotoxics handling, storage, and disposal;
 - b. Disposal of unused supplies and pharmaceutical products; and
 - c. Handling and disposal of infectious wastes;
 5. Pharmaceutical product administration, including guidelines for the first dosing of a pharmaceutical product;
 6. Drug and component procurement;
 7. Pharmaceutical product compounding, dispensing, and storage;
 8. Duties and qualifications of professional and support staff;
 9. Equipment maintenance;
 10. Infusion devices and pharmaceutical product delivery systems;
 11. Investigational drugs and their protocols;
 12. Patient profiles;
 13. Patient education and safety;
 14. Quality management procedures for:
 - a. Adverse drug reactions;
 - b. Drug recalls;

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- c. Expired pharmaceutical products;
 - d. Beyond-use-dating for both standard-risk and substantial-risk sterile pharmaceutical products consistent with the requirements of R4-23-410(B)(3)(d);
 - e. Temperature and other environmental controls;
 - f. Documented process and product validation testing; and
 - g. Semi-annual certification of the laminar air flow hood or other ISO class 5 environment, other equipment, and the ISO class 7 environment, including documentation of routine cleaning and maintenance for each laminar air flow hood or other ISO class 5 environment, other equipment, and the ISO class 7 environment; and
15. Sterile pharmaceutical product delivery requirements for:
- a. Shipment to the patient;
 - b. Security; and
 - c. Maintaining official compendial storage conditions.
- E. Standard-risk sterile pharmaceutical product compounding. Before compounding a standard-risk sterile pharmaceutical product, a pharmacy permittee or pharmacist-in-charge shall ensure compliance with the following minimum standards:
- 1. Compounding occurs only in an ISO class 5 environment within an ISO class 7 environment, and the ISO class 7 environment may have a specified prep area inside the environment;
 - 2. Compounding sterile pharmaceutical products from sterile commercial drugs or sterile pharmaceutical otic or ophthalmic products from non-sterile ingredients occurs using procedures that involve only a few closed-system, basic, simple aseptic transfers and manipulations;
 - 3. Each person who compounds wears adequate personnel protective clothing for sterile preparation that includes gown, gloves, head cover, and booties. Each person who compounds is not required to wear personnel protective clothing when all sterile pharmaceutical compounding occurs within an ISO class 5 environment isolator, and the ISO Class 5 environment isolator is not inside an ISO Class 7 environment; and
 - 4. Each person who compounds completes an annual media-fill test to validate proper aseptic technique.
- F. Substantial-risk sterile pharmaceutical product compounding. Before compounding a substantial-risk sterile pharmaceutical product, a pharmacy permittee or pharmacist-in-charge shall ensure compliance with the following minimum standards:
- 1. Compounding parenteral or injectable sterile pharmaceutical products from non-sterile ingredients occurs only in an ISO class 5 environment within an ISO class 7 environment and the ISO class 7 environment shall not have a prep area inside the environment;
 - 2. Each person who compounds wears adequate personnel protective clothing for sterile preparation that includes gown, gloves, head cover, and booties. Each person who compounds is not required to wear personnel protective clothing when all sterile pharmaceutical compounding occurs within an ISO class 5 environment isolator, and the ISO Class 5 environment isolator is not inside an ISO Class 7 environment; and
 - 3. Each person who compounds completes a semi-annual media-fill test that simulates the most challenging or stressful conditions for compounding using dry non-sterile media to validate proper aseptic technique.

Historical Note

Adopted effective November 1, 1993 (Supp. 93-4).

Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3981, effective December 4, 2006 (Supp. 06-4).

R4-23-671. General Requirements for Limited-service Pharmacy

- A. Before opening a limited-service pharmacy, a person shall obtain a permit in compliance with A.R.S. §§ 32-1929, 32-1930, 32-1931, and R4-23-606.
- B. The limited-service pharmacy permittee shall secure the limited-service pharmacy by conforming with the following standards:
 - 1. Permit no one to be in the limited-service pharmacy unless the pharmacist-in-charge or a pharmacist authorized by the pharmacist-in-charge is present;
 - 2. Require the pharmacist-in-charge to designate in writing, by name, title, and specific area, those persons who will have access to particular areas of the limited-service pharmacy;
 - 3. Implement procedures to guard against theft or diversion of drugs, including controlled substances; and
 - 4. Require all persons working in the limited-service pharmacy to wear badges, with their names and titles, while on duty.
- C. To obtain permission to deviate from the minimum area requirement set forth in R4-23-609, R4-23-673, or R4-23-682, a limited-service pharmacy permittee shall submit a written request to the Board and include documentation that the deviation will facilitate experimentation or technological advances in the practice of pharmacy as defined in A.R.S. § 32-1901. If the Board determines the requested deviation from the minimum area requirement will enhance the practice of pharmacy and benefit the public, the Board shall grant the requested deviation.
- D. The Board shall require more than the minimum area in a limited-service pharmacy when the Board determines that equipment, personnel, or other factors in the limited-service pharmacy cause crowding that interferes with safe pharmacy practice.
- E. Before dispensing from a limited-service pharmacy, the limited-service pharmacy permittee or pharmacist-in-charge shall:
 - 1. Prepare, implement, and comply with written policies and procedures for pharmacy operations and drug dispensing and distribution,
 - 2. Review biennially and if necessary revise the policies and procedures required under subsection (E)(1),
 - 3. Document the review required under subsection (E)(2),
 - 4. Assemble the policies and procedures as a written manual or by another method approved by the Board or its designee, and
 - 5. Make the policies and procedures available in the pharmacy for employee reference and inspection by the Board or its designee.

Historical Note

Adopted effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

R4-23-672. Limited-service Correctional Pharmacy

- A. The limited-service pharmacy permittee shall ensure that the limited-service correctional pharmacy complies with the stan-

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dards for area, personnel, security, sanitation, equipment, drug distribution and control, administration of drugs, drug source, quality assurance, investigational drugs, and inspections as set forth in R4-23-608, R4-23-609(A) through (D) and (F) through (H), R4-23-610(A), R4-23-611, R4-23-612, R4-23-653(E), R4-23-658(B) through (E), R4-23-659, and R4-23-660.

- B. The pharmacist-in-charge of a limited-service correctional pharmacy shall authorize only pharmacists, interns, pharmacy technicians, pharmacy technician trainees, compliance officers, drug inspectors, peace officers, and correctional officers acting in their official capacities, other persons authorized by law, support personnel, and other designated personnel to be in the limited-service correctional pharmacy.
- C. When no pharmacist will be on duty in the correctional facility, the pharmacist-in-charge shall arrange, before there is no pharmacist on duty, for the medical staff and other authorized personnel of the correctional facility to have access to drugs in remote drug storage areas or, if a drug is not available in a remote drug storage area and is required to treat the immediate needs of a patient, in the limited-service correctional pharmacy.
 1. The pharmacist-in-charge shall, in consultation with the appropriate committee of the correctional facility, develop and implement procedures to ensure that remote drug storage areas:
 - a. Contain only properly labeled drugs that might reasonably be needed and can be administered safely during the pharmacist's absence,
 - b. Contain drugs packaged only in amounts sufficient for immediate therapeutic requirements,
 - c. Are accessible only with a physician's written order,
 - d. Provide a written record of each drug withdrawn,
 - e. Are inventoried at least once each week, and
 - f. Are audited for compliance with the requirements of this rule at least once each month.
 2. The pharmacist-in-charge shall, in consultation with the appropriate committee of the correctional facility, develop and implement procedures to ensure that access to the limited-service correctional pharmacy when no pharmacist is on duty conforms to the following requirements:
 - a. Is delegated to only one nurse, who is in a supervisory position;
 - b. Is communicated in writing to medical staff of the correctional facility;
 - c. Is delegated only to a nurse who has received training from the pharmacist-in-charge in proper methods of access, removal of drugs, and recordkeeping procedures; and
 - d. Is delegated by the supervisory nurse to another nurse only in an emergency.
 3. When a nurse to whom authority to access the limited-service correctional pharmacy is delegated removes a drug from the limited-service correctional pharmacy, the nurse shall:
 - a. Record the following information on a form:
 - i. Patient's name,
 - ii. Name of the drug and its strength and dosage form,
 - iii. Dose prescribed,
 - iv. Amount of drug removed, and
 - v. Date and time of removal;
 - b. Sign the form recording the drug removal;
- c. Attach the original or a direct copy of a physician's written order for the drug to the form recording the drug removal; and
- d. Place the form recording the drug removal conspicuously in the limited-service correctional pharmacy.
4. Within four hours after a pharmacist in the limited-service correctional pharmacy returns to duty following an absence in which the limited-service correctional pharmacy was accessed by a nurse to whom authority had been delegated, the pharmacist shall verify all records of drug removal according to R4-23-402.
- D. When no pharmacist will be on duty in the correctional facility, the pharmacist-in-charge shall arrange, before there is no pharmacist on duty, for the medical staff and other authorized personnel of the correctional facility to have telephone access to a pharmacist.
- E. The limited-service pharmacy permittee shall ensure that the limited-service correctional pharmacy is not without a pharmacist on duty for more than 96 consecutive hours.
- F. In addition to the requirements of R4-23-671, the limited-service pharmacy permittee shall secure the limited-service correctional pharmacy as follows:
 1. Permit no one to be in the limited-service correctional pharmacy unless a pharmacist is on duty except:
 - a. As provided in subsection (C)(3) when a pharmacist is not on duty; or
 - b. A pharmacy technician or pharmacy technician trainee may remain to perform duties in R4-23-1104(A), when a pharmacist is on duty and available in the correctional facility but temporarily absent from the pharmacy, provided:
 - i. All controlled substances are secured in a manner that prohibits access by persons other than a pharmacist;
 - ii. Activities performed by a pharmacy technician or pharmacy technician trainee while the pharmacist is temporarily absent are verified by the pharmacist immediately upon returning to the pharmacy;
 - iii. Any drug measured, counted, poured, or otherwise prepared and packaged by a pharmacy technician or pharmacy technician trainee while the pharmacist is temporarily absent is verified by the pharmacist immediately upon returning to the pharmacy; and
 - iv. Any drug that has not been verified by a pharmacist for accuracy is not dispensed, supplied, or distributed while the pharmacist is temporarily absent from the pharmacy; and
 2. Provide keyed or programmable locks to all areas of the limited-service correctional pharmacy.
- G. The pharmacist-in-charge of a limited-service correctional pharmacy shall ensure that the written policies and procedures for pharmacy operations and drug distribution within the correctional facility include the following:
 1. Physicians' orders, prescription orders, or both;
 2. Authorized abbreviations;
 3. Formulary system;
 4. Clinical services and drug utilization management including:
 - a. Participation in drug selection,
 - b. Drug utilization reviews,
 - c. Inventory audits,
 - d. Patient outcome monitoring,

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- e. Committee participation;
- f. Drug information, and
- g. Education of pharmacy and other health professionals;
- 5. Duties and qualifications of professional and support staff;
- 6. Products of abuse and contraband medications;
- 7. Controlled substances;
- 8. Drug administration;
- 9. Drug product procurement;
- 10. Drug compounding, dispensing, and storage;
- 11. Stop orders;
- 12. Pass or discharge medications;
- 13. Investigational drugs and their protocols;
- 14. Patient profiles;
- 15. Quality management procedures for:
 - a. Adverse drug reactions;
 - b. Drug recalls;
 - c. Expired and beyond-use-date drugs;
 - d. Medication or dispensing errors;
 - e. Drug storage; and
 - f. Education of professional staff, support staff, and patients;
- 16. Recordkeeping;
- 17. Sanitation;
- 18. Security;
- 19. Access to remote drug storage areas by non-pharmacists; and
- 20. Access to limited-service correctional pharmacy by non-pharmacists.

Historical Note

Adopted effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 10 A.A.R. 4453, effective December 4, 2004 (Supp. 04-4).

R4-23-673. Limited-service Mail-order Pharmacy

- A. The limited-service pharmacy permittee shall design and construct the limited-service mail-order pharmacy to conform with the following requirements:
 - 1. A dispensing area devoted to stocking, compounding, and dispensing prescription medications, which is physically separate from a non-dispensing area devoted to non-dispensing pharmacy services;
 - 2. A dispensing area of at least 300 square feet if three or fewer persons work in the dispensing area simultaneously;
 - 3. A dispensing area that provides 300 square feet plus 60 square feet for each person in excess of three persons if more than three persons work in the dispensing area simultaneously;
 - 4. Space in the dispensing area permits efficient pharmaceutical practice, free movement of personnel, and visual surveillance by the pharmacist;
 - 5. A non-dispensing area of at least 30 square feet for each person working simultaneously in the non-dispensing area; and
 - 6. Space in the non-dispensing area permits free movement of personnel and visual surveillance by the pharmacist; or
- B. The limited-service pharmacy permittee shall design and construct the limited-service mail-order pharmacy to conform with the following requirements:
 - 1. A contiguous area in which both dispensing and non-dispensing pharmacy services are provided;
 - 2. A contiguous area of at least 300 square feet if three or fewer persons work in the area simultaneously;
 - 3. A contiguous area that provides 300 square feet plus 60 square feet for each person in excess of three persons if more than three persons work in the area simultaneously; and
 - 4. Space in the contiguous area permits efficient pharmaceutical practice, free movement of personnel, and visual surveillance by the pharmacist.
- C. The limited-service pharmacy permittee shall ensure that the limited-service mail-order pharmacy complies with the standards for area, personnel, security, sanitation, and equipment set forth in R4-23-608, R4-23-609(B) through (H), R4-23-610 (A) and (C) through (F), R4-23-611, and R4-23-612.
- D. The pharmacist-in-charge of a limited-service mail-order pharmacy shall authorize only pharmacists, interns, pharmacy technicians, pharmacy technician trainees, compliance officers, drug inspectors, peace officers acting in their official capacities, support personnel, other persons authorized by law, and other designated personnel to be in the limited-service mail-order pharmacy.
- E. The pharmacist-in-charge of a limited-service mail-order pharmacy shall ensure that prescription medication is delivered to the patient or locked in the dispensing area when a pharmacist is not present in the pharmacy.
- F. In addition to the delivery requirements of R4-23-402, the limited-service pharmacy permittee shall, during regular hours of operation but not less than five days and a minimum 40 hours per week, provide toll-free telephone service to facilitate communication between patients and a pharmacist who has access to patient records at the limited-service mail-order pharmacy. The limited-service pharmacy permittee shall disclose this toll-free number on a label affixed to each container of drugs dispensed from the limited-service mail-order pharmacy.
- G. The pharmacist-in-charge of a limited-service mail-order pharmacy shall ensure that the written policies and procedures for pharmacy operations and drug distribution include the following:
 - 1. Prescription orders;
 - 2. Clinical services and drug utilization management for:
 - a. Drug utilization reviews,
 - b. Inventory audits,
 - c. Patient outcome monitoring,
 - d. Drug information, and
 - e. Education of pharmacy and other health professionals;
 - 3. Duties and qualifications of professional and support staff;
 - 4. Controlled substances;
 - 5. Drug product procurement;
 - 6. Drug compounding, dispensing, and storage;
 - 7. Patient profiles;
 - 8. Quality management procedures for:
 - a. Adverse drug reactions,
 - b. Drug recalls,
 - c. Expired and beyond-use-date drugs,
 - d. Medication or dispensing errors, and
 - e. Education of professional and support staff;
 - 9. Recordkeeping;
 - 10. Sanitation;
 - 11. Security;
 - 12. Drug delivery requirements for:
 - a. Transportation,
 - b. Security,

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- c. Temperature and other environmental controls,
- d. Emergency provisions, and
- 13. Patient education.

Historical Note

Adopted effective April 5, 1996 (Supp. 96-2). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 4453, effective December 4, 2004 (Supp. 04-4).

R4-23-674. Limited-service Long-term Care Pharmacy

- A. A limited-service pharmacy permittee shall ensure that the limited-service long-term care pharmacy complies with:
 - 1. The general requirements of R4-23-671;
 - 2. The professional practice standards of Article 4 and Article 11; and
 - 3. The permits and drug distribution standards of R4-23-606 through R4-23-612, R4-23-670, and this Section.
- B. If a limited-service long-term care pharmacy permittee contracts with a long-term care facility as a Provider Pharmacy, as defined in R4-23-110, the limited-service long-term care pharmacy permittee shall ensure that the long-term care consultant pharmacist and the pharmacist-in-charge of the limited-service long-term care pharmacy comply with R4-23-701, R4-23-701.01, R4-23-701.02, R4-23-701.03, R4-23-701.04, and this Section.
- C. The limited-service long-term care pharmacy permittee or pharmacist-in-charge shall ensure that prescription medication is delivered to the patient's long-term care facility or locked in the dispensing area of the pharmacy when a pharmacist is not present in the pharmacy.
- D. The pharmacist-in-charge of a limited-service long-term care pharmacy shall authorize only those individuals listed in R4-23-610(B) to be in the limited-service long-term care pharmacy.
- E. In consultation with the long-term care facility's medical director and director of nursing, the long-term care consultant pharmacist and pharmacist-in-charge of the long-term care facility's provider pharmacy may develop, if necessary, a medication formulary for the long-term care facility that ensures the safe and efficient procurement, dispensing, distribution, administration, and control of drugs in the long-term care facility.
- F. The limited-service long-term care pharmacy permittee or pharmacist-in-charge shall ensure that the written policies and procedures required in R4-23-671(E) include the following:
 - 1. Clinical services and drug utilization management for:
 - a. Drug utilization reviews,
 - b. Inventory audits,
 - c. Patient outcome monitoring,
 - d. Drug information, and
 - e. Education of pharmacy and other health professionals;
 - 2. Controlled substances;
 - 3. Drug compounding, dispensing, and storage;
 - 4. Drug delivery requirements for:
 - a. Transportation,
 - b. Security,
 - c. Temperature and other environmental controls, and
 - d. Emergency provisions;
 - 5. Drug product procurement;
 - 6. Duties and qualifications of professional and support staff;
 - 7. Emergency drug supply unit procedures;

- 8. Formulary, including development, review, modification, use, and documentation, if applicable;
- 9. Patient profiles;
- 10. Patient education;
- 11. Prescription orders, including:
 - a. Approved abbreviations,
 - b. Stop-order procedures, and
 - c. Leave-of-absence and discharge prescription order procedures;
- 12. Quality management procedures for:
 - a. Adverse drug reactions,
 - b. Drug recalls,
 - c. Expired and beyond-use-date drugs,
 - d. Medication or dispensing errors, and
 - e. Education of professional and support staff;
- 13. Recordkeeping;
- 14. Sanitation; and
- 15. Security.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-675. Limited-service Sterile Pharmaceutical Products Pharmacy

- A. The limited-service pharmacy permittee or the pharmacist-in-charge shall ensure that the limited-service sterile pharmaceutical products pharmacy complies with the standards for area, personnel, security, sanitation, equipment, sterile pharmaceutical products, and limited-service pharmacies established in R4-23-608, R4-23-609, R4-23-610, R4-23-611, R4-23-612, R4-23-670, and R4-23-671.
- B. The pharmacist-in-charge of a limited-service sterile pharmaceutical products pharmacy shall authorize only pharmacists, interns, compliance officers, peace officers acting in their official capacities, pharmacy technicians, pharmacy technician trainees, support personnel, and other designated personnel to be in the limited-service sterile pharmaceutical products pharmacy.
- C. The pharmacist-in-charge of a limited-service sterile pharmaceutical products pharmacy shall ensure that prescription medication is delivered to the patient or locked in the dispensing area when a pharmacist is not present in the pharmacy.
- D. In addition to the delivery requirements of R4-23-402, the limited-service pharmacy permittee shall, during regular hours of operation, but not less than a minimum 40 hours per week, provide toll-free telephone service to facilitate communication between patients and a pharmacist who has access to patient records at the limited-service sterile pharmaceutical products pharmacy. The limited-service pharmacy permittee shall disclose this toll-free number on a label affixed to each container dispensed from the limited-service sterile pharmaceutical products pharmacy.
- E. The limited-service pharmacy permittee or the pharmacist-in-charge shall ensure development, implementation, review and revision in the same manner described in R4-23-671(E) and compliance with policies and procedures for pharmacy operations, including pharmaceutical product compounding, dispensing, and distribution, that comply with the requirements of R4-23-402, R4-23-410, R4-23-670, and R4-23-671.
- F. The non-dispensing roles of the pharmacist may include chart reviews, audits, drug therapy monitoring, committee participa-

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tion, drug information, and in-service training of pharmacy and other health professionals.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3391, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). This Section was not amended as originally stated in the historical note published in Supp. 13-3; therefore the reference to the amendment has been removed (Supp. 18-2).

R4-23-676. Third-party Logistics Provider Permit

- A. A person shall not provide logistics services, as described under A.R.S. § 32-1941(A), until the Board issues a third-party logistics provider permit for the facility.
- B. A person that wants to provide logistics services shall obtain a Board-issued third-party logistics provider permit for each facility.
- C. Application. To obtain a third-party logistics provider permit for a facility, a person shall submit a completed application, using a form available on the Board's website, and the fee specified in R4-23-205.
- D. Change of ownership. A third-party logistics provider permittee shall comply with R4-23-601(F).
- E. A third-party logistics provider permittee shall renew the permit as specified under R4-23-602(D).
- F. The Board shall adhere to the time frames specified under R4-23-602(C) when processing an initial or renewal application for a third-party logistics provider permit.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-677. Automated Prescription-dispensing Kiosk Permit

- A. General provisions.
 - 1. Only a person issued a Board permit under A.R.S. § 32-1929 to operate a pharmacy in Arizona may apply to the Board under A.R.S. § 32-1930 for a permit to operate an automated prescription-dispensing kiosk.
 - 2. A pharmacy permittee described under subsection (A)(1) shall apply for a separate permit for each automated prescription-dispensing kiosk to be operated.
 - 3. To obtain an automated prescription-dispensing kiosk permit, a pharmacy permittee shall submit a completed application, using a form available on the Board's website, and the fee specified in R4-23-205.
 - 4. A pharmacy permittee to which the Board issues an automated prescription-dispensing kiosk permit shall designate a pharmacist in charge of the automated prescription-dispensing kiosk.
 - 5. A pharmacy permittee to which the Board issues an automated prescription-dispensing kiosk permit shall not place the automated prescription-dispensing kiosk in a gas station or convenience store.
- B. Policies and procedures. A pharmacy permittee to which the Board issues an automated prescription-dispensing kiosk permit shall:
 - 1. Ensure policies and procedures are established for the appropriate performance and use of the automated prescription-dispensing kiosk. The policies and procedures shall address:
 - a. Maintaining a record of each transaction in a manner that attaches the record to the permit number of the automated prescription-dispensing kiosk;

- b. Controlling access to the automated prescription-dispensing kiosk;
- c. Operating the automated prescription-dispensing kiosk;
- d. Training personnel who use the automated prescription-dispensing kiosk;
- e. Maintaining patient services when the automated prescription-dispensing kiosk is not operating or the prescribed drug or device is not available;
- f. Securing the automated prescription-dispensing kiosk against unauthorized removal of the kiosk or access to or removal of drugs or devices from the kiosk;
- g. Assuring a patient receives the pharmacy services necessary for appropriate pharmaceutical care including consultation with a pharmacist;
- h. Maintaining integrity of information in the system and patient confidentiality;
- i. Stocking and restocking the automated prescription-dispensing kiosk;
- j. Ensuring compliance with packaging and labeling requirements; and
- k. Removing drugs and devices from the automated prescription-dispensing kiosk without dispensing them and handling wasted or discarded drugs and devices;

- 2. Ensure the policies and procedures are implemented and complied with by all personnel using the automated prescription-dispensing kiosk;
- 3. Maintain the policies and procedures by:
 - a. Reviewing the policies and procedures biennially and making needed revisions, if any;
 - b. Documenting the review required under subsection (B)(3)(a);
 - c. Assembling the policies and procedures as a written or electronic manual; and
 - d. Making the policies and procedures available within the pharmacy permittee to which the Board issued an automated prescription-dispensing kiosk permit for reference by pharmacy personnel and inspection by the Board; and
- 4. Implement a quality assurance program to monitor compliance with the policies and procedures and all state and federal law.

- C. Change of ownership. An automated prescription-dispensing kiosk permittee shall comply with R4-23-601(F).
- D. An automated prescription-dispensing kiosk permittee shall renew the permit as specified under R4-23-602(D).
- E. The Board shall adhere to the time frames specified under R4-23-602(C) when processing an initial or renewal application for an automated prescription-dispensing kiosk permit.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1012, effective June 1, 2019 (Supp. 19-2).

R4-23-678. Reserved

R4-23-679. Reserved

R4-23-680. Reserved

R4-23-681. General Requirements for Limited-service Nuclear Pharmacy

- A. To be an authorized nuclear pharmacist, a pharmacist shall:
 - 1. Hold a current pharmacist license issued by the Board; and

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2. Be certified as a nuclear pharmacist by:
 - a. The Board of Pharmaceutical Specialties, or
 - b. A similar group recognized by the Arizona State Board of Pharmacy; or
3. Satisfy each of the following requirements:
 - a. Meet minimal standards of training for status as an authorized user of radioactive material, as specified by the Arizona Radiation Regulatory Agency and the United States Nuclear Regulatory Commission;
 - b. Submit certification of completion of a Board-approved nuclear pharmacy training program or other training program recognized by the Arizona Radiation Regulatory Agency, with 200 hours of didactic training in the following areas:
 - i. Radiation physics and instrumentation,
 - ii. Radiation protection,
 - iii. Mathematics pertaining to the use and measurement of radioactivity,
 - iv. Radiation biology, and
 - v. Radiopharmaceutical chemistry;
 - c. Submit evidence of a minimum of 500 hours of clinical/practical nuclear pharmacy training under the supervision of an authorized nuclear pharmacist in the following areas:
 - i. Procuring radioactive materials;
 - ii. Compounding radiopharmaceuticals;
 - iii. Performing routine quality control procedures;
 - iv. Dispensing radiopharmaceuticals;
 - v. Distributing radiopharmaceuticals;
 - vi. Implementing basic radiation protection procedures; and
 - vii. Consulting and educating the nuclear medicine community, patients, pharmacists, other health professionals, and the general public; and
 - d. Submit written certification, signed by a preceptor who is an authorized nuclear pharmacist, that the above training was satisfactorily completed.
- B. Radiopharmaceuticals are prescription-only drugs that require specialized techniques in their handling and testing, to obtain optimum results and minimize hazards.
 1. A person shall not sell, barter, or otherwise dispose of, or be in possession of any radiopharmaceutical except under the conditions detailed in A.R.S. § 32-1929.
 2. A person shall not manufacture, compound, sell, or dispense any radiopharmaceutical unless the person is a pharmacist or a pharmacy intern acting under the direct supervision of a pharmacist in accordance with A.R.S. § 32-1961 and these rules, with the exception of the following, if the following are licensed by the Arizona Radiation Regulatory Agency to use radiopharmaceuticals in compliance with A.R.S. § 30-673:
 - a. A medical practitioner who administers a radiopharmaceutical to the medical practitioner's patient as provided in A.R.S. § 32-1921(A),
 - b. A hospital nuclear medicine department, and
 - c. A medical practitioner's office.
 3. The Board shall cooperate with the Arizona Radiation Regulatory Agency and other interested state and federal agencies, in the enforcement of these rules for the protection of the public. This cooperation may include exchange of licensing and other information, joint inspections, and other activities where indicated.
- C. In addition to compliance with all the applicable federal and state laws and rules governing drugs, whether radioactive or

not, a limited-service nuclear pharmacy permittee shall comply with all laws and rules of the Arizona Radiation Regulatory Agency and the U.S. Nuclear Regulatory Commission, including emergency and safety provisions.

- D. A limited-service nuclear pharmacy permittee shall comply with the education, experience, and licensing requirements of the Arizona Radiation Regulatory Agency.
- E. A limited-service nuclear pharmacy permittee shall ensure that radiopharmaceuticals are transferred only to a person or firm that holds a current Radioactive Materials License issued by the Arizona Radiation Regulatory Agency.

Historical Note

Adopted effective December 3, 1974 (Supp. 75-1).
 Amended subsections (A), (C) and (D) effective Aug. 12, 1988 (Supp. 88-3). Amended effective July 8, 1997 (Supp. 97-3).

R4-23-682. Limited-service Nuclear Pharmacy

- A. Before operating a limited-service nuclear pharmacy, a person shall obtain a permit in compliance with A.R.S. §§ 32-1929, 32-1930, and 32-1931, and R4-23-606.
- B. A permit to operate a limited-service nuclear pharmacy shall be issued only to a person who is or employs an authorized nuclear pharmacist and holds a current Arizona Radiation Regulatory Agency Radioactive Materials License. A limited-service nuclear pharmacy permittee that fails to maintain a current Arizona Radiation Regulatory Agency Radioactive Materials License shall be immediately suspended pending revocation by the Board. A limited-service nuclear pharmacy permittee shall have copies of Arizona Radiation Regulatory Agency inspection reports available upon request for Board inspection.
 1. A limited-service nuclear pharmacy permittee shall designate an authorized nuclear pharmacist as the pharmacist-in-charge. The pharmacist-in-charge shall be responsible to the Board:
 - a. For the operations of the pharmacy related to the practice of pharmacy and distribution of drugs and devices;
 - b. For communicating Board directives to the management, pharmacists, interns, and other personnel of the pharmacy; and
 - c. For the pharmacy's compliance with all federal and state pharmacy laws and rules.
 2. An authorized nuclear pharmacist shall directly supervise all personnel performing tasks in the preparation and distribution of radiopharmaceuticals and ancillary drugs.
 3. An authorized nuclear pharmacist shall be present whenever the limited-service nuclear pharmacy is open for business.
- C. A limited-service nuclear pharmacy permittee shall ensure that the limited-service nuclear pharmacy complies with the standards for personnel, area, security, sanitation, and general requirements in R4-23-608, R4-23-609, R4-23-610, R4-23-611, and R4-23-671.
 1. A limited-service nuclear pharmacy shall contain separate areas for:
 - a. Preparing and dispensing radiopharmaceuticals,
 - b. Receiving and shipping radiopharmaceuticals,
 - c. Storing radiopharmaceuticals, and
 - d. Decaying radioactive waste.
 2. The Board may require more than the minimum area in instances where equipment, inventory, personnel, or other

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factors cause crowding to a degree that interferes with safe pharmacy practice.

- D. The pharmacist-in-charge shall designate in writing, by title and specific area, the persons who may have access to particular pharmacy areas.
- E. A limited-service nuclear pharmacy permittee shall maintain records of acquisition, inventory, and disposition of radiopharmaceuticals, other radioactive substances, and other drugs in accordance with federal and state statutes and rules.
 1. A prescription order, in addition to the requirements in A.R.S. § 32-1968(C) and R4-23-407(A), shall contain:
 - a. The date and time of calibration of the radiopharmaceutical,
 - b. The name of the procedure for which the radiopharmaceutical is prescribed, and
 - c. The words "Physician's Use Only" instead of the name of the patient if the radiopharmaceutical is nontherapeutic or for a nonblood product.
 2. The lead container used to store and transport a radiopharmaceutical shall have a label that, in addition to the requirements in A.R.S. § 32-1968(D), includes:
 - a. The date and time of calibration of the radiopharmaceutical,
 - b. The name of the radiopharmaceutical,
 - c. The molybdenum 99 content to USP limits,
 - d. The name of the procedure for which the radiopharmaceutical is prescribed,
 - e. The words "Physician's Use Only" instead of the name of the patient if the radiopharmaceutical is nontherapeutic or for a nonblood product,
 - f. The words "Caution: Radioactive Material," and
 - g. The standard radiation symbol.
 3. The radiopharmaceutical container shall have a label that includes:
 - a. The date and time of calibration of the radiopharmaceutical;
 - b. The name of the patient, recorded before dispensing, if the radiopharmaceutical is therapeutic or for a blood product;
 - c. The words "Physician's Use Only" instead of the name of the patient if the radiopharmaceutical is nontherapeutic or for a nonblood product;
 - d. The name of the radiopharmaceutical;
 - e. The dose of radiopharmaceutical;
 - f. The serial number;
 - g. The words "Caution: Radioactive Material"; and
 - h. The standard radiation symbol.
- F. The following minimum requirements are in addition to the requirements of the Arizona Radiation Regulatory Agency, the applicable U.S. Nuclear Regulatory Commission regulations, and the applicable regulations of the federal Food and Drug Administration. A limited-service nuclear pharmacy permittee shall provide:
 1. In addition to the minimum pharmacy area requirements in R4-23-609:
 - a. An area for the storing, compounding, and dispensing of radiopharmaceuticals completely separate from pharmacy areas for nonradioactive drugs;
 - b. A minimum of 80 sq. ft. for a hot lab and storage area; and
 - c. A minimum of 300 sq. ft. of compounding and dispensing area;
 2. The following equipment:
 - a. Fume hood, approved by the Arizona Radiation Regulatory Agency;
 - b. Laminar flow hood;
 - c. Dose calibrator;
 - d. Refrigerator;
 - e. Prescription balance, Class A, and weights or an electronic balance of equal or greater accuracy;
 - f. Well scintillation counter;
 - g. Incubator oven;
 - h. Microscope;
 - i. An assortment of labels, including prescription labels and cautionary and warning labels;
 - j. Glassware necessary for compounding and dispensing radiopharmaceuticals as required by the Arizona Radiation Regulatory Agency;
 - k. Other equipment necessary for radiopharmaceutical quality control for products compounded or dispensed as required by the Arizona Radiation Regulatory Agency;
 - l. Current antidote and drug interaction information; and
 - m. Regional poison control phone number prominently displayed in the pharmacy area;
 3. Supplies necessary for compounding and dispensing radiopharmaceuticals as required by the Arizona Radiation Regulatory Agency;
 4. A professional reference library consisting of a minimum of one current reference or text addressing each of the following subject areas:
 - a. Therapeutics,
 - b. Nuclear pharmacy practice, and
 - c. Imaging;
 5. Current editions and supplements of:
 - a. A.R.S. §§ 30-651 through 30-696 pertaining to the Arizona Radiation Regulatory Agency,
 - b. Rules of the Arizona Radiation Regulatory Agency,
 - c. Regulations of the federal Food and Drug Administration pertaining to radioactive drugs,
 - d. Arizona Pharmacy Act and rules,
 - e. Arizona Uniform Controlled Substances Act, and
 - f. Radiological Health Handbook.
- G. The pharmacist-in-charge of a limited-service nuclear pharmacy shall prepare, implement, review, and revise in the same manner described in R4-23-671(E) and comply with written policies and procedures for pharmacy operations and drug distribution.
- H. The written policies and procedures of a limited-service nuclear pharmacy shall include the following:
 1. Prescription orders;
 2. Clinical services and drug utilization management including:
 - a. Drug utilization reviews,
 - b. Inventory audits,
 - c. Patient outcome monitoring,
 - d. Drug information, and
 - e. Education of pharmacy and other health professionals;
 3. Duties and qualifications of professional and support staff;
 4. Radioactive material handling, storage, and disposal;
 5. Drug product procurement;
 6. Drug compounding, dispensing, and storage;
 7. Investigational drugs and their protocols;
 8. Patient profiles;

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9. Quality management procedures for:
 - a. Adverse drug reaction reports;
 - b. Drug recall;
 - c. Expired and beyond-use-date drugs;
 - d. Medication or dispensing errors;
 - e. Radiopharmaceutical quality assurance;
 - f. Radiological health and safety;
 - g. Drug storage and disposition; and
 - h. Education of professional staff, support staff, and patients;
10. Recordkeeping;
11. Sanitation;
12. Security;
13. Drug delivery requirements for:
 - a. Transportation,
 - b. Security,
 - c. Radiological health and safety procedures,
 - d. Temperature and other environmental controls, and
 - e. Emergency provisions; and
14. Patient education.

Historical note

Adopted effective July 8, 1997 (Supp. 97-3). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3).

- R4-23-683. Reserved**
- R4-23-684. Reserved**
- R4-23-685. Reserved**
- R4-23-686. Reserved**
- R4-23-687. Reserved**
- R4-23-688. Reserved**
- R4-23-689. Reserved**
- R4-23-690. Reserved**
- R4-23-691. Repealed**

Historical Note

Adopted effective Dec. 3, 1974 (Supp. 75-1). Amended effective Aug. 12, 1988 (Supp. 88-3). Amended effective November 1, 1993 (Supp. 93-4). Repealed effective July 8, 1997 (Supp. 97-3).

R4-23-692. Compressed Medical Gas (CMG) Distributor-Resident or Nonresident**A. Permit.**

1. A person shall not manufacture, process, transfill, package, or label a compressed medical gas in Arizona, or manufacture, process, transfill, package, or label a compressed medical gas outside Arizona and ship into Arizona without a current Board-issued resident or nonresident compressed medical gas distributor permit.
2. Before operating as a compressed medical gas distributor, a person shall register with the FDA as a medical gas manufacturer and comply with the drug listing requirements of the federal act.

B. Application. To obtain a resident or nonresident CMG distributor permit, a person shall submit to the Board a completed application form and the fee specified in R4-23-205.

1. A resident CMG distributor permit applicant shall include documentation of compliance with local zoning laws, if required by the Board.

2. A nonresident CMG distributor permit applicant that resides in a jurisdiction that issues an equivalent license or permit shall include a copy of the equivalent license or permit.

C. Notification. A resident or nonresident CMG distributor permittee shall submit using the permittee's online profile or provide written notice by mail, fax, or e-mail to the Board office within 10 days of changes involving the telephone or fax number, e-mail or mailing address, or business name.**D. Change of ownership.** A resident or nonresident CMG distributor permittee shall comply with R4-23-601(F).**E. Relocation.**

1. No fewer than 30 days before a resident CMG distributor permittee relocates, the permittee shall electronically or manually submit a completed application for relocation using a form furnished by the Board, and the documentation required in subsection (B). A fee is not required with an application for relocation.
2. A nonresident CMG distributor permittee shall provide written notice by mail, fax, or e-mail to the Board office no fewer than 10 days before relocating.

F. A resident or nonresident CMG distributor permittee is authorized to sell or distribute a compressed medical gas under a compressed medical gas order only to durable medical equipment and compressed medical gas suppliers and other entities that are registered, licensed, or permitted to use, administer, or distribute compressed medical gases.**G. Facility.** A resident or nonresident CMG distributor permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access.**H. Current Good Manufacturing Practice:** A resident or nonresident CMG distributor permittee is required under federal law to follow the good manufacturing practice requirements of 21 CFR parts 210 and 211.**I. Records:** A resident or nonresident CMG distributor permittee shall:

1. Establish and implement written procedures for maintaining records pertaining to production, transfilling, process control, labeling, packaging, quality control, distribution, returns, recalls, training of personnel, complaints, and any information required by federal or state law.
2. Retain the records required by Section R4-23-601, this Section, and 21 CFR parts 210 and 211 for not fewer than three years or one year after the expiration date of the compressed medical gas, whichever is longer.
3. Make the records required by Section R4-23-601, this Section, and 21 CFR parts 210 and 211 available for inspection by the Board or its compliance officer, or if stored in a centralized recordkeeping system apart from the inspection location and not electronically retrievable, provide the records within four working days of a request by the Board or its compliance officer.

J. Inspection.

1. A resident CMG distributor permittee shall make the CMG distributor's facility available for inspection by the Board or its compliance officers under A.R.S. § 32-1904.
2. Within 10 days from the date of a request by the Board or its staff, a nonresident CMG distributor permittee shall provide a copy of the most recent inspection report completed by the permittee's resident licensing authority or the FDA or a copy of the most recent inspection report completed by a third-party auditor approved by the permittee's resident licensing authority or the Board or its designee. The Board may inspect, or may employ a third-

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party auditor to inspect, a nonresident permittee as specified in A.R.S. § 32-1904.

- K. Permit renewal. To renew a CMG distributor permit, the permittee shall comply with R4-23-602(D).
- L. Nothing in this Section shall be construed to prohibit the emergency administration of oxygen by licensed health-care personnel, emergency medical technicians, first responders, fire fighters, law enforcement officers, and other emergency personnel trained in the proper use of emergency oxygen.

Historical Note

Adopted effective January 12, 1998 (Supp. 98-1).
Amended by final rulemaking at 19 A.A.R. 97, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2).

R4-23-693. Durable Medical Equipment (DME) and Compressed Medical Gas (CMG) Supplier-Resident or Nonresident

- A. Permit. A person shall not sell, lease, or supply durable medical equipment or a compressed medical gas to a patient or consumer in Arizona for use in a home or residence without a current Board-issued resident or nonresident durable medical equipment and compressed medical gas supplier permit. The permit requirements of this Section do not apply to the following unless there is a separate business entity engaged in the business of providing durable medical equipment or a compressed medical gas to a patient or consumer for use in a home or residence:
 1. A medical practitioner licensed under A.R.S. Title 32;
 2. A hospital, long-term care facility, hospice, or other health-care facility using durable medical equipment or a compressed medical gas in the normal course of treating a patient; and
 3. A pharmacy.
- B. Application. To obtain a resident or nonresident DME and CMG supplier permit, a person shall submit a completed application form and fee specified in R4-23-205.
 1. A resident DME and CMG supplier permit applicant shall include documentation of compliance with local zoning laws, if required by the Board.
 2. A nonresident DME and CMG supplier permit applicant that resides in a jurisdiction that issues an equivalent license or permit shall include a copy of the equivalent license or permit.
- C. Notification. A resident or nonresident DME and CMG supplier permittee shall submit using the permittee's online profile or provide written notice by mail, fax, or e-mail to the Board office within 10 days of changes involving the telephone or fax number, email or mailing address, or business name.
- D. Change of ownership. A resident or nonresident DME and CMG supplier permittee shall comply with R4-23-601(F).
- E. Relocation.
 1. No fewer than 30 days before a resident DME and CMG supplier permittee relocates, the permittee shall submit a completed application for relocation electronically or manually on a form furnished by the Board, and the documentation required in subsection (B). A fee is not required with an application for relocation.
 2. A nonresident DME and CMG supplier permittee shall provide written notice by mail, fax, or e-mail to the Board office no fewer than 10 days before relocating.
- F. Orders. A resident or nonresident DME and CMG supplier shall sell, lease, or provide:

1. Durable medical equipment that is a prescription-only device, as defined in A.R.S. § 32-1901, only under a prescription or medication order from a medical practitioner; and
 2. A compressed medical gas only under a compressed medical gas order from a medical practitioner.
- G. Restriction. A DME and CMG supplier permit authorizes the permittee to procure, possess, and provide a prescription-only device or compressed medical gas to a patient or consumer as specified in subsection (F). A DME and CMG supplier permit does not authorize the permittee to procure, possess, or provide narcotics or other controlled substances, prescription-only drugs other than compressed medical gases, precursor chemicals, or regulated chemicals.
 - H. Facility. A resident or nonresident DME and CMG supplier permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access. A permittee shall maintain separate and identified storage areas in the facility and in delivery vehicles for clean, dirty, contaminated, or damaged durable medical equipment or compressed medical gases.
 - I. A resident or nonresident DME and CMG supplier permittee shall not manufacture, process, transfill, package, or label a compressed medical gas, except as stated in subsection (K).
 - J. Records. A resident or nonresident DME and CMG supplier permittee shall establish and implement written procedures for maintaining records about acquisition, distribution, returns, recalls, training of personnel, maintenance, cleaning, and complaints.
 - K. A permittee shall:
 1. Ensure a prescription order, medication order, or compressed medical gas order is obtained as specified in subsection (F);
 2. Ensure each compressed medical gas container supplied by the permittee contains a label bearing the name and address of the permittee;
 3. Ensure all appropriate warning labels are present on the durable medical equipment or compressed medical gas;
 4. Retain the records required by Section R4-23-601 and this Section for not fewer than three years, or if supplying a compressed medical gas, one year after the expiration date of the compressed medical gas, whichever is longer; and
 5. Make the records required by Section R4-23-601 and this Section available for inspection by the Board or its compliance officer, or if stored in a centralized recordkeeping system apart from the inspection location and not electronically retrievable for inspection, provide the records within four working days of a request by the Board or its staff.
 - L. Inspection.
 1. A resident DME and CMG supplier permittee shall make the DME and CMG supplier's facility available for inspection by the Board or its compliance officers under A.R.S. § 32-1904.
 2. Within 10 days from the date of a request by the Board or its staff, a nonresident DME and CMG supplier permittee shall provide a copy of the most recent inspection report completed by the permittee's resident licensing authority, or a copy of the most recent inspection report completed by a third-party auditor approved by the permittee's resident licensing authority or the Board or its designee. The Board may inspect, or may employ a third-party auditor

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to inspect, a nonresident permittee as specified in A.R.S. § 32-1904.

- M. Permit renewal. To renew a resident or nonresident DME and CMG supplier permit, the permittee shall comply with in R4-23-602(D).
- N. Nothing in this Section shall be construed to prohibit the emergency administration of oxygen by licensed health-care personnel, emergency medical technicians, first responders, fire fighters, law enforcement officers, and other emergency personnel trained in the proper use of emergency oxygen.

Historical Note

Adopted effective January 12, 1998 (Supp. 98-1).
Amended by final rulemaking at 20 A.A.R. 1364, effective August 2, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 7. NON-PHARMACY LICENSED OUTLETS – GENERAL PROVISIONS**R4-23-701. Long-term Care Facilities Pharmacy Services: Consultant Pharmacist**

- A. The long-term care consultant pharmacist as defined in R4-23-110 shall:
 1. Possess a valid Arizona pharmacist license issued by the Board;
 2. Ensure the provision of pharmaceutical patient care services as defined in R4-23-110;
 3. Review the distribution and storage of drugs and devices and assist the facility in establishing policies and procedures for the distribution and storage of drugs and devices;
 4. Provide resident evaluation programs that relate to monitoring the therapeutic response and utilization of all drugs and devices prescribed or administered to residents, using as guidelines the most current indicators established by the Centers for Medicare and Medicaid Services, United States Department of Health and Human Services as required in 42 CFR 483.60 (revised October 1, 2010, incorporated by reference and on file with the Board. This incorporated material contains no future editions or amendments.).
 5. Serve as a resource for pharmacy-related education services within the facility;
 6. Participate in quality management of resident care in the facility; and
 7. Communicate with the provider pharmacy regarding areas of mutual concern and resolution.
- B. A long-term care consultant pharmacist shall ensure that:
 1. When a provider pharmacy is not open for business, arrangements are made in advance by the long-term care consultant pharmacist, in cooperation with the pharmacist-in-charge of the provider pharmacy and the director of nursing and medical staff of the long-term care facility, for providing emergency drugs for the licensed nursing staff to administer to the residents of the facility using an emergency drug supply unit located at the facility;
 2. The label and packaging of prescription-only and nonprescription drugs intended for use within a long-term care facility complies with state and federal law; and
 3. The long-term care facility:
 - a. Stores controlled substances listed in A.R.S. § 36-2513 in a separately locked and permanently affixed

compartment, unless the facility uses a single-unit package medication distribution system; and

- b. Maintains accurate records of controlled substance administration or ultimate disposition.

- C. The long-term care consultant pharmacist shall:
 1. Ensure availability of records and reports designed to provide the data necessary to evaluate the drug use of each long-term care facility resident that include the following:
 - a. Provider pharmacy patient profiles and long-term care facility medication administration records;
 - b. Reports of suspected adverse drug reactions;
 - c. Inspection reports of drug storage areas with emphasis on detecting outdated drugs; and
 - d. Accountability reports, that include:
 - i. Date and time of administration,
 - ii. Name of the person who administered the drug,
 - iii. Documentation and verification of any wasted or partial doses,
 - iv. Exception reports for refused doses, and
 - v. All drug destruction forms; and
 2. Identify and report drug irregularities and dispensing errors to the prescriber, the director of nursing of the facility, and the provider pharmacy.
- D. A long-term care consultant pharmacist or pharmacist-in-charge of a provider pharmacy shall ensure that:
 1. Discontinued or outdated drugs, including controlled substances, are destroyed or disposed of in a timely manner using methods consistent with federal, state, and local requirements and subject to review by the Board or its staff; and
 2. Drug containers with illegible or missing labels are:
 - a. Identified; and
 - b. Replaced or relabeled by a pharmacist employed by the pharmacy that dispensed the prescription medication.

Historical Note

Former Rules 6.8110, 6.8120, 6.8130, 6.8140, 6.8150, 6.8160, and 6.8170; Amended effective Aug. 10, 1978 (Supp. 78-4). Section repealed, new Section adopted effective December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-701.01. Long-term Care Facilities Pharmacy Services: Provider Pharmacy

The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that:

1. A prescription medication is provided only by a valid prescription order for an individual long-term care facility resident, properly labeled for that resident, as specified in this subsection. Nothing in this Section shall prevent a provider pharmacy from supplying nonprescription drugs in a manufacturer's unopened container or emergency drugs using an emergency drug supply unit as specified in R4-23-701.02;
2. A prescription medication label for a long-term care facility resident complies with A.R.S. §§ 32-1968 and 36-2525 and contains:
 - a. The drug name, strength, dosage form, and quantity; and

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- b. The beyond-use-date;
- 3. Only a pharmacist employed by the pharmacy that dispensed the prescription medication may, through the exercise of professional judgment, relabel or alter a prescription medication label that is illegible or missing;
- 4. The provider pharmacy develops and implements drug recall policies and procedures that protect the health and safety of facility residents. The drug recall procedures shall include immediate discontinuation of any patient level recalled drug and notification of the prescriber and director of nursing of the facility; and
- 5. Drugs previously dispensed to a resident of the long-term care facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, are not repackaged.

Historical Note

Adopted effective December 18, 1992 (Supp. 92-4).
Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-701.02. Long-term Care Facilities Pharmacy Services: Emergency Drugs

- A. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that:
 - 1. An emergency drug supply unit is available within the long-term care facility,
 - 2. Drugs contained in an emergency drug supply unit remain the property of the provider pharmacy, and
 - 3. Controlled substance drugs contained in an emergency drug supply unit are included in all inventories required under A.R.S. § 36-2523(B) and R4-23-1003(A).
- B. An emergency drug supply unit shall meet the following criteria:
 - 1. The drugs are necessary to meet the immediate and emergency therapeutic needs of long-term care facility residents as determined by the provider pharmacy's pharmacist-in-charge in consultation with the long-term care facility's medical director and nursing director;
 - 2. The purpose of the emergency drug supply unit in a long-term care facility is not to relieve a provider pharmacy of the responsibility for timely provision of the resident's routine drug needs, but to ensure that an emergency drug supply unit is available for facility residents in need of immediate and emergency therapeutic drugs; and
 - 3. The drugs are provided in a manufacturer's unit of use package or are prepackaged and labeled to include the drug name, strength, dosage form, manufacturer, lot number, and expiration date and provider pharmacy's name, address, telephone number, and pharmacist's initials.
- C. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that an emergency drug supply unit:
 - 1. Is stored in an area that:
 - a. Is temperature controlled; and
 - b. Prevents unauthorized access;
 - 2. Contains on the exterior of the emergency drug supply unit a label to indicate that the contents are for emergency use only;
 - 3. Contains on the exterior of the emergency drug supply unit a complete list of the contents of the unit by drug name, strength, dosage form, and quantity and the provider pharmacy's name, address, and telephone number;
 - 4. Contains on the exterior of the emergency drug supply unit a label that indicates the date of the earliest drug expiration date;
 - 5. Contains on the exterior of the emergency drug supply unit a label that indicates the date of and pharmacist responsible for the last inspection of the emergency drug supply unit; and
 - 6. Is secured with a tamper-evident seal, or is locked and sealed in a manner that obviously reveals when the unit has been opened or tampered with.
- D. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
 - 1. Prepare, implement, review, and revise in the same manner described in R4-23-671(E) and comply with written policies and procedures for the storage and use of an emergency drug supply unit in a long-term care facility;
 - 2. Make the policies and procedures available in the provider pharmacy and long-term care facility for employee reference and inspection by the Board or its staff;
 - 3. Ensure that the written policies and procedures include the following:
 - a. Drug removal procedures that require:
 - i. The long-term care facility's personnel receive a valid prescription order for each drug removed from the emergency drug supply unit,
 - ii. The long-term care facility's personnel notify the provider pharmacy when a drug is removed from the emergency drug supply unit,
 - b. Outdated drug replacement procedures; and
 - c. Security and inspection procedures;
 - 4. Exchange or restock the emergency drug supply unit weekly, or more often as necessary, to ensure the availability of an adequate supply of emergency drugs within the long-term care facility. Restocking of the emergency drug supply unit at the facility shall be completed by an Arizona licensed pharmacist employed by the provider pharmacy, or by an Arizona licensed intern, graduate intern, technician or technician trainee under the direct onsite supervision of an Arizona licensed pharmacist; and
 - 5. Educate pharmacy and long-term care facility personnel in the storage and use of an emergency drug supply unit.
- E. In addition to the requirements of subsections (A) through (D), an automated emergency drug supply unit may be used provided:
 - 1. The pharmacy permittee or pharmacist-in-charge of the provider pharmacy notifies the Board or its staff in writing of the intent to use an automated emergency drug supply unit, including the name and type of unit;
 - 2. The provider pharmacy is notified electronically when the automated emergency drug supply unit has been accessed;
 - 3. All events involving the access of the automated emergency drug supply unit are recorded electronically and maintained for not less than two years;
 - 4. The provider pharmacy is capable of producing a report of all transactions of the automated emergency drug supply unit including a single drug usage report as required in R4-23-408(B)(5) on inspection by the Board or its staff;
 - 5. The provider pharmacy develops written policies and procedures for:
 - a. Accessing the automated emergency drug supply unit in the event of a system malfunction or downtime,

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- b. Authorizing and modifying user access,
- c. An ongoing quality assurance program that includes:
 - i. Training in the use of the automated emergency drug supply unit for all authorized users,
 - ii. Maintenance and calibration of the automated emergency drug supply unit as recommended by the device manufacturer; and
- 6. Documentation of the requirements of subsection (E)(5)(c)(ii) is maintained for inspection by the Board or its staff for not less than two years.
- F. The Board may prohibit a pharmacy permittee or pharmacist-in-charge of a provider pharmacy from using an automated emergency drug supply unit if the pharmacy permittee or pharmacy permittee's employees do not comply with the requirements of subsections (A) through (E).

Historical Note

Adopted effective December 18, 1992 (Supp. 92-4).
 Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-701.03. Long-term Care Facilities Pharmacy Services: Emergency Drug Prescription Order

The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that every emergency drug prescription order is evaluated according to the requirements of R4-23-402(A) by a pharmacist within 72 hours of the first dose of drug administered by long-term care facility personnel under the emergency drug prescription order.

Historical Note

Adopted effective December 18, 1992 (Supp. 92-4).
 Amended by final rulemaking at 9 A.A.R. 1064, effective May 4, 2003 (Supp. 03-1).

R4-23-701.04. Long-term Care Facilities Pharmacy Services: Automated Dispensing Systems

- A. Before using an automated dispensing system as defined in R4-23-110, a pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
 - 1. Notify the Board or its staff in writing of the intent to use an automated dispensing system, including the name and type of system;
 - 2. Obtain a separate controlled substances registration at the location of each long-term care facility at which an automated dispensing system containing controlled substances will be located as required by federal law; and
 - 3. Maintain copies of the registrations required under subsection (A)(2) at the provider pharmacy for inspection by the Board or its staff.
- B. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure:
 - 1. Drugs contained in an automated dispensing system remain the property of the provider pharmacy,
 - 2. Controlled substance drugs contained in an automated dispensing system are included in all inventories required under A.R.S. § 36-2523(B) and R4-23-1003(A),
 - 3. Schedule II drugs are not stocked in an automated dispensing system, and
 - 4. A separate emergency drug supply unit is available in the long-term care facility to meet the requirements of R4-23-701.02.

- C. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
 - 1. Ensure that policies and procedures as required in subsection (D) for the use of an automated dispensing system in a long-term care facility are prepared, implemented, and complied with;
 - 2. Review biennially and, if necessary, revise the policies and procedures required under subsection (D);
 - 3. Document the review required under subsection (C)(2);
 - 4. Assemble the policies and procedures as a written or electronic manual; and
 - 5. Make the policies and procedures available for employee reference and inspection by the Board or its staff within the pharmacy and at any location outside of the pharmacy where the automated dispensing system is used.
- D. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure the written policies and procedures include:
 - 1. Drug removal procedures that include the following:
 - a. A drug is provided only by a valid prescription order for an individual long-term care facility resident;
 - b. A drug is dispensed from an automated dispensing system only after a pharmacist has:
 - i. Reviewed and verified the resident's prescription order as required by R4-23-402(A), and
 - ii. Electronically authorized the access for that drug for that particular resident, and
 - c. The automated dispensing system labels each individual drug packet with a resident specific label that complies with R4-23-701.01(2) and contains the resident's room number or facility identification number; and
 - 2. Security procedures that include the following:
 - a. The pharmacy permittee or pharmacist-in-charge of the provider pharmacy is responsible for authorizing user access, including adding and removing users and modifying user access;
 - b. Each authorized user is a licensee of the Board or authorized licensed personnel of the long-term care facility; and
 - c. The automated dispensing system is secured at the long-term care facility by electronic or mechanical means or a combination thereof designed to prevent unauthorized access;
 - 3. Drug stocking procedures that include the following:
 - a. Automated dispensing systems that use non-removable containers that do not allow prepackaging of the container as set out in subsection (D)(3)(b):
 - i. Are stocked at the long-term care facility by an Arizona licensed pharmacist employed by the provider pharmacy, or by an Arizona licensed intern, graduate intern, technician or technician trainee under the direct onsite supervision of an Arizona licensed pharmacist; and
 - ii. Utilize bar code or other technologies to ensure the correct drug is placed in the correct canister or container; and
 - b. Automated dispensing systems that use removable containers may be stocked at the long-term care facility by an authorized user provided:
 - i. The prepackaging of the container occurs at the provider pharmacy;

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- ii. A pharmacist verifies the container has been properly filled and labeled, and the container is secured with a tamper-evident seal;
 - iii. The individual containers are transported to the long-term care facility in a secure, tamper-evident shipping container; and
 - iv. The automated dispensing system uses microchip, bar-coding, or other technologies to ensure the containers are accurately loaded in the automated dispensing system; and
- 4. Recordkeeping and report procedures that include the following:
 - a. All events involving the access of the automated dispensing system are recorded electronically and maintained for not less than two years;
 - b. The provider pharmacy is capable of producing a report of all transactions of the automated dispensing system including:
 - i. A single drug usage report that complies with R4-23-408(B)(5); and
 - ii. An authorized user history including date and time of access and type of transaction; and
 - c. The provider pharmacy has procedures to safeguard the storage, packaging, and distribution of drugs by monitoring:
 - i. Current inventory;
 - ii. Expiration dates;
 - iii. Controlled substance dispensing;
 - iv. Re-dispense requests; and
 - v. Wastage.
- E. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
 - 1. Ensure that an electronic log is kept for each container fill that includes:
 - a. An identification of the container by drug name and strength, and container number;
 - b. The drug's manufacturer or National Drug Code (NDC) number;
 - c. The expiration date and lot number from the manufacturer's stock bottle that is used to fill the container. If multiple lot numbers of the same drug are added to a container, each lot number and expiration date shall be documented;
 - d. The date the container is filled;
 - e. Documentation of the identity of the licensee who placed the drug into the container; and
 - f. If the licensee who filled the container is not a pharmacist, documentation of the identity of the pharmacist who supervised the non-pharmacist licensee; and
 - 2. Maintain the electronic log for inspection by the Board or its staff for not less than two years.
- F. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:
 - 1. Implement an ongoing quality assurance program that monitors performance of the automated dispensing system and compliance with the established policies and procedures that includes:
 - a. Training in the use of the automated dispensing system for all authorized users,
 - b. Maintenance and calibration of the automated dispensing system as recommended by the device manufacturer,
 - c. Routine accuracy validation testing no less than every three months, and
 - d. Downtime and malfunction procedures to ensure the timely provision of medication to the long-term care facility resident, and
 - 2. Maintain documentation of the requirements of subsections (F)(1)(b) and (F)(1)(c) for inspection by the Board or its staff for not less than two years.
- G. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using an automated dispensing system in a long-term care facility if the pharmacy permittee or the pharmacy permittee's employees do not comply with the requirements of subsections (A) through (F).

Historical Note

New Section made by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-702. Hospice Inpatient Facilities

- A. If a pharmacy permittee contracts to provide pharmacy services to the patients of a hospice inpatient facility as defined in R4-23-110, the pharmacy permittee shall ensure that:
 - 1. A prescription medication is provided only by a valid prescription order for an individual hospice inpatient facility patient, properly labeled for that patient, as specified in this subsection. Nothing in this section shall prevent a provider pharmacy from supplying non-prescription drugs in a manufacturer's unopened container;
 - 2. A prescription medication label for a hospice inpatient facility patient complies with A.R.S. §§ 32-1968 and 36-2525 and contains:
 - a. The drug name, strength, dosage form, and quantity; and
 - b. The beyond-use date; and
 - 3. If the label on the hospice inpatient facility patient's drug container becomes damaged or soiled, a pharmacist employed by the pharmacy that dispensed the drug container, through the exercise of professional judgment, may relabel the drug container. Only a pharmacist is permitted to label a drug container or alter the label of a drug container.
- B. A pharmacist may help hospice inpatient facility personnel develop written policies and procedures for the procurement, administration, storage, control, recordkeeping, and disposal of drugs in the facility.
- C. The provider pharmacy may contract with the hospice inpatient facility to provide pharmacist services at the facility that include evaluation of the patient's response to medication therapy, identification of potential adverse drug reactions, and recommended appropriate corrective action.
- D. A provider pharmacy that places an emergency drug supply unit at a hospice inpatient facility shall comply with the requirements of R4-23-701.02.
- E. A pharmacy shall not place an automated dispensing system as defined in R4-23-701.04 in a hospice inpatient facility.
- F. Drugs previously dispensed to a patient of the hospice inpatient facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, shall not be repackaged.

Historical Note

Former Rules 6.8210, 6.8211, 6.8212, 6.8213, 6.8214, 6.8221, 6.8222, 6.8223, 6.8824, 6.8231, 6.8232, 6.8233, 6.8241, 6.8242, and 6.8243; Amended effective August 10, 1978 (Supp. 78-4). Repealed effective December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 19 A.A.R. 2894, effective November 10,

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2013 (Supp. 13-3).

R4-23-703. Assisted Living Facilities

- A.** Before dispensing, selling, or delivering a prescription or non-prescription drug to an assisted living facility resident, a pharmacy permittee shall verify the assisted living facility has a current and active license issued by the Arizona Department of Health Services.
- B.** A pharmacy permittee shall ensure that, except as provided under subsection (C):
 - 1. A controlled substance prescription drug is dispensed, sold, or delivered to an assisted living facility resident only after receiving a valid prescription order for the controlled substance prescription drug from the resident's medical practitioner; and
 - 2. The controlled substance prescription drug is labeled in accordance with A.R.S. §§ 32-1963.01, 32-1968, and 36-2525 and includes the beyond-use date on the label.
- C.** A pharmacy permittee may dispense, sell, or deliver to an assisted living facility resident a Schedule III, IV, or V controlled substance prescription if the pharmacy permittee:
 - 1. Receives a written or oral prescription order for the Schedule III, IV, or V controlled substance from:
 - a. The resident's medical practitioner,
 - b. An individual licensed by the Arizona Board of Nursing who is acting within the scope of practice of the individual's license, or
 - c. The manager or a caregiver of the assisted living facility if the resident's medical practitioner has a written agreement with the assisted living facility designating a representative of the assisted living facility as an agent of the medical practitioner and a licensed medical practitioner provided the prescription order;
 - 2. Complies with subsection (D)(2); and
 - 3. Labels the Schedule III, IV, or V controlled substance as specified under subsection (B)(2).
- D.** A pharmacy permittee may dispense, sell, or deliver to an assisted living facility resident a non-controlled substance prescription or non-prescription drug if the pharmacy permittee:
 - 1. Receives a written or oral prescription order for the non-controlled substance prescription or non-prescription drug from:
 - a. The resident's medical practitioner,
 - b. An individual licensed by the Arizona Board of Nursing who is acting within the scope of practice of the individual's license, or
 - c. An assisted living facility manager or caregiver acting under the authority of a licensed medical practitioner;
 - 2. Determines the written or oral prescription order:
 - a. Meets the requirements of R4-23-407, and
 - b. Includes the name and title of the individual transmitting the prescription order; and
 - 3. Labels the non-narcotic prescription or non-prescription drug in accordance with A.R.S. §§ 32-1963.01 and 32-1968 and includes the beyond-use date on the label.
- E.** If the label on an assisted living facility resident's drug container becomes damaged or soiled, a pharmacist employed by the pharmacy permittee that dispensed the drug container, through the exercise of professional judgment, may relabel the drug container. Only a pharmacist is permitted to label a drug container or alter the label of a drug container.
- F.** A pharmacist may help assisted living facility personnel develop written policies and procedures regarding procuring,

administering, storing, controlling, keeping records, and disposing of drugs in the facility and provide information concerning safe and effective supervision of drug self-administration.

- G.** A pharmacy permittee shall not place an emergency drug supply unit as described in R4-23-701.02 or an automated dispensing system as described in R4-23-701.04 in an assisted living facility.
- H.** A pharmacist shall not repackage a drug previously dispensed to an assisted living facility resident.

Historical Note

Former Rules 6.8310, 6.8320, 6.8330, 6.8340, 6.8350, 6.8360, and 6.8370; Amended effective August 10, 1978 (Supp. 78-4). Amended by final rulemaking at 5 A.A.R. 2561, effective July 16, 1999 (Supp. 99-3). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 2424, effective October 14, 2017 (Supp. 17-3).

R4-23-704. Customized Patient Medication Packages

In lieu of dispensing two or more prescribed drugs in separate containers, a pharmacist may, with the consent of the patient, the patient's caregiver, the prescriber, or the facility caring for the patient, provide a customized patient medication package. The pharmacist preparing a customized patient medication package shall abide by the guidelines set forth in the current edition of the official compendium for labeling, packaging, and recordkeeping, and state and federal law.

Historical Note

Former Rules 6.8410, 6.8411, 6.8412, 6.8413, 6.8414, 6.8415, 6.8416, and 6.8417. Section R4-23-704 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 19 A.A.R. 2894, effective November 10, 2013 (Supp. 13-3).

R4-23-705. Repealed**Historical Note**

Former Rules 6.8420, 6.8421, 6.8422, 6.8423, 6.8424, 6.8425, 6.8426, 6.8427, 6.8428, and 6.8429. Amended effective August 10, 1978 (Supp. 78-4). Amended effective August 24, 1992 (Supp. 92-3). Repealed effective December 18, 1992 (Supp. 92-4).

R4-23-706. Repealed**Historical Note**

Former Rules 6.8431, 6.8432, 6.8433, 6.8434, 6.8435, 6.8436, and 6.8437; Amended effective August 10, 1978 (Supp. 78-4). Amended subsections (C), (E), (F), and (G) effective April 20, 1982 (Supp. 82-2). Section R4-23-706 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

R4-23-707. Repealed**Historical Note**

Former Rules 6.8441, 6.8442, 6.8450, 6.8451, 6.8452, 6.8453, 6.8454, 6.8455, 6.8456, and 6.8457. Section R4-23-707 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

R4-23-708. Repealed**Historical Note**

Former Rules 6.8461, 6.8462, 6.8463, and 6.8464. Section R4-23-708 repealed by final rulemaking at 5 A.A.R.

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862, effective March 3, 1999 (Supp. 99-1).

R4-23-709. Repealed**Historical Note**

Former Rules 6.8471, 6.8472, and 6.8473. Section R4-23-709 repealed by final rulemaking at 5 A.A.R. 862, effective March 3, 1999 (Supp. 99-1).

ARTICLE 8. DRUG CLASSIFICATION

Article 8, consisting of Sections R4-23-801 and R4-23-802, recodified from Article 5 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3).

R4-23-801. Repealed**Historical Note**

Former Rules 7.1110, 7.1120, and 7.1130. Repealed effective November 4, 1998 (Supp. 98-4). Recodified from R4-23-501 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). Repealed by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1).

R4-23-802. Veterinary

Veterinary preparation: A veterinary drug manufacturer or supplier may distribute:

1. A prescription-only veterinary drug to:
 - a. A veterinary medical practitioner licensed under A.R.S. Title 32, Chapter 21,
 - b. A full-service drug wholesaler permitted under A.R.S. Title 32, Chapter 18, or
 - c. A pharmacy permitted under A.R.S. Title 32, Chapter 18, and
2. A nonprescription veterinary drug to:
 - a. A veterinary medical practitioner licensed under A.R.S. Title 32, Chapter 21,
 - b. A full-service or nonprescription drug wholesaler permitted under A.R.S. Title 32, Chapter 18, or
 - c. A pharmacy permitted under A.R.S. Title 32, Chapter 18.

Historical Note

Former Rules 7.1210, 7.1220, and 7.1230. Repealed effective November 4, 1998 (Supp. 98-4). Recodified from R4-23-502 at 9 A.A.R. 4011, effective August 18, 2003 (Supp. 03-3). Amended by final rulemaking at 31 A.A.R. 2363 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-23-803. Repealed**Historical Note**

Former Rules 7.1300, 7.1400, 7.1500, and 7.1000. Repealed effective November 4, 1998 (Supp. 98-4).

R4-23-804. Repealed**Historical Note**

Former Rules 7.2100, 7.2200, 7.2300, 7.2410, 7.2420, and 7.2430. Repealed effective November 4, 1998 (Supp. 98-4).

ARTICLE 9. PENALTIES AND MISCELLANEOUS**R4-23-901. Penalty for Violations**

Any person, firm, or corporation violating any provision of 4 A.A.C. 23 is subject to the penalties in A.R.S. § 32-1996. In addition, a license or permit issued under the provisions of A.R.S. Title 32, Chapter 18 is subject to suspension or revocation for violation of 4 A.A.C. 23.

Historical Note

Former Rule 9.0000. Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3).

R4-23-902. Non-disciplinary Civil Penalties

As authorized under A.R.S. § 32-1904(D), the Board may issue the following non-disciplinary civil penalties to a licensee or permittee who engages in the specified acts or omissions without posing an imminent threat to public health or safety:

1. Failing to submit a remodel application before remodeling a permitted facility: \$250;
2. Failing to provide notice before a business is relocated: \$500;
3. Failing to update contact information: \$50/occurrence to a maximum of twice;
4. Failing to update change of employment information: \$50/occurrence to a maximum of twice;
5. Failing to complete required continuing education:
 - a. Registered pharmacist: \$100/deficient hour of continuing education for the first occurrence, \$150/deficient hour for second occurrence; and
 - b. Pharmacy technician: \$25/deficient hour of continuing education for the first occurrence, \$37.50/deficient hour for second occurrence;
6. Failing to provide notice of a new pharmacist in charge: \$100/occurrence to a maximum of twice;
7. Failing to provide notice of a new designated representative: \$100/occurrence to a maximum of twice;
8. Failing to provide notice of a new criminal charge, arrest, or conviction in any jurisdiction: \$250/occurrence to a maximum of twice;
9. Failing to provide notice of disciplinary action taken against the licensee or permittee by another jurisdiction: \$250/occurrence to a maximum of twice;
10. Failing to renew a license timely and continuing to work with an expired license:
 - a. Registered pharmacist: \$100/day worked not to exceed \$1,000; and
 - b. Pharmacy technician: \$50/day worked not to exceed \$500;
11. Failing to conduct a controlled substance inventory when there is a new pharmacist in charge: \$250/occurrence to a maximum of twice;
12. Failing to obtain a permit before shipping into Arizona anything for which a permit is required: \$100/item shipped;
13. Failing to respond timely to a subpoena: \$50;
14. Failing to provide notice before there is a change in ownership: \$250; and
15. Failing to conduct required controlled substance inventories: \$250.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

ARTICLE 10. UNIFORM CONTROLLED SUBSTANCES AND DRUG OFFENSES**R4-23-1001. Repealed****Historical Note**

Adopted effective August 2, 1982 (Supp. 82-4). Section repealed by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3).

R4-23-1002. Repealed

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Historical Note

Adopted effective August 2, 1982 (Supp. 82-4). Repealed effective November 4, 1998 (Supp. 98-4).

R4-23-1003. Records and Order Forms**A. Records.**

1. If the pharmacist-in-charge of a pharmacy is replaced by another pharmacist-in-charge, the new pharmacist-in-charge shall complete an inventory of all controlled substances in the pharmacy within 10 days of assuming the responsibility. This inventory and any other required controlled substance inventory shall:
 - a. Include an exact count of all Schedule II controlled substances;
 - b. Include an exact count of all Schedule III through Schedule V controlled substances or an estimated count if the stock container contains fewer than 1001 units;
 - c. Indicate the date the inventory is taken and whether the inventory is taken before opening of business or after close of business for the pharmacy;
 - d. Be signed by:
 - i. The pharmacist-in-charge; or
 - ii. For other required inventories, the pharmacist who does the inventory;
 - e. Be kept separately from all other records; and
 - f. Be available in the pharmacy for inspection by the Board or its designee for not less than three years.
2. A loss of a controlled substance shall be reported:
 - a. Within 10 days of discovery;
 - b. On a DEA form 106;
 - c. By the pharmacist-in-charge of a pharmacy or a manufacturer;
 - d. By the permittee or designated representative of a full-service wholesaler; and
 - e. To the federal Drug Enforcement Administration (DEA), the Narcotic Division of the Department of Public Safety (DPS), and the Board of Pharmacy. A copy of the DEA form 106 shall be kept on file by the pharmacy permittee. The DEA form 106 shall state whether the police investigated the loss.
3. Every person manufacturing any controlled substance, including repackaging or relabeling, shall record and retain for not less than three years the manufacturing, repackaging, or relabeling date for each controlled substance.
4. Every person receiving, selling, delivering, or disposing of any controlled substance shall record and retain for not less than three years the following information:
 - a. The name, strength, dosage form, and quantity of each controlled substance received, sold, delivered, or disposed;
 - b. The name, address, and DEA registration number of the person from whom each controlled substance is received;
 - c. The name, address, and DEA registration number of the person to whom each controlled substance is sold or delivered or who disposes of each controlled substance; and
 - d. The date of each transaction.
5. A full-service drug wholesale permittee or the designated representative shall complete an inventory of all controlled substances in the manner prescribed in subsection (A)(1). The permittee or designated representative shall conduct this inventory:

- a. On May 1 of each year or as directed by the Board; and
 - b. If there is a change of ownership, or discontinuance of business, or within 10 days of a change of a designated representative.
6. A drug manufacturer permittee or the pharmacist-in-charge shall complete an inventory of all controlled substances in the manner prescribed in subsection (A)(1). The permittee or pharmacist-in-charge shall conduct this inventory:
 - a. On May 1 of each year or as directed by the Board; and
 - b. If there is a change of ownership, or discontinuance of business, or within 10 days of a change of a pharmacist-in-charge.
- B. Order form.** For purposes of A.R.S. § 36-2524, "Order Form" means DEA Form 222c.

Historical Note

Adopted effective August 2, 1982 (Supp. 82-4). Amended effective November 1, 1993 (Supp. 93-4). Amended effective April 1, 1995; filed January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3). Amended by final rulemaking at 12 A.A.R. 1912, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3670, effective November 8, 2008 (Supp. 08-3).

R4-23-1004. Schedules of Controlled Substances

As of the effective date of this Section and as required under A.R.S. §§ 36-2512 through 36-2516, the Board adopts the following schedules of controlled substances. The schedules adopted include no later amendments. The adopted schedules are available on the Board's website:

1. Schedule I. 21 CFR, Chapter II, Part 1308.11;
2. Schedule II. 21 CFR, Chapter II, Part 1308.12;
3. Schedule III. 21 CFR, Chapter II, Part 1308.13;
4. Schedule IV. 21 CFR, Chapter II, Part 1308.14; and
5. Schedule V. 21 CFR, Chapter II, Part 1308.15.

Historical Note

Adopted effective August 2, 1982 (Supp. 82-4). Repealed effective November 4, 1998 (Supp. 98-4). New Section made by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1005. Products Excluded or Exempted from the Schedules of Controlled Substances

The following lists of products are excluded or exempted from the schedules of controlled substances adopted in R4-23-1004. All lists are available on the Board's website and at <https://www.ecfr.gov/current/title-21/chapter-II/part-1308>:

1. Excluded nonnarcotic substances that may be lawfully sold over-the-counter without a prescription order. 21 CFR, Chapter II, Part 1308.22;
2. Exempted chemical preparations and mixtures. 21 CFR, Chapter II, Part 1308.24; and
3. Exempted prescription products containing a nonnarcotic controlled substance. 21 CFR, Chapter II, Part 1308.32.

Historical Note

Adopted effective August 2, 1982 (Supp. 82-4). Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3). Amended by final rulemaking at 18 A.A.R. 2609, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-

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1).

R4-23-1006. Substances Excepted from Drug Offenses

The following materials, compounds, mixtures, or preparations containing any stimulant or depressant substance included in A.R.S. §§ 13-3401(6)(b) or 13-3401(6)(c) are excepted from the definition of dangerous drugs under the authority of A.R.S. § 32-1904(B)(14):

1. Over-the-counter drugs excepted in R4-23-1005(A).
2. Chemical preparations excepted in R4-23-1005(B).
3. Prescription-only drugs excepted in R4-23-1005(C).

Historical Note

Adopted effective August 2, 1982 (Supp. 82-4).
Amended by final rulemaking at 6 A.A.R. 3177, effective August 3, 2000 (Supp. 00-3).

ARTICLE 11. PHARMACY TECHNICIANS; PHARMACY TECHNICIAN TRAINEES

Article 11, consisting of R4-23-1101 through R4-23-1105, made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1).

R4-23-1101. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Repealed by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1102. Pharmacy Technician Licensure

- A. License required. A person shall not work as a pharmacy technician in Arizona unless the person possesses a license issued by the Board. A licensed pharmacy technician shall maintain the certificate of licensure, which is in good standing, at the practice site for inspection by the Board or its designee or review by the public. A license issued by the Board is not transferable.
- B. Eligibility. An applicant for licensure as a pharmacy technician, as defined at A.R.S. § 32-1901, shall provide the Board proof the applicant is eligible under A.R.S. § 32-1923.01(A), including documentation the applicant:
 1. Passed a Board-approved pharmacy technician examination;
 2. Passed the Foreign Pharmacy Graduate Equivalency Examination, if applicable; or
 3. Graduated from a Board-approved pharmacy school.
- C. Application.
 1. An applicant for licensure as a pharmacy technician shall:
 - a. Submit a completed application electronically or manually on a form furnished by the Board, and
 - b. Submit with the application form:
 - i. The documents specified in the application form,
 - ii. The initial licensure fee specified in R4-23-205, and
 - iii. The wall license fee specified in R4-23-205.
 2. The Board office shall deem an application form received on the date the Board office electronically or manually date-stamps the form.
- D. Licensure.
 1. If an applicant is found to be ineligible for pharmacy technician licensure under statute and rule, the Board

office shall issue a written notice of denial to the applicant.

2. If an applicant is found to be eligible for pharmacy technician licensure under statute and rule, the Board office shall issue a certificate of licensure and a wall license. An applicant who is assigned a license number and granted “open” or “active” status on the Board’s license verification site may begin practice as a pharmacy technician. An applicant shall not practice as a pharmacy technician if the Board’s license verification site indicates any status other than “open” or “active.”
- E. License renewal.
 1. To renew a license, a pharmacy technician shall submit a completed license renewal application electronically or manually on a form furnished by the Board with the biennial renewal fee specified in R4-23-205.
 2. If the biennial renewal fee is not paid by November 1 of the renewal year specified in A.R.S. § 32-1925, the pharmacy technician license is suspended and the licensee shall not practice as a pharmacy technician. The licensee shall pay a reinstatement penalty as provided in A.R.S. § 32-1925 and R4-23-205 to vacate the suspension.
 3. Continuing education requirement. Under A.R.S. § 32-1925(H), continuing professional education is mandatory for a licensee.
 - a. The Board shall accept continuing education hours awarded only by an approved provider.
 - b. The Board shall not renew a pharmacy technician license unless the licensee successfully completes 20 continuing education hours during the two years since the licensee’s last renewal date and attests to that on the biennial renewal form.
 - c. Special continuing education requirements. If applicable, during each two-year license period, a pharmacy technician:
 - i. Shall not administer a vaccine under R4-23-1104(B)(5) unless the pharmacy technician has successfully completed two continuing education hours relating to administration of vaccines; and
 - ii. As described under A.R.S. § 32-1925(H), shall successfully complete two continuing education hours regarding remote dispensing site pharmacy practices.
 - d. A pharmacy technician licensee is exempt from the continuing education requirement in subsection (E)(3)(b) between the time of initial licensure and first renewal.
 - e. A pharmacy technician licensee shall maintain for five years continuing education records that indicate the number of hours successfully completed and the approved provider of each continuing education. The pharmacy technician licensee shall make the records available to the Board on request.
 - f. The Board shall deem failure to comply with the continuing education requirements as unprofessional conduct and grounds for disciplinary action under A.R.S. § 32-1927.01.
 - g. A pharmacy technician who is aggrieved by a Board decision concerning continuing education may request a hearing before the Board.
 - F. Delinquent license for five or more consecutive years. The Board shall reinstate a delinquent Arizona pharmacy technician license only if the individual furnishes satisfactory proof

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of fitness to be licensed as a pharmacy technician and pays all fees for the two most recent renewal periods and penalty fees. Satisfactory proof includes:

1. For an individual who is practicing as a pharmacy technician out-of-state with a pharmacy technician license issued by another jurisdiction:
 - a. Proof of current, unrestricted pharmacy technician licensure in another jurisdiction; and
 - b. Proof of employment as a pharmacy technician during the last 12 months; or
 2. For an individual who did not practice as a pharmacy technician within the last 12 months:
 - a. Take and pass a Board-approved pharmacy technician examination, and
 - b. Complete 20 continuing education hours.
- G.** Time frames for pharmacy technician licensure and license renewal. The Board office shall follow the time frames established in R4-23-202(F).
- H.** Verification of license. A pharmacy permittee or pharmacist-in-charge shall not allow a person to practice as a pharmacy technician until the pharmacy permittee or pharmacist-in-charge verifies the person is currently licensed by the Board as a pharmacy technician.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1103. Pharmacy Technician Trainee Registration

- A.** Registration required. As indicated under A.R.S. § 32-1923.01, a person shall not work as a pharmacy technician trainee in Arizona unless the person has registered with the Board. A registered pharmacy technician trainee shall maintain the registration certificate at the practice site for inspection by the Board or its designee or review by the public. Registration as a pharmacy technician trainee is not transferable.
- B.** Eligibility. An applicant for a 36-month, non-renewable registration as a pharmacy technician trainee shall provide the Board proof the applicant is eligible under A.R.S. § 32-1923.01(B).
- C.** Application.
1. An applicant for a 36-month, non-renewable registration as a pharmacy technician trainee shall:
 - a. Submit a completed application electronically on a form available on the Board's website, and
 - b. Submit with the application form:
 - i. The documents specified in the application form, and
 - ii. The registration fee specified in R4-23-205.
 2. The Board office shall deem an application form received on the date the Board office electronically date-stamps the form.
- D.** Registration.
1. If an applicant is found to be ineligible for registration as a pharmacy technician trainee under statute and rule, the Board office shall issue a written notice of denial to the applicant.

2. If an applicant is found to be eligible for registration as a pharmacy technician trainee under statute and rule, the Board office shall issue a certificate of registration. An applicant who is assigned a registration number and granted "open" or "active" status on the Board's website may begin practice as a pharmacy technician trainee. An applicant shall not practice as a pharmacy technician trainee if the Board's website indicates any status other than "open" or "active."
- E.** Time frames for pharmacy technician trainee registration. The Board office shall follow the time frames established in R4-23-202(F).
- F.** Verification of registration. A pharmacy permittee or pharmacist-in-charge shall not allow a person to practice as a pharmacy technician trainee until the pharmacy permittee or pharmacist-in-charge verifies that the person is currently registered by the Board as a pharmacy technician trainee.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 2911, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1015, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1104. Pharmacy Technicians and Pharmacy Technician Trainees

- A.** Permissible tasks of a pharmacy technician trainee. Acting in compliance with all applicable statutes and rules and under the supervision of a pharmacist, a pharmacy technician trainee registered under R4-23-1103 may assist an intern or pharmacist with the following when applicable to the pharmacy practice site:
1. Record on the original prescription order the serial number of the prescription medication and date dispensed;
 2. Initiate or accept verbal or electronic refill authorization from a medical practitioner or medical practitioner's agent and record, on the original prescription order or by an alternative method approved by the Board or its designee, the medical practitioner's name, patient name, name and quantity of prescription medication, specific refill information, and name of medical practitioner's agent, if any;
 3. Record information in the refill record or patient profile;
 4. Enter information for a new or refill prescription medication as required under A.R.S. § 32-1964;
 5. Type and affix a label for the prescription medication. A pharmacist or intern working under the supervision of a pharmacist shall verify the accuracy of the label as described under R4-23-402(A)(11);
 6. Reconstitute a prescription medication, if a pharmacist checks the ingredients and procedure before reconstitution and verifies the final product after reconstitution;
 7. Retrieve, count, or pour a prescription medication, if a pharmacist verifies the contents of the prescription medication against the original prescription medication container or by an alternative drug identification method approved by the Board or its designee;
 8. Prepackage drugs in accordance with R4-23-402(A); and
 9. Measure, count, pour, or otherwise prepare and package a drug needed for hospital inpatient dispensing, if a pharmacist

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macist verifies the accuracy, measuring, counting, pouring, preparing, packaging, and safety of the drug before the drug is delivered to a patient care area.

- B.** Permissible tasks of a pharmacy technician. Acting in compliance with all applicable statutes and rules and under the supervision of a pharmacist, a pharmacy technician licensed under R4-23-1102 may:
1. Perform the tasks listed in subsection (A);
 2. After completing a pharmacy technician drug compounding training program developed by the pharmacy permittee or pharmacist-in-charge under R4-23-1105(C), assist a pharmacist or intern in compounding prescription medications and sterile or non-sterile pharmaceuticals in accordance with written policies and procedures, if the preparation, accuracy, and safety of the final product is verified by a pharmacist before dispensing;
 3. Administer a vaccine when:
 - a. Administration of the vaccine is done under an order that complies with A.R.S. § 32-1974 and R4-23-411;
 - b. Administration of the vaccine is delegated by and done under the supervision of a pharmacist on duty who is certified under A.R.S. § 32-1974 to administer vaccines; and
 - c. There is documentation by the permittee that the pharmacy technician has completed the following:
 - i. A practical training program that is approved by the Accreditation Council for Pharmacy Education and includes hands-on injection technique and recognition and treatment of emergency reactions to vaccines; and
 - ii. Current certification in basic cardiopulmonary resuscitation.
 4. Perform a task not related to professional judgment if the task is delegated to the pharmacy technician by the pharmacist on duty after the pharmacist on duty ensures the pharmacy technician is trained to do the task and there is documentation by the permittee of the training; and
 5. A pharmacist on duty shall not delegate or attempt to delegate the following tasks to a pharmacy technician:
 - a. Administering an emergency medication,
 - b. Counseling a patient,
 - c. Conducting a drug utilization review,
 - d. Performing any task that requires the exercise of clinical judgment,
 - e. Issuing a prescription order,
 - f. Receiving a new prescription order for a controlled substance, or
 - g. Transferring by telephone an existing prescription order for a controlled substance.
- C.** Prohibited activities. A pharmacy technician or pharmacy technician trainee shall not perform a professional practice reserved for a pharmacist or intern in accordance with R4-23-402 or R4-23-653 unless otherwise allowed by rule.
- D.** A pharmacy technician or pharmacy technician trainee shall wear a badge indicating name and title while on duty.
- E.** Before employing a pharmacy technician or pharmacy technician trainee, a pharmacy permittee or pharmacist-in-charge shall develop, implement, review, revise, and enforce, in the manner described in R4-23-653(A), policies and procedures addressing tasks to be performed by the pharmacy technician or pharmacy technician trainee that are consistent with state and federal law and the site at which the pharmacy technician or pharmacy technician trainee will be employed.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 3257, effective January 8, 2018 (Supp. 17-4). Amended by final rulemaking at 28 A.A.R. 994 (May 13, 2022), effective July 2, 2022 (Supp. 22-2). Section made by emergency rulemaking at 29 A.A.R. 1196 (May 26, 2023), with an immediate effective date of May 4, 2023; effective for 180 days (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 2191 (September 22, 2023), with an immediate effective date of September 6, 2023 (Supp. 23-3). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1104.01 Repealed**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 3257, effective January 8, 2018 (Supp. 17-4). Repealed by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1105. Pharmacy Technician Trainee Training Program; Pharmacy Technician Drug Compounding Training Program

- A.** Nothing in this Section prevents additional offsite training of a pharmacy technician.
- B.** Pharmacy technician trainee training program. A pharmacy permittee or pharmacist-in-charge shall develop, implement, review, revise, and enforce, in the manner described in R4-23-653(A), a pharmacy technician trainee training program that is based on the needs of the individual pharmacy and designed to prepare the pharmacy technician trainee to pass a Board-approved national certification examination.
- C.** Pharmacy technician drug compounding training program.
1. A pharmacy permittee or pharmacist-in-charge shall develop, implement, review, revise, and enforce, in the manner described in R4-23-653(A), a pharmacy technician drug compounding training program based on the needs of the individual pharmacy.
 2. A pharmacist-in-charge shall:
 - a. Document the date a pharmacy technician successfully completed the pharmacy technician drug compounding training program, and
 - b. Maintain the required documentation for inspection by the Board or its designee.
- D.** A pharmacy technician shall perform only those tasks, listed in R4-23-1104(B), for which training and competency has been demonstrated.
- E.** If a pharmacy technician trainee leaves a training program described under subsection (B) before successfully completing the training program, the pharmacist-in-charge shall provide the pharmacy technician trainee with written documentation of the hours of training completed and the tasks for which competence was demonstrated.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1192, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 3032, effective October 1, 2006 (Supp. 06-3). Amended by final rulemaking at 19 A.A.R. 102, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 25 A.A.R. 1015, effective

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tive June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

R4-23-1106. Repealed**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1105, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 26 A.A.R. 223, effective March 14, 2020 (Supp. 20-1). Section made by emergency rulemaking at 29 A.A.R. 1196 (May 26, 2023), with an immediate effective date of May 4, 2023; effective for 180 days (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 2191 (September 22, 2023), with an immediate effective date of September 6, 2023 (Supp. 23-3). Repealed by final rulemaking at 30 A.A.R. 3095 (October 25, 2024), effective November 30, 2024 (Supp. 24-4).

ARTICLE 12. DONATED MEDICINE PROGRAM**R4-23-1201. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1202. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1203. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1204. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1205. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1206. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1207. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1208. Handling Fee

- A. The definitions at A.R.S. § 32-1909(U) apply to this Section.
- B. As specified under A.R.S. § 32-1909(N), an authorized recipient shall not sell a medicine received from a donor.
- C. An authorized recipient may charge a fee to an eligible patient to whom a donated medicine is dispensed. The authorized recipient shall ensure any fee charged to an eligible patient:
 - 1. Does not exceed the reasonable cost of receiving, handling, and dispensing the donated medicine; and
 - 2. Is consistent with the purpose of the donated medicine program. A fee consistent with the purpose of the donated medicine program includes an adjustment for the quantity and retail cost of the medicine dispensed.
- D. An authorized recipient may charge a fee to a donor or other authorized recipient for usual and customary expenses incurred in receiving and handling donated medicine.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1209. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

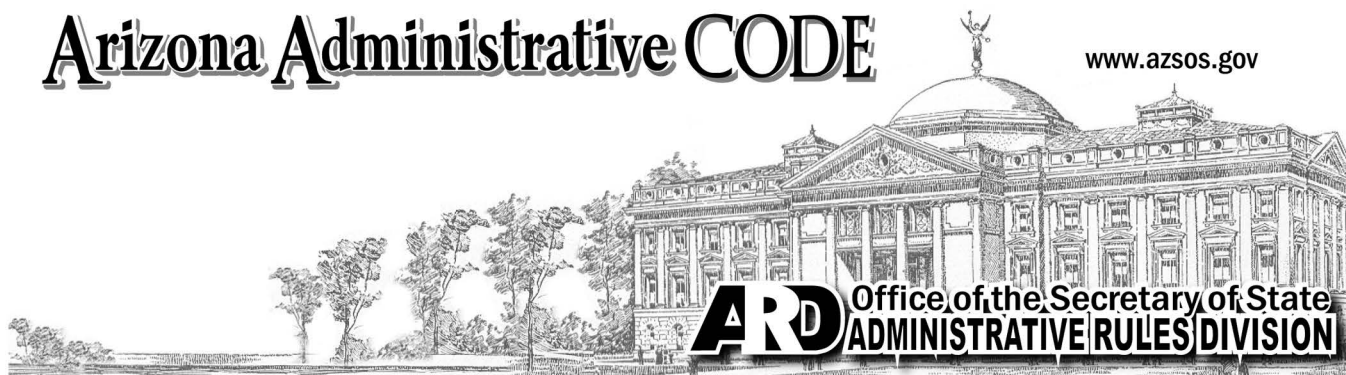
R4-23-1210. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

R4-23-1211. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4320, effective January 3, 2009 (Supp. 08-4). Repealed by final rulemaking at 28 A.A.R. 611 (March 18, 2022), effective May 2, 2022 (Supp. 22-1).

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TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 24. BOARD OF PHYSICAL THERAPY
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Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Judy Chepeus
Title: Executive Director
Telephone: (602) 271-7365
Email: judy.chepeus@ptboard.az.gov
Board: Board of Physical Therapy
Address: 1740 W. Adams St., Suite 2450
Phoenix, AZ 85007
Website: www.ptboard.az.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 21-2, 1-20 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

PERSONAL USE/COMMERCIAL USE

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

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Administrative Rules Division

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 24. BOARD OF PHYSICAL THERAPY

Authority: A.R.S. § 32-2002 et seq.

Supp. 25-3

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ARTICLE 1. GENERAL PROVISIONS

R4-24-101. Definitions

In addition to the definitions in A.R.S. §§ 32-2001 and 32-2053, in this Chapter:

1. "Accredited" means accredited by a nationally recognized accreditation organization.
2. "Accredited educational program" means a physical therapist or physical therapist assistant educational program that is accredited by:
 - a. The Commission on Accreditation of Physical Therapy Education, or
 - b. An agency recognized as qualified to accredit physical therapist or physical therapist assistant programs by either the U.S. Department of Education or the Council on Higher Education Accreditation at the time of the applicant's graduation.
3. "Administratively suspend," as used in A.R.S. § 32-2027, means a non-disciplinary action in which the Board places a license issued under A.R.S. Title 32, Chapter 19 and this Chapter on suspended status because the license was not renewed timely.
4. "Applicant" means an individual or business entity seeking an initial or renewal license, initial or renewal registration, interim permit, or reinstatement from the Board.
5. "Applicant packet" means the forms and additional information the Board requires to be submitted by an applicant or on the applicant's behalf.
6. "Campus" means a facility and immediately adjacent buildings.
7. "Clinical performance instrument" means a tool used to assess an individual's knowledge, skills, and attitudes for readiness to work as a physical therapist or physical therapist assistant, as applicable, that is accepted by the Board and listed on its website.
8. "College Board" means an association composed of schools, colleges, universities, and other educational organizations across the United States that is responsible for the development of assessment tests that are used to provide college credit or for college placement.
9. "College level examination program" means services offered by the College Board for an individual to demonstrate college-level achievement by taking an examination approved by the College Board.
10. "Compliance period" means the two-year license renewal cycle that ends August 31 of even-numbered years.
11. "Continuing competence" means maintaining the professional skill, knowledge, and ability of a physical therapist or physical therapist assistant by successfully completing scholarly and professional activities related to physical therapy.
12. "Course" means an organized subject matter in which instruction is offered within a specified period of time.
13. "Course evaluation tool" means the Coursework Evaluation Tool for Foreign Educated Physical Therapists who Graduated after June 30, 2009, Fifth Edition, 2004 (effective July 1, 2009), published by the Federation of State Boards of Physical Therapy, 124 West Street, South Alexandria, VA, 22314, incorporated by reference and on file with the Board. This incorporation by reference contains no future editions or amendments.
14. "Credential evaluation" means a written assessment of a foreign-educated applicant's general and professional educational course work.
15. "Credential evaluation agency" means an organization that evaluates a foreign-educated applicant's education and provides recommendations to the Board about whether the applicant's education is substantially equivalent to physical therapy education provided in an accredited educational program.
16. "Days" means calendar days.
17. "Endorsement" means a procedure for granting an Arizona license to an applicant already licensed as a physical therapist or physical therapist assistant in another jurisdiction of the United States.
18. "ETS" means Educational Testing Service, an organization that provides educational learning and assessment services, including the Test of English as a Foreign Language Program.
19. "Facility" means a building where:
 - a. A physical therapist is engaged in the practice of physical therapy;
 - b. An applicant or licensee is engaged in a supervised clinical practice; or
 - c. A physical therapist assistant performs physical therapy-related tasks delegated by an onsite supervisor.
20. "Foreign-educated applicant" means an individual who graduated from a physical therapist educational program outside the United States, Puerto Rico, District of Columbia, or a U.S. territory.
21. "Functional limitation" means restriction of the ability to perform a physical action, activity, or task in an efficient, typically expected, or competent manner.
22. "Hour" means 60 minutes.
23. "iBT" means internet-based TOEFL.
24. "National disciplinary database" means the disciplinary database of the U.S. Department of Health and Human Services' Health Integrity and Protection Data Base, which contains previous or current disciplinary actions taken against a physical therapist or physical therapist assistant by state licensing agencies.
25. "National examination" means an examination produced by the Federation of State Boards of Physical Therapy or an examination produced by the American Physical Therapy Association.
26. "On call," as used in the definition of "general supervision" prescribed under A.R.S. § 32-2001, means a supervising physical therapist is able to go to the location at which and on the same day that a physical therapist assistant provides a selected treatment intervention if the physical therapist, after consultation with the physical therapist assistant, determines that going to the location is in the best interest of the patient.
27. "Onsite supervisor" means a physical therapist who provides onsite supervision as defined in A.R.S. § 32-2001.
28. "Physical therapy services" means any of the actions stated in the definition of practice of physical therapy in A.R.S. § 32-2001.
29. "Qualified translator" means an individual, other than an applicant, who is:
 - a. An officer or employee of an official translation bureau or government agency,
 - b. A professor or instructor who teaches a translated language in an accredited college or university in the United States,
 - c. An American consul in the country where the translated document is issued or another individual design-

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 24. BOARD OF PHYSICAL THERAPY

nated by the American consul in the country where the translated document is issued, or

- d. A consul general or diplomatic representative of the United States or individual designated by the consul general or diplomatic representative.
30. "Readily available," as used in the definition of "general supervision" prescribed under A.R.S. § 32-2001, means a supervising physical therapist is able to respond within 15 minutes to a communication from a physical therapist assistant providing a selected treatment intervention under general supervision.
31. "Recognized standards of ethics" means the *Code of Ethics for the Physical Therapist* (amended August 12, 2020) and the accompanying *Guide for Professional Conduct* (amended March 2019 and the *Standards of Ethical Conduct for the PTA* (amended August 2020) of the American Physical Therapy Association, 3030 Potomac Avenue, Suite 100, Alexandria, VA 22305-3085, which are incorporated by reference and on file with the Board. This incorporation includes no later editions or amendments.
32. "Supervised clinical practice" means a physical therapist is engaged in the practice of physical therapy or a physical therapist assistant is engaged in work as a physical therapist assistant after being issued an interim permit by the Board.
33. "Supervising physical therapist" means a physical therapist licensed under this Chapter who provides onsite or general supervision to licensed physical therapist assistants or onsite supervision to other assistive personnel, interim permit holders, student physical therapists, and student physical therapist assistants.
34. "Suspend" means a disciplinary action in which the Board places a license or registration in a status that restricts the holder of the license or registration from practicing as a physical therapist, working as a physical therapist assistant, or offering physical therapy services.
35. "TOEFL" means test of English as a foreign language.
36. "Week" means the period beginning on Sunday at 12:00 a.m. and ending the following Saturday at 11:59 p.m.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Amended effective April 10, 1986 (Supp. 86-2). Amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Amended by final rulemaking at 5 A.A.R. 2988, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 307, effective January 13, 2003 (Supp. 03-1). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 1640, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 15 A.A.R. 1788, effective December 5, 2009 (Supp. 09-4). Amended by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-102. Expired**Historical Note**

Adopted effective June 3, 1982 (Supp. 82-3). Former Section R4-24-102 repealed, former Section R4-24-103 renumbered and amended as Section R4-24-102 effective

April 10, 1986 (Supp. 86-2). Former Section R4-24-102 renumbered to R4-24-103; new Section R4-24-102 adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3).

R4-24-103. Board Officers

The Board shall elect a president, vice-president, and secretary at its first regular Board meeting each year.

1. The president shall preside at all Board meetings.
2. When the president is unable to preside at a Board meeting, the vice-president shall preside.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Former Section R4-24-103 renumbered and amended as Section R4-24-102, former Section R4-24-104 renumbered and amended as Section R4-24-103 effective April 10, 1986 (Supp. 86-2). Former Section R4-24-103 renumbered to Section R4-24-204 effective May 7, 1990 (Supp. 90-2). New Section R4-24-103 renumbered from R4-24-102 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2).

R4-24-104. Confidential Information and Records

The following information or a record containing this information is confidential and is not provided to the public by the Board:

1. An applicant's or licensee's:
 - a. Social Security number;
 - b. Home address or home telephone number unless the applicant or licensee designates the information for disclosure under A.R.S. § 32-3226;
 - c. Credential evaluation report, education transcript, grades, or examination scores;
 - d. National physical therapist or physical therapist assistant examination score;
 - e. Diagnosis and treatment records; and
2. According to A.R.S. § 32-2045, information or a document related to investigations by the Board until the information or document becomes a public record or as required by law.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Former Section R4-24-104 renumbered and amended as Section R4-24-103 effective April 10, 1986 (Supp. 86-2). New Section R4-24-104 adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-105. Expired**Historical Note**

Adopted effective June 3, 1982 (Supp. 82-3). Amended subsection (B) effective April 10, 1986 (Supp. 86-2). Amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3).

TITLE 4. PROFESSIONS AND OCCUPATIONS
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R4-24-106. Repealed**Historical Note**

Adopted effective June 3, 1982 (Supp. 82-3). Amended subsection (A) effective April 10, 1986 (Supp. 86-2). Amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2).

R4-24-107. Fees

- A.** Under the authority provided by A.R.S. §§ 32-2029, 32-2030, 32-2032, and 32-2053 the Board establishes and shall collect the following fees:
1. For a physical therapist:
 - a. Application for an original license if the applicant applies on or after September 1 in an even-numbered year and no later than August 31 in an odd-numbered year, \$260;
 - b. Application for an original license if the applicant applies on or after September 1 in an odd-numbered year and no later than August 31 in an even-numbered year, \$190;
 - c. Renewal of an active license, \$160;
 - d. Renewal of an inactive license, \$80; and
 - e. Reinstatement of an administratively suspended license, \$100 plus the renewal fee.
 2. For a physical therapist assistant:
 - a. Application for an original license if the applicant applies on or after September 1 in an even-numbered year and no later than August 31 in an odd-numbered year, \$160;
 - b. Application for an original license if the applicant applies on or after September 1 in an odd-numbered year and no later than August 31 in an even-numbered year, \$120;
 - c. Renewal of an active license, \$55;
 - d. Renewal of an inactive license, \$27.50; and
 - e. Reinstatement of an administratively suspended license, \$50 plus the renewal fee.
 3. For a business entity:
 - a. Application for an original registration, \$50;
 - b. Renewal, \$50; and
 - c. Late fee, \$25.
- B.** Under the authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect a registration fee from an out-of-state health care provider of telehealth services: \$100.
- C.** The fees specified in subsections (A) and (B) are nonrefundable unless A.R.S. § 41-1077 applies.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Amended effective May 7, 1990 (Supp. 90-2). Section R4-24-107 renumbered to R4-24-306 by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section R4-24-107 renumbered from R4-24-206 by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 18 A.A.R. 1858, effective July 10, 2012 (Supp. 12-3). Amended by final exempt rulemaking at 27 A.A.R. 1105, with an immediate effective date of June 29, 2021 (Supp. 21-2). Amended by final rulemak-

ing at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-108. Repealed**Historical Note**

Adopted effective June 3, 1982 (Supp. 82-3). Repealed effective May 7, 1990 (Supp. 90-2).

R4-24-109. Renumbered**Historical Note**

Adopted effective June 3, 1982 (Supp. 82-3). Amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Section R4-24-109 renumbered to R4-24-307 by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2).

ARTICLE 2. LICENSING PROVISIONS**R4-24-201. Application for a Physical Therapist License**

- A.** An applicant for an original physical therapist license shall submit to the Board an application packet that includes:
1. An electronic application form, which is available on the Board's website;
 2. A headshot photograph of the applicant that was taken not more than six months before the date of the application;
 3. A copy of documentation, as described under A.R.S. § 41-1080, of the applicant's U.S. citizenship, alien status, legal residency, or lawful presence in the U.S.;
 4. A copy of the applicant's valid fingerprint clearance card as required under A.R.S. § 32-2022; and
 5. The fee required in R4-24-107.
- B.** In addition to the requirements in subsection (A), an applicant shall arrange to have the original source of the following information submit the information electronically to the Board:
1. An official transcript or letter that shows the applicant completed all requirements of an accredited educational program, identifies the university or college where the applicant completed the accredited educational program, and contains the electronic signature of the registrar of the university or college,
 2. Verification of passing a national examination in physical therapy, and
 3. Verification of passing a jurisprudence examination.
- C.** In addition to the requirements in subsections (A) and (B), an applicant for a physical therapist license by endorsement or universal recognition shall electronically submit to the Board:
1. The name of the licensing or certifying agency of any jurisdiction in which the applicant is currently or has been previously licensed, certified, or granted a compact privilege, as defined at A.R.S. § 32-2053;
 2. A primary-source verification of each license, certificate, or compact privilege identified in subsection (C)(1) that includes all of the following:
 - a. The name of the applicant;
 - b. The license or certificate number and date of issuance;
 - c. The current status of the license or certificate;
 - d. The expiration date of the license or certificate; and
 - e. A statement of whether any disciplinary action is pending or has ever been taken against the applicant and if so, an explanation.
- D.** The Board shall deny a license to an applicant who fails to meet the requirements of this Section or A.R.S. Title 32, Chapter 19. An applicant denied a license may request a hearing under A.R.S. Title 41, Chapter 6, Article 10.

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Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Amended subsection (C) and added subsection (D) effective April 10, 1986 (Supp. 86-2). Amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2988, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008, (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-202. Reinstatement of License; Reapplication

- A. Reinstatement. An applicant whose Arizona license is administratively suspended for no more than three consecutive years after the date on which the license was not renewed may apply for reinstatement of the license by submitting the application in R4-24-208 and the reinstatement fee and renewal fee required in R4-24-107.
- B. Reapplication. An Arizona license that is administratively suspended for more than three consecutive years after the date on which the license was not renewed expires as specified in A.R.S. § 32-2028(B) and may not be reinstated. The holder of an expired license may reapply for a license by submitting an application under R4-24-201, R4-24-203, or R4-23-207, as applicable, and the fee required in R4-24-107.
- C. If an applicant submits an application according to subsection (B), the Board shall require the applicant to demonstrate competency by doing one or more of the following:
 1. Practice physical therapy or work as a physical therapist assistant under an interim permit that allows the applicant to participate in a supervised clinical practice,
 2. Complete one or more courses relevant to the practice of physical therapy or the work of a physical therapist assistant,
 3. Complete continuing competence requirements for the period of the lapsed license, or
 4. Take and pass a jurisprudence examination or national examination.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Amended subsection (C) effective April 10, 1986 (Supp. 86-2). Amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Former Section R4-24-202 renumbered to R4-24-204; new Section R4-24-202 adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Subsection (A) corrected at request of the Board, Office File No. M12-209, filed June 8, 2012 (Supp. 12-1). Amended by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-203. Foreign-educated Applicant Requirements

- A. A foreign-educated applicant shall meet the requirements in A.R.S. § 32-2022(B) and the following:
 1. The applicant shall comply with the requirements in R4-24-201.

2. The applicant shall ensure a document required by R4-24-201 or this subsection is:
 - a. Submitted to the Board in English; or
 - b. Accompanied by an original English translation by a qualified translator if the document is submitted to the Board in a language other than English and includes an affidavit of accuracy by the qualified translator affirming:
 - i. The qualified translator has translated the entire document,
 - ii. The qualified translator has not omitted anything from or added to the translation, and
 - iii. The translation is true and accurate.
3. To meet the requirements in A.R.S. § 32-2022(B)(4), the applicant shall state on the application form whether the applicant's practice as a physical therapist was limited in the country where the professional education occurred. If the applicant's practice was limited in the country where the professional education occurred, the applicant shall submit to the Board documentation of the limitation, or arrange to have documentation of limitation sent directly to the Board. The applicant shall ensure the documentation includes:
 - a. The name, address, and telephone number of the entity that limited the applicant's practice of physical therapy;
 - b. An explanation of why the applicant's practice as a physical therapist is limited;
 - c. A description of the nature of the limitation on the applicant's practice of physical therapy; and
 - d. If the limitation is based on citizenship requirements of the country in which the professional education was obtained, a legal reference for the limitation in the laws of the country in which the professional education was obtained, a copy of the referenced laws, and an English translation of the laws that meets the standards in subsection (A)(2)(b).
4. If English is not the native language of the foreign-educated applicant, to meet the requirements in A.R.S. § 32-2022(B)(6), the applicant shall take and pass either of the following tests no more than 18 months before the date on which the application submitted under R4-24-201 is administratively complete and ensure the test scores are sent directly to the Board by the testing entity:
 - a. The TOEFL. An applicant who takes the TOEFL passes with the following:
 - i. A score of 560 or more if a paper-based test or a score of 220 or more if a computer-based test;
 - ii. Test of Spoken English with a score of 50 or more; and
 - iii. Test of Written English with a score of 4.5 or more; or
 - b. The iBT. An applicant who takes the iBT passes with an overall test score of a minimum of 100 and a:
 - i. Writing section with a minimum score of 25,
 - ii. Speaking section with a minimum score of 25,
 - iii. Reading section with a minimum score of 25, and
 - iv. Listening section with a minimum score of 25.
5. To demonstrate that the applicant meets uniform criteria for educational requirements according to A.R.S. § 32-2022(E)(3), the applicant shall undergo a credential evaluation to determine that the applicant meets the require-

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ments in the course evaluation tool and arrange to have a credential evaluation report, prepared within 18 months from the date of the application, sent directly to the Board by the credential evaluation agency.

6. To meet the requirements in A.R.S. § 32-2022(B)(4), the applicant shall obtain a work visa to reside and seek employment in the United States issued by the United States Citizenship and Immigration Services and submit a copy of the work visa to the Board.

B. After receiving a credential evaluation report from a credential evaluation agency, the Board:

1. If the credential evaluation report does not establish that the education obtained by the foreign-educated applicant is substantially equivalent to the education required of a physical therapist in an accredited education program, may require the applicant to complete:
 - a. One or more university or college courses and obtain a grade of C or better in each course;
 - b. A college level examination program; or
 - c. One or more continuing competence courses; and
2. Shall issue, within the time frames stated in Table 1, an interim permit to complete a supervised clinical practice to the applicant if:
 - a. The applicant was required to meet one or more of the requirements in subsection (B)(1) and completes the requirements; or
 - b. The credential evaluation report establishes that the education obtained by the foreign-educated applicant is substantially equivalent to the education required of a physical therapist in an accredited education program; and
 - c. The applicant has passed the national examination and jurisprudence examination; and
 - d. The applicant meets the requirements in A.R.S. Title 32, Chapter 19 and R4-24-201.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Amended subsection (B) effective April 10, 1986 (Supp. 86-2). Amended effective March 14, 1996 (Supp. 96-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008, (Supp. 08-3). Amended by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-204. Supervised Clinical Practice

- A.** An interim permit holder shall complete a supervised clinical practice under onsite supervision. The supervised clinical practice shall consist of at least 500 hours.
- B.** Before an individual is issued an interim permit, the individual shall submit to the Board:
 1. A written request for Board approval of the facility where supervised clinical practice will take place that includes:
 - a. The name, address, and telephone number of the facility; and
 - b. A description of the physical therapy services provided at the facility; and
 2. The name of the individual who holds an unrestricted license to practice physical therapy in this state and agrees to provide onsite supervision of the individual.

C. The Board shall approve or deny a request made under subsection (B)(1):

1. After assessing whether the facility provides the opportunity for an interim permit holder to attain the knowledge, skills, and attitudes to be evaluated according to an approved clinical performance instrument; and
2. According to the time frames in Table 1.

D. An onsite supervisor shall:

1. Observe the interim permit holder during the supervised clinical practice and:
 - a. Rate the interim permit holder's performance, at both the mid-point and completion of the clinical practice, on each of the clinical performance criteria in the clinical performance instrument used, including the dates and hours the onsite supervisor provided onsite supervision;
 - b. Recommend following the mid-point rating whether the interim permit holder be allowed to continue the clinical practice and changes needed, if any, to ensure successful completion of the clinical practice; and
 - c. Recommend following the completion rating whether the interim permit holder be licensed or required to complete further supervised clinical practice; and
2. Submit the ratings from the clinical performance instrument used to the Board as follows:
 - a. No later than the 55th day of the clinical practice for the mid-point rating, and
 - b. No later than 30 days after the end of the supervised clinical practice for the completion rating.

E. After the Board receives the mid-point rating from the clinical performance instrument, the Board shall review the rating and recommendation of the onsite supervisor and decide whether to allow the interim permit holder to continue the clinical practice or recommend changes in the clinical practice to the onsite supervisor.

F. After the Board receives the completion rating from the clinical performance instrument, the Board:

1. May require the interim permit holder to complete additional onsite supervision under the interim permit if the additional onsite supervision does not cause the interim permit holder to exceed six months from the date the interim permit was issued and:
 - a. The onsite supervisor does not approve one or more of the skills from the clinical performance instrument;
 - b. The onsite supervisor recommends that the interim permit holder complete further supervised clinical practice; or
 - c. The Board determines that the interim permit holder has not met the requirements in A.R.S. Title 32, Chapter 19 and this Chapter.
2. If the interim permit holder meets all of the requirements in A.R.S. Title 32, Chapter 19 and this Chapter, shall issue a license.
3. If the interim permit holder does not meet all of the requirements in A.R.S. Title 32, Chapter 19 and this Chapter, shall deny a license.

G. An applicant who has been denied a license may request a hearing under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Former Section R4-24-103 renumbered and amended as Section

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R4-24-102, former Section R4-24-104 renumbered and amended as Section R4-24-103 effective April 10, 1986 (Supp. 86-2). Former Section R4-24-204 renumbered to R4-24-205, new Section R4-24-204 renumbered from Section R4-24-103 and amended effective May 7, 1990 (Supp. 90-2). Amended effective March 14, 1996 (Supp. 96-1). Former Section R4-24-204 renumbered to R4-24-206; new Section R4-24-204 renumbered from R4-24-202 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 9 A.A.R. 307, effective January 13, 2003 (Supp. 03-1). Former Section R4-24-204 renumbered to R4-24-205; new Section R4-24-204 made by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 376, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008, (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-205. Examination Scores

- A.** To be licensed as a physical therapist or physical therapist assistant, an applicant shall obtain:
1. A scaled score of 600 or more, based on a scale ranging from 200 to 800 on a national examination for physical therapists or physical therapist assistants, as applicable, taken on or after March 14, 1996; or
 2. A raw score that is no fewer than 1.50 standard deviations below the national average for a national examination for physical therapists or physical therapist assistants, as applicable, taken before March 14, 1996.
- B.** In addition to the requirements in subsection (A), to be licensed as a physical therapist or physical therapist assistant, an applicant shall obtain a scaled score of 600 or more based on a scale ranging from 200 to 800 on a jurisprudence examination.

Historical Note

Adopted effective April 10, 1986 (Supp. 86-2). Former Section R4-24-205 renumbered to R4-24-206, new Section R4-24-205 renumbered from Section R4-24-204 and amended effective May 7, 1990 (Supp. 90-2). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2988, effective August 12, 1999 (Supp. 99-3). Former Section R4-24-205 renumbered to R4-24-207; new Section R4-24-205 adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Former Section R4-24-205 repealed; new Section R4-24-205 renumbered from R4-24-204 and amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-206. Renumbered**Historical Note**

Section R4-24-205 adopted effective April 10, 1986 (Supp. 86-2). Section R4-24-206 renumbered from Section R4-24-205 and amended effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 5 A.A.R. 2988, effective August 12, 1999 (Supp. 99-3). Former Section R4-24-206 repealed; new Section R4-24-206 renumbered from R4-24-204 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000

(Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 5465, effective February 4, 2006 (Supp. 05-4). Section R4-24-206 renumbered to R4-24-107 by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2).

R4-24-207. Application for a Physical Therapist Assistant License

- A.** An applicant for an original physical therapist assistant license shall submit to the Board an application packet that includes:
1. An electronic application form, which is available on the Board's website;
 2. A headshot photograph of the applicant that was taken not more than six months before the date of the application;
 3. A copy of documentation, as described under A.R.S. § 41-1080, of the applicant's U.S. citizenship, alien status, legal residency, or lawful presence in the U.S.;
 4. A copy of the applicant's valid fingerprint clearance card as required under A.R.S. § 32-2022; and
 5. The fee required in R4-24-107.
- B.** In addition to the requirements in subsection (A), an applicant shall arrange to have the primary source of the following information submit the information electronically to the Board:
1. An official transcript or letter showing the applicant completed all requirements of an accredited educational program that identifies the school or college where the applicant completed the accredited educational program and contains the electronic signature of the registrar of the school or college;
 2. Verification of passing a national examination for physical therapist assistants; and
 3. Verification of passing a jurisprudence examination.
- C.** In addition to the requirements in subsections (A) and (B), an applicant for a physical therapist assistant license by endorsement or universal recognition shall electronically submit to the Board:
1. The name of the licensing or certifying agency of any jurisdiction in which the applicant is currently or has been previously licensed, certified, or granted a compact privilege, as defined at A.R.S. § 32-2053; and
 2. A primary-source verification of any license, certificate or compact privilege identified under subsection (C)(1) that includes all of the following:
 - a. The name of the applicant;
 - b. The license or certificate number and date of issuance;
 - c. The current status of the license or certificate;
 - d. The expiration date of the license or certificate; and
 - e. A statement of whether any disciplinary action is pending or has ever been taken against the applicant and if so, an explanation.
- D.** The Board shall deny a license to an applicant who fails to meet the requirements of this Section or A.R.S. Title 32, Chapter 19. A person denied a license may request a hearing under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 2988, effective August 12, 1999 (Supp. 99-3). Former Section R4-24-207 renumbered to R4-24-209; new Section R4-24-207 renumbered from R4-24-205 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2).

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Amended by final rulemaking at 14 A.A.R. 376, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008, (Supp. 08-3). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-208. License Renewal; Change in Contact Information

- A.** A licensee shall submit an electronic renewal application packet to the Board on or before August 31 of an even-numbered year that includes:
 - 1. An electronic renewal application form, which is available on the Board's website, and information for the compliance period immediately preceding the renewal application;
 - 2. If the documentation previously submitted under R4-24-201(A)(3) or R4-24-207(A)(3) did not establish citizenship in the United States or was not a non-expiring work authorization, documentation specified under A.R.S. § 41-1080 that the presence of the licensee in the United States continues to be authorized under federal law; and
 - 3. The fee required by the Board in R4-24-107.
- B.** Failure of the Board to inform a licensee of license expiration does not excuse the licensee's non-renewal or untimely renewal.
- C.** The Board shall:
 - 1. Approve or deny the application within the time frames in R4-24-209 and Table 1, and
 - 2. Deny the application of an applicant who does not meet the requirements in A.R.S. § 32-2001 et seq. or this Chapter.
- D.** A licensee denied renewal of a license may request a hearing under A.R.S. Title 41, Chapter 6, Article 10.
- E.** A licensee shall update electronically any change in the licensee's name, home, business, or email address, or home or business telephone number no later than 30 days after the date of the change.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 376, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008, (Supp. 08-3). Amended by final rulemaking at 18 A.A.R. 1858, effective July 10, 2012 (Supp. 12-3). Amended by final exempt rulemaking at 21 A.A.R. 924, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-209. Time Frames for Board Approvals

- A.** The overall time frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Board is listed in Table 1. The applicant and the Executive Director of the Board may agree in writing to extend the substantive review time frame by no more than 25 percent of the overall time frame.
- B.** The administrative completeness review time frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Board is listed in Table 1.

- 1. The administrative completeness review time frame begins:
 - a. When the Board receives an application packet for an initial or renewal license or registration of a business entity or
 - b. When the Board receives a request for approval of a facility.
- 2. If the application packet is incomplete, the Board shall send to the applicant a written notice specifying the missing document or incomplete information.
 - a. The administrative completeness review time frame and the overall time frame are suspended from the postmark date of the notice until the date the Board receives a complete application packet from the applicant.
 - b. An applicant who disagrees with the Board's statement of deficiencies may request a hearing as provided in A.R.S. § 32-2023.
- 3. If an application packet is complete, the Board shall send a written notice of administrative completeness to the applicant.
- 4. If the Board grants a license or approval during the time provided to assess administrative completeness, the Board shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins on the postmark date of the notice of administrative completeness.
 - 1. During the substantive review time frame, the Board may make one comprehensive written request for additional information or documentation. The time frame for the Board to complete the substantive review is suspended from the postmark date of the comprehensive written request for additional information or documentation until the Board receives the additional information or documentation.
 - 2. The Board shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. §§ 32-2001 through 32-2027 and this Chapter.
 - 3. The Board shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. §§ 32-2001 through 32-2027 and this Chapter.
- D.** The Board shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to:
 - 1. Supply the missing information requested under subsection (B)(2) or (C)(1); or
 - 2. Take the national physical therapist examination or national physical therapist assistant examination.
- E.** If the last day of a time frame falls on a Saturday, Sunday, or an official state holiday, the Board shall consider the next business day the last day.

Historical Note

New Section R4-24-209 renumbered from R4-24-207 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

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Table 1. Time Frames (in days)

Type of Applicant	Type of Approval	Statutory Authority	Overall Time Frame	Administrative Completeness Time Frame	Substantive Review Time Frame
Original License (R4-24-201 or R4-24-207) or Registration as an Out-of-state Health Care Provider of Telehealth Services (A.R.S. § 36-3606)	License Registration	A.R.S. §§ 32-2022; 32-2023; 36-3606	75	30	45
Physical Therapist or Physical Therapist Assistant License by Endorsement or Universal Recognition (R4-24-201; R4-24-207)	License by Endorsement or Uni- versal Recognition	A.R.S. §§ 32-2022; 32-2023; 32-2026; 32-4302	75	30	45
Foreign-educated (R4-24-203)	License	A.R.S. §§ 32-2022; 32-2025	75	45	30
Renewal of license (R4-24-208)	License	A.R.S. § 32-2027	30	15	15
Foreign-educated and Supervised Clinical Practice (R4-24-203, R4-24-204)	Interim Permit and Approval of Facility	A.R.S. § 32-2025	60	30	30
Reinstatement (R4-24-202)	Reinstatement of License	A.R.S. § 32-2028	30	15	15
Initial Registration of a Business Entity (R4-24-210)	Registration	A.R.S. § 32-2030	30	15	15
Renewal of Registration of a Business Entity (R4-24-211)	Registration	A.R.S. § 32- 2030(D)	15	7	8

Historical Note

Table 1 adopted by final rulemaking at 5 A.A.R. 2988, effective August 12, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2). Amended by final rulemaking at 15 A.A.R. 1788, effective December 5, 2009 (Supp. 09-4). Amended by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 1105, with an immediate effective date of June 29, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-210. Business Entity Registration; Display of Registration Certificate

- A.** A business entity that offers physical therapy services to the public and is not exempt from registration under A.R.S. § 32-2030(H) shall separately register with the Board each location from which physical therapy services are offered in Arizona.
- B.** A business entity shall not offer physical therapy services at a location in Arizona until that location is registered with the Board.
- C.** To register with the Board an Arizona location at which physical therapy services are offered, a business entity shall submit to the Board an electronic application packet that includes the following:
 1. An application form, which is available on the Board's website; and
 2. The application fee required under R4-24-107.
- D.** For each location registered, a business entity shall display, in a location accessible to public view, the:
 1. Registration certificate and current renewal verification of the business entity,

2. License and current renewal verification of every physical therapist who provides physical therapy services at the location, and
3. Certificate and current renewal verification of every physical therapy assistant who works at the location.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-211. Renewal of Business Entity Registration

- A.** The registration of a business entity expires for each location registered on August 31 of every odd-numbered year.
- B.** A business entity shall separately renew the registration of each location from which the business entity offers physical therapy services in Arizona.
- C.** To renew the registration of an Arizona location from which physical therapy services are offered, a business entity shall

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submit to the Board an electronic application form, which is available on the Board's website and the renewal fee specified at R4-24-107.

- D. A business entity that timely complies with subsection (C) may continue to offer physical therapy services from the location for which application is made until the Board grants or denies the renewed registration.
- E. A business entity that fails to comply timely with subsection (C) shall immediately stop offering physical therapy services from the location for which application is not made. To be authorized to offer physical therapy services again from that location, the business entity shall comply with R4-24-210 and pay both the application and late fee specified in R4-24-107.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-212. Regulation of a Business Entity

- A. A business entity may submit a complaint under A.R.S. § 32-2030 or 32-2045(D) by complying with R4-24-305.
- B. The Board shall investigate and act on a complaint, whether submitted by or against a business entity, in a manner consistent with R4-24-305, R4-24-306, R4-24-307, R4-24-308, and R4-24-309.
- C. As provided under A.R.S. § 32-2047, a business entity that violates a requirement of A.R.S. § 32-2030 is subject to disciplinary action by the Board.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1).

R4-24-213. Business Entity Participation

A registered business entity may provide assistance and advice to the Board relating to the regulation of business entities by:

1. Participating in the rulemaking process in a manner described under A.R.S. Title 41, Chapter 6, Article 3;
2. Submitting a petition under A.R.S. § 41-1033 and R4-24-502;
3. Submitting an appeal under A.R.S. § 41-1056.01 and R4-24-502;
4. Submitting a written criticism under R4-24-506; and
5. Attending a Board meeting.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 841, effective May 11, 2012 (Supp. 12-1).

Exhibit 1. Repealed**Historical Note**

Exhibit 1 adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Exhibit 1 repealed by final rulemaking at 12 A.A.R. 2401, effective August 5, 2006 (Supp. 06-2).

ARTICLE 3. PRACTICE OF PHYSICAL THERAPY**R4-24-301. Lawful Practice**

- A. A physical therapist shall provide the referring practitioner, if any, with information from the patient assessment, diagnosis, and plan of care. Within one week after a patient is initially evaluated, the physical therapist shall provide this information:

1. In writing and place a copy of the written notice in the patient's record, or
 2. Orally and place a contemporaneously made note of the verbal communication in the patient's record.
- B. A physical therapist shall maintain the confidentiality of patient records as required by federal and state law.
 - C. On written request by a patient or the patient's health care decision maker, a physical therapist shall provide access to or a copy of the patient's medical or payment record in accordance with A.R.S. § 12-2293.
 - D. A physical therapist shall obtain a patient's consent before examination and treatment and document the consent in the patient's record.
 - E. A physical therapist shall respect a patient's right to make decisions regarding examination and the recommended plan of care including the patient's decision regarding consent, modification of the plan of care, or refusal of examination or treatment. To assist the patient in making these decisions, the physical therapist shall:
 1. Communicate to the patient:
 - a. Examination findings,
 - b. Evaluation of the findings, and
 - c. Diagnosis and prognosis,
 2. Collaborate with the patient to establish the goals of treatment and the plan of care, and
 3. Inform the patient that the patient is free to select another physical therapy provider.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Former Section R4-24-301 repealed, new Section R4-24-301 adopted effective April 10, 1986 (Supp. 86-2). Amended effective March 14, 1996 (Supp. 96-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 15 A.A.R. 1788, effective December 5, 2009 (Supp. 09-4).

R4-24-302. Use of Titles

- A. As required under A.R.S. § 32-2042, a licensed physical therapist shall use the designation "PT" immediately following the licensee's name or signature to denote licensure. A licensed physical therapist shall not use the designations "RPT" or "LPT" in connection with the physical therapist's name or place of business.
- B. As required under A.R.S. § 32-2042, a physical therapist assistant shall use the designation "PTA" immediately following the physical therapist assistant's name to denote licensure.
- C. In addition to and immediately following the designation specified in subsection (A) or (B), as applicable, a physical therapist or physical therapist assistant may list academic degrees earned and professional specialty certifications held.
- D. As required under A.R.S. § 32-2042, a physical therapist or physical therapist assistant who is on retired status shall use "(retired)" or "(ret.)" immediately after the designation required under subsection (A) or (C), as applicable.

Historical Note

Adopted effective June 1, 1982 (Supp. 82-3). Former Section R4-24-302 repealed, new Section R4-24-302 adopted effective April 10, 1986 (Supp. 86-2). Amended effective March 14, 1996 (Supp. 96-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 18

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A.A.R. 1858, effective July 10, 2012 (Supp. 12-3).
Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-303. Patient Care Management

- A.** A physical therapist is responsible for the scope of patient management in the practice of physical therapy as defined by A.R.S. § 32-2001. For each patient, the physical therapist shall:
1. Perform and document an initial evaluation;
 2. Perform and document periodic reevaluation;
 3. Document a discharge summary and the patient's response to the course of treatment at discharge;
 4. Ensure the patient's physical therapy record is complete and accurate; and
 5. Ensure services reported for billing, whether billed directly to the patient or through a third party, are accurate and consistent with information in the patient's physical therapy record.
- B.** On each date of service, a physical therapist shall:
1. Perform and document each therapeutic intervention that requires the expertise of a physical therapist; and
 2. Determine, based on a patient's acuity and treatment plan, whether it is appropriate to use assistive personnel to perform a selected treatment intervention or physical therapy task for the patient.
- C.** A physical therapist shall not supervise more than three assistive personnel at any time. If a physical therapist supervises three assistive personnel, the physical therapist shall ensure:
1. At least one of the assistive personnel is a physical therapist assistant,
 2. No more than two of the assistive personnel are physical therapist assistants performing selected treatment interventions under general supervision, and
 3. Assistive personnel other than a physical therapist assistant perform a physical therapy task only under the onsite supervision of a physical therapist.
- D.** Before delegating performance of a selected treatment intervention to a physical therapist assistant working under general supervision, the supervising physical therapist shall ensure the physical therapist assistant:
1. Is licensed under this Chapter, and
 2. Has completed at least 2,000 hours of experience as a physical therapist assistant working with patients under onsite supervision.
- E.** Before delegating performance of a selected physical therapy intervention or physical therapy task to assistive personnel working under general or onsite supervision, the supervising physical therapist shall ensure the assistive personnel is qualified by education or training to perform the selected physical therapy intervention or physical therapy task in a safe, effective, and efficient manner.
- F.** A physical therapist who provides general supervision for a physical therapist assistant shall:
1. Be licensed under this Chapter;
 2. Respond to a communication from the physical therapist assistant within 15 minutes;
 3. Go to the location at which and on the same day that the physical therapist assistant provides a selected treatment intervention if the physical therapist, after consultation with the physical therapist assistant, determines that going to the location is in the best interest of the patient; and
 4. Perform a reevaluation and provide each therapeutic intervention for the patient that is done on the day of the

reevaluation every fourth treatment visit or every 30 days, whichever occurs first.

- G.** A physical therapist assistant who provides a selected treatment intervention under general supervision shall document in the patient record:
1. The name and license number of the supervising physical therapist;
 2. The name of the patient to whom the selected treatment intervention is provided;
 3. The date on which the selected treatment intervention is provided;
 4. The selected treatment intervention provided; and
 5. Whether the physical therapist assistant consulted with the supervising physical therapist during the course of the selected treatment intervention and if so, the subject of the consultation and any decision made.

Historical Note

Adopted effective June 3, 1982 (Supp. 82-3). Repealed effective April 10, 1986 (Supp. 86-2). New Section R-24-303 adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 13 A.A.R. 1640, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-304. Adequate Patient Records

- A.** A physical therapist shall ensure a patient record meets the following minimum standards:
1. Each entry in the patient record is:
 - a. Legible,
 - b. Accurately dated, and
 - c. Signed with the name and legal designation of the individual making the entry;
 2. If an electronic signature is used to sign an entry, the electronic signature is secure;
 3. The patient record contains sufficient information to:
 - a. Identify the patient on each page of the patient record,
 - b. Justify the therapeutic intervention,
 - c. Document results of the therapeutic intervention,
 - d. Indicate advice or cautionary warnings provided to the patient,
 - e. Enable another physical therapist to assume the patient's care at any point in the course of therapeutic intervention, and
 - f. Describe the patient's medical history.
 4. If an individual other than a physical therapist or physical therapist assistant makes an entry into the patient record, the supervising physical therapist co-signs the entry;
 5. If it is determined that erroneous information is entered into the patient record:
 - a. The error is corrected in a manner that allows the erroneous information to remain legible, and
 - b. The individual making the correction dates and initials the correct information; and
 6. For each date of service there is an accurate record of the physical therapy services provided and billed.
- B.** Initial evaluation. As required by A.R.S. § 32-2043(F)(1), a physical therapist shall perform the initial evaluation of a patient. The physical therapist who performs an initial evaluation shall make an entry that meets the standards in subsection (A) in the patient record and document:

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1. The patient's reason for seeking physical therapy services;
 2. The patient's relevant medical diagnoses or conditions;
 3. The patient's current functional status;
 4. The patient's signs and symptoms;
 5. Objective data from tests or measurements;
 6. The physical therapist's interpretation of the results of the examination;
 7. Clinical rationale for therapeutic intervention;
 8. A plan of care that includes the proposed therapeutic intervention, measurable goals, and frequency and duration of therapeutic intervention; and
 9. The patient's prognosis.
- C.** Therapeutic-intervention notes. For each date that a therapeutic intervention is provided to a patient, the individual who provides the therapeutic intervention shall make an entry that meets the standards in subsection (A) in the patient record and document:
1. The patient's current functional status;
 2. The patient's subjective report of current status or response to therapeutic intervention;
 3. The therapeutic intervention provided or appropriately supervised;
 4. Objective data from tests or measures, if collected;
 5. Instructions provided to the patient, if any; and
 6. Any change in the plan of care required under subsection (B)(8).
- D.** Re-evaluation. As required by A.R.S. § 32-2043(F)(2), a physical therapist shall perform a re-evaluation when a patient fails to progress as expected, progresses sufficiently to warrant a change in the plan of care, or in accordance with R4-24-303(F)(4). A physical therapist who performs a re-evaluation shall make an entry that meets the standards in subsection (A) in the patient record and document:
1. The patient's subjective report of current status or response to therapeutic intervention;
 2. Assessment of the patient's progress;
 3. The patient's current functional status;
 4. Objective data from tests or measures, if collected;
 5. Rationale for continuing therapeutic intervention; and
 6. Any change in the plan of care required under subsection (B)(8).
- E.** Discharge summary. As required by A.R.S. § 32-2043(F)(3), a physical therapist shall document the conclusion of care in a patient's record regardless of the reason that care is concluded.
1. If care is provided in an acute-care hospital, the entry made under subsection (C) on the last date that a therapeutic intervention is provided constitutes documentation of the conclusion of care if the entry is made by a physical therapist.
 2. If care is not provided in an acute-care hospital or if a physical therapist does not make the entry under subsection (C) on the last date that a therapeutic intervention is provided, a physical therapist shall make an entry that meets the standards in subsection (A) in the patient record and document:
 - a. The date on which therapeutic intervention terminated;
 - b. The reason that therapeutic intervention terminated;
 - c. Inclusive dates for the episode of care being terminated;
 - d. The total number of days on which therapeutic intervention was provided during the episode of care;
 - e. The patient's current functional status;
 - f. The patient's progress toward achieving the goals in the plan of care required under subsection (B)(8); and
 - g. The recommended discharge plan.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). R4-24-304 renumbered to R4-24-305; new Section R4-24-304 made by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-305. Complaints and Investigations

- A.** A complainant shall ensure that a complaint filed with the Board is about:
1. An individual licensed under this Chapter;
 2. A business entity registered with the Board; or
 3. An individual believed to be engaged in unlawful practice as described in A.R.S. § 32-2048.
- B.** If the Board determines under A.R.S. § 32-2045(A)(2) that there is reason to believe an individual or business entity may have violated A.R.S. Title 32, Chapter 19, or this Chapter, the Board shall prepare a complaint and serve the complaint as described in subsection (D)(2).
- C.** Complaint requirements. A complainant shall:
1. Submit the complaint to the Board in writing; and
 2. Provide the following information:
 - a. Name of licensee, business entity, or other individual who is the subject of complaint;
 - b. Name and address of complainant;
 - c. Nature of the complaint;
 - d. Details of the complaint with pertinent dates and activities;
 - e. Whether the complainant has contacted any other organization regarding the complaint; and
 - f. Whether complainant has contacted the licensee, business entity, or other individual concerning the complaint, and if so, the response, if any.
- D.** Within 90 days after receiving a complaint, the Board shall ensure the complaint is reviewed to determine whether the complaint is within the Board's jurisdiction, and:
1. If the complaint is not within the Board's jurisdiction, dismiss the complaint and provide written notice of the dismissal to the complainant; or
 2. If the complaint is within the Board's jurisdiction, serve a copy of the complaint on the individual or business entity complained against and provide the individual or business entity complained against with 30 days to respond and admit, deny, or further explain each allegation in the complaint.
- E.** If a complaint is within the Board's jurisdiction, the Board shall ensure an investigation regarding the matters alleged in the complaint is conducted.
- F.** After expiration of the 30 days provided under subsection (D)(2), the Board shall review the complaint, response, and investigation results and take action as prescribed under A.R.S. §§ 32-2045(B) or 32-2046.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). R4-24-305 renumbered to R4-24-306; new Section R4-24-305 renumbered from R4-24-304 and amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008

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(Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-306. Hearings

- A. To facilitate investigation of a complaint, the Board may conduct an informal hearing. The Board shall send written notice of an informal hearing to the person who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 30 days before the informal hearing.
- B. The Board shall ensure that the written notice of informal hearing contains the following information:
 1. The time, date, and place of the informal hearing;
 2. An explanation of the informal nature of the proceedings;
 3. The person's right to appear with or without legal counsel;
 4. A statement of the allegations and issues involved with a citation to relevant statutes and rules;
 5. The person's right to a formal hearing under A.R.S. Title 41, Chapter 6, Article 10 instead of the informal hearing;
 6. The person's right to request a copy of information the Board will use in making its determination; and
 7. Notice that the Board may take disciplinary action as a result of the informal hearing if it finds the person violated A.R.S. Title 32, Chapter 19, or this Chapter;
- C. The Board shall ensure an informal hearing proceeds as follows:
 1. Introduction of the respondent and, if applicable, legal counsel for the respondent;
 2. Introduction of the Board members, staff, and Assistant Attorney General present;
 3. Swearing in of the respondent and witnesses;
 4. Brief summary of the allegations and purpose of the informal hearing;
 5. Optional opening comment by the respondent;
 6. Questioning of the respondent by the Board and questioning of witnesses by the Board and the respondent;
 7. Optional additional comments by the respondent; and
 8. Deliberation and deciding the case by the Board.

Historical Note

New Section R4-24-306 renumbered from R4-24-107 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). R4-24-306 renumbered to R4-24-307; new Section R4-24-306 renumbered from R4-24-305 and amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-307. Subpoenas

- A. A party desiring issuance of a subpoena to compel the appearance of a witness or the production of documents or other evidence at a hearing shall file a written request with the Board that includes the following information:
 1. The caption and docket number of the matter;
 2. A list or description of any documents or other evidence sought;
 3. The name and business address of the custodian of the documents or other evidence sought;
 4. The name and business or residential address of all persons to be subpoenaed;
 5. A brief statement of the reason the evidence is relevant to the matter;
 6. The date, time, and place to appear or produce documents or other evidence; and

7. The name, address, and telephone number of the party, or the party's attorney, requesting the subpoena.
- B. The party requesting a subpoena be issued shall ensure that the subpoena is served in the manner prescribed by the Arizona Rules of Civil Procedure and pay all costs involved in serving the subpoena.
- C. A party or the person served with a subpoena who objects to the subpoena, in whole or in part, may file a written objection with the Board within five days after service of the subpoena or at the beginning of the hearing if the subpoena is served fewer than five days before the hearing.
- D. The Board shall quash or modify a subpoena if:
 1. It is unreasonable or oppressive,
 2. It requests information that is confidential or privileged, or
 3. The desired testimony or evidence can be obtained by an alternative method.

Historical Note

New Section R4-24-307 renumbered from R4-24-109 and amended by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). R4-24-307 renumbered to R4-24-308; new Section R4-24-307 renumbered from R4-24-306 and amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3).

R4-24-308. Rehearing or Review of Board Decisions

- A. The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10.
- B. Except as provided in subsection (I), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party's administrative remedies.
- C. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D. The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
 1. Irregularity in the proceedings of the Board or any order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct of the Board, its staff, or an administrative law judge;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
 5. Excessive or insufficient penalty;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; and
 7. The findings of fact or decision is not justified by the evidence or is contrary to law.
- E. The Board may affirm or modify a decision or grant a rehearing or review to any or all of the parties on all or part of the issues for any of the reasons listed in subsection (D). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds for the order. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F. No later than 30 days after making a decision and after giving the parties notice and an opportunity to be heard, the Board may order a rehearing or review on its own initiative for any of the reasons listed in subsection (D). The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review

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shall specify with particularity the grounds on which the rehearing or review is granted.

- G. When a motion for rehearing or review is based upon affidavits, the affidavits shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. This period may be extended for not more than 20 days by the Board by written stipulation of the parties or a Board finding that the extension will further justice and cause no harm to any party. The Board may permit reply affidavits.
- H. If a rehearing is granted, the Board shall hold the rehearing within 60 days after the issue date on the order granting the rehearing.
- I. If the Board makes a specific finding that immediate effectiveness of a particular decision is necessary for preservation of the public health, safety, or welfare and that rehearing or review is impracticable, unnecessary, or contrary to public interest, the decision may be issued as a final decision without an opportunity for rehearing or review. If an application for judicial review of the decision is made, it shall be made under A.R.S. § 12-901 et seq.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). R4-24-308 renumbered to R4-24-309; new Section R4-24-308 renumbered from R4-24-307 and amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 18 A.A.R. 1858, effective July 10, 2012 (Supp. 12-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-309. Disciplinary Actions

- A. As required by A.R.S. § 39-121.01, a record of Board disciplinary actions, including a decree of censure, is a public record open to public inspection.
- B. If the Board decides to restrict a license, the Board shall ensure that the restriction and any required corrective action address the conduct that led to the restriction and protect the public. If the Board decides to require that an individual with a restricted license be supervised during the period of restriction, the Board shall appoint an unrestricted licensee to provide the supervision.
- C. A physical therapist or physical therapist assistant whose license is suspended, revoked, or voluntarily surrendered shall return the license to the Board within 10 days after receipt of the Board's final order.
- D. At the end of a period of license restriction, the Board shall terminate the restriction only if the licensee submits to the Board evidence of having completed all required corrective actions and complied with all terms of the restriction. If the Board believes it will help the Board determine whether to terminate a restriction, the licensee shall appear before the Board.
- E. An applicant who had a previous license revoked by the Board shall appear before the Board before the Board acts on the application.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). R4-24-309 renumbered to R4-24-310; new Section R4-24-309 renumbered from R4-24-308 and amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-310. Substance Abuse Recovery Program

- A. Under A.R.S. § 32-2044(8), practicing as a physical therapist or working as a physical therapist assistant while mentally or physically impaired is grounds for disciplinary action.
- B. The Board shall allow an impaired licensee to enter into a substance abuse recovery program rather than conduct a disciplinary proceeding if:
 1. The impaired licensee is qualified under A.R.S. § 32-2050(2),
 2. The Board believes the proposed program will assist the impaired licensee to recover, and
 3. The impaired licensee enters into the written agreement required under A.R.S. § 32-2050(3) and (4).

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3). New Section R4-24-310 renumbered from R4-24-309 and amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-311. Display of License; Disclosure

- A. A licensee shall display a copy or provide documentation of the license and current renewal verification as specified in A.R.S. § 32-2051(G).
- B. Upon request, a licensee shall inform a member of the public how to file a complaint by providing the address and telephone number of the Board office and a statement that a complaint against a licensee should be directed to the Board.
- C. Before conducting an evaluation or initiating physical therapy, a licensed physical therapist shall disclose to a patient when a referring practitioner is deriving direct or indirect compensation from the referral. The licensed physical therapist shall ensure the disclosure is in writing and states "Under A.R.S. § 32-2051(C), I am required by law to inform you in writing that your referring physician [or specify if different from a physician] derives either direct or indirect compensation related to your physical therapy."

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-312. Mandatory Reporting Requirement

- A. As required by A.R.S. § 32-3208, an applicant or licensee who is charged with a misdemeanor involving conduct that may affect patient safety or a felony shall provide written notice of the charge to the Board within 10 working days after the charge is filed.
- B. An applicant or licensee may request a list of reportable misdemeanors from the Board.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 3418, effective October 4, 2008 (Supp. 08-3). Amended by final rulemaking at 18 A.A.R. 1858, effective July 10, 2012 (Supp. 12-3). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

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R4-24-313. Professional Standards of Care and Training and Education Qualifications for Delivery of Dry Needling Skilled Intervention

- A. Under A.R.S. § 32-2044(25), a physical therapist shall meet the qualifications established in subsection (C) before providing the skilled intervention “dry needling”, as defined in A.R.S. § 32-2001(4).
- B. A physical therapist offering to provide or providing “dry needling” intervention shall provide to the Board documented proof of compliance with the qualifications listed in subsection (C) within 30 days after completing the course content in subsection (C) or within 30 days of initial licensure as a physical therapist in Arizona.
- C. The Board has determined that only a “dry needling” course that meets the following standards provides the training and education necessary to qualify an individual to provide dry needling in Arizona:
 1. The course is approved by one or more of the following entities before the course or courses is completed by the physical therapist.
 - a. Commission on Accreditation in Physical Therapy Education,
 - b. American Physical Therapy Association,
 - c. State Chapters of the American Physical Therapy Association,
 - d. Specialty Groups of the American Physical Therapy Association, or
 - e. The Federation of State Boards of Physical Therapy.
 2. The course includes the following components:
 - a. Sterile needle procedures consistent with the standards of one of the following:
 - i. The U.S. Centers For Disease Control and Prevention, or
 - ii. The U.S. Occupational Safety and Health Administration
 - b. Anatomical review,
 - c. Blood-borne pathogens, and
 - d. Contraindications and indications for “dry needling.”
 3. The course requires participants to pass both a written and practical examination before completing the course.
 4. The course requires at least 24 hours of education.
 5. All practical aspects of the course, including the practical examination, are performed under supervision.
- D. A physical therapist who performs dry needling shall:
 1. Not delegate performing dry needling to assistive personnel.
 2. Obtain consent for treatment for the “dry needling” intervention as required under R4-24-301.
 3. Document the “dry needling” intervention in accordance with R4-24-304.

Historical Note

New Section made by exempt rulemaking at 21 A.A.R. 924, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

Appendix A. Repealed

Historical Note

Appendix A adopted effective June 3, 1982 (Supp. 82-3). Amended effective April 10, 1986 (Supp. 86-2). Repealed effective May 7, 1990 (Supp. 90-2)

Appendix B. Repealed

Historical Note

Appendix B adopted effective June 3, 1982 (Supp. 82-3). Amended effective April 10, 1986 (Supp. 86-2). Repealed effective May 7, 1990 (Supp. 90-2).

ARTICLE 4. CONTINUING COMPETENCE

R4-24-401. Continuing Competence Requirements for Renewal

- A. Except as provided in subsection (G), a licensed physical therapist shall earn 20 contact hours of continuing competence for each compliance period to be eligible for license renewal.
 1. The licensed physical therapist shall earn at least 10 contact hours from Category A continuing competence activities. No more than five of the required contact hours from Category A may be obtained from nonclinical course work.
 2. No more than 10 contact hours may be earned by the licensed physical therapist during any compliance period from Categories B and C continuing competence activities. No more than five contact hours from categories B and C may be obtained from nonclinical course work.
 3. If the licensed physical therapist’s initial license is for one year or less, the licensed physical therapist shall earn 10 contact hours from Category A continuing competence activities during the initial compliance period. No more than five of the required contact hours from Category A may be obtained from nonclinical course work.
- B. Except as provided in subsection (G), a licensed physical therapist assistant shall earn 10 contact hours of continuing competence for each compliance period to be eligible for license renewal.
 1. The licensed physical therapist assistant shall earn at least six contact hours from Category A continuing competence activities. No more than three of the required contact hours from Category A may be obtained from nonclinical course work.
 2. No more than four contact hours may be earned by the licensed physical therapist assistant during any compliance period from Categories B and C continuing competence activities. No more than two contact hours from Categories B and C may be obtained from nonclinical course work.
 3. If the licensed physical therapist assistant’s initial license is for one year or less, the licensed physical therapist assistant shall earn six contact hours from Category A continuing competence activities during the initial compliance period. No more than three of the required contact hours from Category A may be obtained from nonclinical course work.
- C. A licensee shall not receive contact hour credit for repetitions of the same activity.
- D. The continuing competence compliance period for a licensee begins on September 1 following the issuance of an initial or renewal license and ends on August 31 of even-numbered years.
- E. A licensee shall not carry over contact hours from one compliance period to another.
- F. An applicant for renewal shall submit a signed statement to the Board with the renewal application stating whether continuing competence requirements have been fulfilled for the current compliance period.
- G. The Board may, at its discretion, waive continuing competence requirements on an individual basis for reasons of extreme hardship such as illness, disability, active service in the military, or other extraordinary circumstance as determined by the

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Board. A licensee who seeks a waiver of the continuing competence requirements shall provide to the Board, in writing, the specific reasons for requesting the waiver and additional information the Board may request in support of the waiver.

- H. A licensee is subject to Board auditing for continuing competence compliance.
 1. Selection for audit shall be random and notice of audit sent within 60 calendar days following the renewal deadline.
 2. Within 30 days of receipt of a notice of audit, a licensee shall submit evidence to the Board that shows compliance with the requirements of continuing competence. Documentation of a continuing competence activity shall include:
 - a. The date, place, course title, sponsor, schedule, and presenter;
 - b. The number of contact hours received for the activity; and
 - c. Proof of completion, such as an abstract, certificate of attendance, sign-in log, or other certification of completion.
- I. A licensee shall retain evidence of participation in a continuing competence activity for two compliance periods after participation.
- J. The Board shall notify a licensee who has been audited whether the licensee is in compliance with continuing competence requirements. The Board shall provide the notice electronically or by certified mail within 30 working days following the determination by the Board.
- K. The Board shall provide six months from the date of the notice under subsection (J) for a licensee found not in compliance with continuing competence requirements to satisfy the continuing competence requirements. A licensee may request a hearing to contest the Board's decision under A.R.S. Title 41, Chapter 6, Article 10.
- L. Penalties for failure to comply with continuing competence requirements may be imposed by the Board under A.R.S. § 32-2047 following a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-402. Continuing Competence Activities

- A. Category A continuing competence activities shall be approved by:
 1. An accredited medical, health care, or physical therapy program;
 2. A state or national medical, health care, or physical therapy association, or a component of the association; or
 3. A national medical, health care, or physical therapy specialty society.
- B. Category A continuing competence activities include:
 1. A physical therapy continuing education course designed to provide necessary understanding of current research, clinical skills, administration, or education related to the practice of physical therapy. Calculation of contact hours is determined by dividing the total minutes of instruction by 60. Breaks shall not be included as part of instructional time;

2. Coursework towards granting or renewal of a physical therapy clinical specialty certification approved by the Board. Each 60 minutes of instruction equals one contact hour;
3. Coursework in a physical therapy clinical residency program. Each 60 minutes of instruction equals one contact hour; and
4. Coursework in a postgraduate physical therapy education from an accredited college or university. Each 60 minutes of instruction equals one contact hour.

C. Category B continuing competence activities include:

1. Study group: Maximum five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. A study group is a structured meeting designed for the study of a clinical physical therapy topic dealing with current research, clinical skills, procedures, or treatment related to the practice of physical therapy.
 - b. A study group shall have a minimum of three participants and two hours of participation to equal one contact hour.
2. Self instruction: Maximum five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. Self instruction is a structured course of study relating to one clinical physical therapy topic dealing with current research, clinical skills, procedures, or treatment related to the practice of physical therapy. Self instruction may be directed by a correspondence course, video, internet, or satellite program.
 - b. Each 60 minutes of self instruction equals one contact hour.
3. Inservice education: Maximum five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. Inservice education is attendance at a presentation pertaining to current research, clinical skills, procedures, or treatment related to the practice of physical therapy or relating to patient welfare or safety, including CPR certification.
 - b. Each 60 minutes of inservice education equals one contact hour.

D. Category C modes of continuing competence include:

1. Physical therapy practice management coursework: Maximum of five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. Physical therapy practice management course work is course work concerning physical therapy administration, professional responsibility, ethical obligations, or legal requirements applicable to physical therapy practice settings.
 - b. If the course is graded, a licensee shall receive a "pass" in a pass/fail course or a minimum of a C in a graded course to receive credit.
 - c. Each 60 minutes of practice management coursework equals one contact hour.
2. Teaching or lecturing: Maximum five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. Teaching or lecturing is the presentation of an original educational program dealing with current research, clinical skills, procedures, treatment, or practice management related to the practice of physical therapy principally for health care professionals.

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- Credit may be earned for teaching when the presentation is accompanied by written materials prepared, augmented, or updated by the presenter including course objectives and program content.
- b. One 60 minute instructional period equals 2.5 contact hours.
 - c. Credit shall be given only once for a presentation within a compliance period.
3. Publication: Maximum five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. Publication includes writing for professional publication, platform, or poster presentation abstracts that have direct application to the practice of physical therapy. Credit may be earned for publication of material that is a minimum of 1500 words in length and published by a recognized third-party publisher of physical therapy material.
 - b. Each article published in a refereed journal, book chapter, or book equals five contact hours for physical therapists and two contact hours for physical therapist assistants. Articles published in non-refereed journals, magazines, newsletters, or periodicals equal two contact hours for physical therapists and one contact hour for physical therapist assistants.
 4. Clinical instruction: Maximum five contact hours for physical therapists and two contact hours for physical therapist assistants.
 - a. Clinical instruction involves assisting a student physical therapist or physical therapist assistant or a physical therapist resident or fellow acquire clinical skills required of a physical therapist or physical therapist assistant.
 - b. An individual to whom clinical instruction is provided shall be enrolled in:
 - i. A physical therapist or physical therapist assistant program accredited by the Commission on Accreditation of Physical Therapy Education; or
 - ii. A physical therapist residency or fellowship program approved by the American Physical Therapy Association.
 - c. The program referenced under subsection (D)(4)(b) shall provide the enrolled individual with proof of completing the hours of clinical instruction.
 - d. Each 120 hours of clinical instruction equals one contact hour.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Subsection (C)(1)(b) reference to “no change” removed and replaced with correct codified language, refer to 25 A.A.R. 404 and 6 A.A.R. 2399; Section amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R4-24-403. Activities Not Eligible for Continuing Competence Credit

A licensee shall not receive continuing competence credit for the following activities:

1. A regularly scheduled educational opportunity provided within an institution, such as rounds or case conferences;
2. A staff meeting;

3. A publication or presentation by the licensee to a lay or nonprofessional group; and
4. Routine teaching of personnel, students, or staff as part of a job requirement.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 25 A.A.R. 404, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2377 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 5. PUBLIC PARTICIPATION PROCEDURES**R4-24-501. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3).

R4-24-502. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to a Section Based Upon Economic, Small Business, or Consumer Impact

A petition to adopt, amend, or repeal a Section or to review an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule under A.R.S. § 41-1033 or to object to a Section in accordance with A.R.S. § 41-1056.01 shall be filed with the Board as prescribed in this Section. Each petition shall contain:

1. The name and current address of the petitioner;
2. For adoption of a new Section, specific language of the proposed new Section;
3. For amendment of a current Section, citation for the applicable Arizona Administrative Code Section number and heading of the current Section and the specific language of the current Section with language to be deleted stricken and new language underlined;
4. For the repeal of a current Section, citation for the applicable A.A.C. Section number and heading of the Section proposed for repeal;
5. The reasons a Section should be adopted, amended, or repealed, and if in reference to an existing Section, why the Section is inadequate, unreasonable, unduly burdensome, or otherwise not acceptable. The petitioner may provide additional supporting information, including:
 - a. Statistical data or other justification, with clear reference to an attached exhibit;
 - b. Identification of what person or segment of the public would be affected and how the person or segment would be affected; and
 - c. If the petitioner is a public agency, a summary of a relevant issue raised in any public hearing, or as a written comment offered by the public;
6. For a review of an existing Board practice or substantive policy statement alleged to constitute a rule, the reason the existing Board practice or substantive policy statement constitutes a rule and the proposed action requested of the Board;
7. For an objection to a Section based upon the economic, small business, or consumer impact, evidence that:
 - a. The actual economic, small business, or consumer impact significantly exceeded the impact estimated in the economic, small business, and consumer

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impact statement submitted during the making of the Section;

- b. The actual economic, small business, or consumer impact was not estimated in the economic, small business, and consumer impact statement submitted during the making of the Section and that actual impact imposes a significant burden on a person subject to the Section; or
 - c. The agency did not select the alternative that imposes the least burden and costs to persons regulated by the Section, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective; and
8. The signature of the person submitting the petition.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 18 A.A.R. 1858, effective July 10, 2012 (Supp. 12-3).

R4-24-503. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3).

R4-24-504. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3).

R4-24-505. Expired**Historical Note**

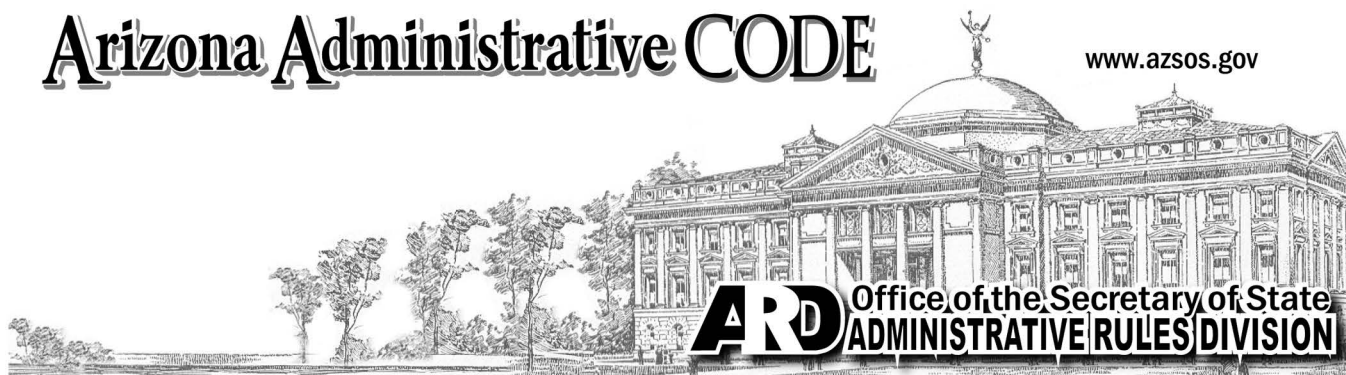
New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 3897, effective July 31, 2004 (Supp. 04-3).

R4-24-506. Written Criticism of Rule

- A. Any person may file a written criticism of an existing rule with the Board.
- B. The criticism shall clearly identify the rule and specify why the existing rule is inadequate, unduly burdensome, unreasonable, or otherwise improper.
- C. The Board shall acknowledge receipt of a criticism within 15 days and shall place the criticism in the official record for review by the Board under A.R.S. § 41-1056.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 2399, effective June 9, 2000 (Supp. 00-2).



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4 A.A.C. 26

Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Heidi Herbst Paakkonen
Title: Executive Director
Telephone: (602) 542-8162
Email: Heidi.paakkonen@psychboard.az.gov
Board: Board of Psychologist Examiners
Address: 1740 W. Adams St., Suite 3403
Phoenix, AZ 85007
Website: www.psychboard.az.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 25-2, 1-29 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

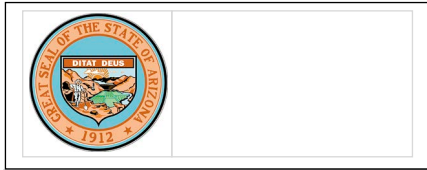
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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

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Arizona Administrative Code

Administrative Rules Division

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

Authority: A.R.S. § 32-2063(A)(9) and (12)

Supp. 25-3

Editor's Note: This Chapter contains amendments that were filed with the Secretary of State on March 3, 1995. At the time of filing, the original copy of the rulemaking package differed from the copy of the package filed at the same time. The Secretary of State uses the copy to prepare the Code supplement. The agency notified the Secretary of State that the wrong version was used. That led to the Secretary of State's discovery of the two versions filed in March 1995. The Secretary of State then used the original package to publish a corrected edition with Supp. 95-2. The Secretary of State has since been advised by the Attorney General that the original version as published with Supp. 95-1 was correct with the exception of one phrase in R4-26-207 that was inadvertently omitted. With this publication, this Chapter reflects the correct amendments, and the omitted phrase in R4-26-207 has now been added.

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Article 2, consisting of Sections R4-26-20 through R4-26-28; and
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CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

ARTICLE 1. GENERAL PROVISIONS

R4-26-101. Definitions

A. The definitions in A.R.S. § 32-2061 apply to this Chapter.

B. Additionally, in this Chapter:

1. "Additional examination" means an examination administered by the Board to determine the competency of an applicant and may include questions about the applicant's knowledge and application of Arizona law, the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
2. "Administrative completeness review" means the Board's process for determining that an applicant has provided all of the information and documents required by the Board to determine whether to grant a license to the applicant.
3. "Advertising" means any media used to disseminate information regarding the qualifications of a psychologist or to solicit clients or patients for psychological services, regardless of whether the psychologist pays for the advertising. Methods of advertising include a published statement or announcement, directory listing, business card, personal resume, brochure, or any electronic communication conveying the psychologist's professional qualifications or promoting use of the psychologist's professional services.
4. "Applicant" means an individual requesting licensure, renewal, or approval from the Board.
5. "Application packet" means the forms and documents the Board requires an applicant to submit to the Board.
6. "Applied psychology," as used in A.R.S. § 32-2071(A), means the practice of psychology in the area of health service delivery. The Board shall consider education and training in applied psychology as qualification for licensure only if the education and training meet the standards specified in A.R.S. § 32-2071.
7. "Case," in the context of R4-26-106(G), means a legal cause of action instituted before an administrative tribunal or in a judicial forum that relates to a psychologist's practice of psychology.
8. "Case conference" means a meeting that includes the discussion of a particular client or patient or case that is related to the practice of psychology.
9. "Client or patient record" means "adequate records" as defined in A.R.S. § 32-2061(2), "medical records" as defined in A.R.S. § 12-2291(6), and all records pertaining to assessment, evaluation, consultation, intervention, treatment, or the provision of psychological services in any form or by any medium.
10. "Complaint Screening Committee" means the committee of the Board established under A.R.S. § 32-2081(H) to conduct an initial review of complaints.
11. "Confidential record" means:
 - a. Minutes of an executive session of the Board;
 - b. A record that is classified as confidential by a statute or rule applicable to the Board;
 - c. All materials relating to an investigation by the Board, including a complaint, response, client or patient record, witness statement, investigative report, and any other information relating to a client's or patient's diagnosis, treatment, or personal or family life; and
 - d. The following regarding an applicant or licensee:
 - i. College or university transcripts;
 - ii. Home address, home telephone number, and e-mail address;
 - iii. Examination scores;
 - iv. Date of birth v. Place of birth;
 - v. Social Security number; and
 - vi. Candidate identification number for the national examination required under A.R.S. § 32-2072(A).
12. "Credentialing agency" means the Association of State and Provincial Psychology Boards, the National Register of Health Service Providers in Psychology, or the American Board of Professional Psychology.
13. "Day" means a calendar day except in A.R.S. § 32-2075(A)(4), "day" means a total of eight hours in providing psychological services regardless of the number of calendar days over which the hours are accumulated.
14. "Diplomate or specialist" means a status bestowed on a person by the American Board of Professional Psychology after successful completion of the work and examinations required.
15. "Directly available," as used in A.R.S. § 32-2071(F)(2), means immediately available in person or by telephone or electronic transmission.
16. "Disaster," as used in A.R.S. § 32-2075(A)(4), means a contingency or situation for which the governor declares a state of emergency under the authority provided at A.R.S. § 35-192. The Board acknowledges any state of emergency declared by the governor or determined by the Board.
17. "Dissertation" means a document prepared as part of a graduate doctoral program that includes, at a minimum, separate sections that:
 - a. Review the literature on the psychology topic being investigated and state each research question and hypothesis under investigation;
 - b. Describe the method or procedure used to investigate each research question or hypothesis;
 - c. Describe and summarize the findings and results of the investigation;
 - d. Discuss the findings and compare them to the relevant literature presented in the literature review section; and
 - e. List the references used in the various sections of the dissertation, a majority of which are either journals of the American Psychological Association, Psychological Abstracts, or classified as a psychology subject by the Library of Congress.
18. "Fellow" means a status bestowed on a person by a psychology association or society.
19. "Gross negligence" means an extreme departure from the ordinary standard of care.
20. "Internship training program" means the supervised professional experience required in A.R.S. § 32-2071(F).
21. "Last client or patient activity," as used in R4-26-106, means the last date a particular client or patient received direct clinical contact from the psychologist retaining the client's or patient's record.
22. "License period" means:
 - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee's birth month of one odd-numbered year and the last day of the licensee's birth month of the next odd-numbered year; and
 - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee's birth month of one even-numbered year and the last day of the licensee's birth month of the next even-numbered year.

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- bered year and the last day of the licensee's birth month of the next even-numbered year.
23. "National examination" means Parts 1 and 2 of the Examination for Professional Practice in Psychology provided by the Association of State and Provincial Psychology Boards.
 24. "Party" means the Board, an applicant, a licensee, or the state.
 25. "Practice monitor," as used in R4-26-310, means a Board-approved licensed psychologist who monitors or oversees the remediation of the practice of another psychologist as part of a disciplinary process.
 26. "Primarily psychological," in the context of A.R.S. § 32-2071(A)(6), means subject matter that covers the practice of psychology as defined in A.R.S. § 32-2061.
 27. "Psychologist on staff," as used in A.R.S. § 32-2071(F)(2), means a psychologist who is designated by the staff psychologist specified in A.R.S. § 32-2071(F)(1) to fulfill the responsibilities of a supervising psychologist in the training program.
 28. "Psychometric testing" means measuring cognitive and emotional processes and learning through the administration of psychological tests.
 29. "Raw test data" means test scores, client or patient responses to test questions or stimuli, and notes and recordings concerning client or patient statements and behavior during a psychologist's assessment and evaluation.
 30. "Regulatory jurisdiction" means a state or territory of the U.S., the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
 31. "Renewal year" means:
 - a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
 - b. Each even-numbered year for a licensee who holds an even-numbered license.
 32. "Retired," as used in A.R.S. § 32-2073(G), means a psychologist has stopped practicing psychology, as defined in A.R.S. § 32-2061.
 33. "Stipend" means a fee paid to a supervisee that is not based on productivity or revenue generated.
 34. "Substantive review" means the Board's process for determining whether an applicant meets the requirements of A.R.S. § 32-2071 through § 32-2076 and this Chapter.
 35. "Successfully completing," as used in A.R.S. § 32-2071(A)(4), means receiving a passing grade in a course from an institution of higher education.
 36. "Supervision," as used in R4-26-310, means review and oversight of the professional work of a psychologist by a Board-approved licensed psychologist as part of a disciplinary process.
 37. "Supervise" means to control, oversee, and review the activities of an employee, intern, trainee, or resident who provides psychological services.
 38. "Supervisor," as referenced in A.R.S. § 32-2071(F)(2), means an individual who is:
 - a. Licensed or registered as a psychologist at the independent level in the regulatory jurisdiction in which the supervision occurs,
 - b. On staff as a supervisor with the training program for which supervision is provided, and

- c. Directly available to the supervisee in case of an emergency or ensures another supervisor is directly available to the supervisee.
39. "Year," as used in A.R.S. § 32-2075(A)(4) means a calendar year.

Historical Note

Former Rule 1; Former Section R4-26-01 repealed, new Section R4-26-01 adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3).

Former Section R4-26-101 renumbered to R4-26-102; new Section R4-26-101 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 737, effective

February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2).

Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-102. Board Officers

- A. Under A.R.S. § 32-2063(A)(8), the Board shall annually elect a chairperson, vice chairperson, and secretary.
- B. Officers elected under subsection (A) shall take office on January 1 following election and serve until December 31.
- C. If a vacancy occurs in the office of chairperson, vice chairperson, or secretary, the Board shall elect a replacement officer at the next scheduled Board meeting.

Historical Note

Former Rule 2; Amended effective November 22, 1977 (Supp. 77-6). Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-02 adopted effective July 27, 1979 (Supp. 79-4). Amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-102 renumbered to R4-26-103; new Section R4-26-102 renumbered from R4-26-101 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-103. Repealed

Historical Note

Former Rule 3; Amended effective November 22, 1977 (Supp. 77-6). Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-03 adopted effective July 27, 1979 (Supp. 79-4). Former Section R4-26-103 renumbered to R4-26-104; new Section R4-26-103 renumbered from R4-26-102 and amended effective

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March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Repealed by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-104. Repealed

Historical Note

Former Rule 4; Former Section R4-26-04 repealed effective November 22, 1977 (Supp. 77-6). New Section R4-26-04 adopted effective September 15, 1978 (Supp. 78-5). Former Section R4-26-04 repealed, new Section R4-26-04 adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Correction, paragraph (2), subparagraph (f) as amended effective June 17, 1981 (Supp. 84-1). Amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-104 renumbered to R4-26-105; new Section R4-26-104 renumbered from R4-26-103 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Repealed by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-105. Repealed

- A. A person may view public records in the Board office only during business hours, which are Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding holidays.
- B. All Board records are open to public inspection and copying except confidential records as defined in R4-26-101 or as otherwise provided by law.

Historical Note

Former Rule 5; Former Section R4-26-05 repealed effective November 22, 1977 (Supp. 77-6). New Section R4-26-05 adopted effective September 15, 1978 (Supp. 78-5). Former Section R4-26-05 repealed effective September 15, 1978 (Supp. 78-5). Former Section R4-26-05 repealed, new Section R4-26-05 adopted effective July 27, 1979 (Supp. 79-4). Former Section R4-26-105 renumbered to R4-26-107; new Section R4-26-105 renumbered from R4-26-104 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Repealed by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-106. Client or Patient Records

- A. A psychologist shall not condition release of a client or patient record on payment for services by the client, patient, or a third party.
- B. Except as provided in subsection (C), a psychologist shall, with a client's or patient's written consent, provide access to or a copy of the client's or patient's record, including raw test data and other information as provided by law to the client or

patient or the client's or patient's health care decision maker unless the release violates copyright or other laws or violates one of the standards incorporated by reference at R4-26-301.

- C. A psychologist may deny a request to provide access to or a copy of a client's or patient's record if the psychologist determines:
 - 1. Access by the client or patient is reasonably likely to endanger the life or physical safety of the client or patient or another person;
 - 2. The record makes reference to a person other than a health professional and access by the client or patient or the client's or patient's health care decision maker is reasonably likely to cause substantial harm to that other person;
 - 3. Access by the client's or patient's health care decision maker is reasonably likely to cause substantial harm to the client or patient or another person;
 - 4. Access by the client or patient or the client's or patient's health care decision maker will reveal information obtained under a promise of confidentiality with someone other than a health professional and access is reasonably likely to reveal the source of the information; or
 - 5. Access by the client or patient or the client's or patient's health care decision maker may result in misuse or misrepresentation of the information and potentially harm the client or patient.
- D. Without a client's or patient's consent, a psychologist shall release the client's or patient's raw test data only to the extent required by law or under court order compelling production.
- E. A psychologist shall retain all client or patient records under the psychologist's control, including records of a client or patient who died, for at least six years from the date of the last client or patient activity. If a client or patient is a minor, the psychologist shall retain all client or patient records for at least three years past the client's or patient's 18th birthday or six years from the date of the last client or patient activity, whichever is longer.
- F. Audio or video recordings created primarily for training or supervisory purposes are exempt from the requirement of subsection (E).
- G. A psychologist who is notified by the Board or municipal, state, or federal officials of an investigation or pending case shall retain all records relating to that investigation or case until the psychologist receives written notice that the investigation is completed, the case is closed, or the matter has been fully adjudicated.
- H. The provisions of this Section apply to all psychologists including a psychologist who is on inactive status under A.R.S. § 32-2073 (G).
- I. A psychologist may retain client or patient records in electronic form. The psychologist shall ensure that client or patient records in electronic form are legible, stored securely, and an electronic backup copy is maintained.

Historical Note

Former Rule 6; Repealed effective November 22, 1977 (Supp. 77-6). New Section adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final

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rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-107. Change of Name, Mailing, Residential, or E-mail Address, or Telephone Number

- A.** The Board shall communicate with a psychologist using the contact information provided to the Board. To ensure timely communication from the Board, a psychologist shall notify the Board, in writing, within 30 days of any change of name, mailing, residential, or e-mail address (giving both the old and new addresses), or residential, business, or mobile telephone number.
- B.** A psychologist who reports a name change shall submit to the Board legal documentation that substantiates the name change.
- C.** A psychologist's failure to receive a renewal notice or other mail that the Board sends to the most recent address on file with the Board office does not excuse an untimely license renewal or the omission of any other action required by the psychologist.

Historical Note

Former Rule 7; Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-107 renumbered from R4-26-105 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-108. Fees and Charges

- A.** As specifically authorized by A.R.S. § 32-2067(A), the Board establishes and shall collect the following fees:
 - 1. Application for an active license to practice psychology: \$350. If the applicant applies through the Psychology Licensure Universal System of the Association of State and Provincial Psychology Boards, the Board shall ensure the ASPPB receives the applicable portion of the fee;
 - 2. Application for a temporary license under A.R.S. § 32-2073(B): \$200
 - 3. Reapplication for an active license: \$200;
 - 4. Biennial renewal of an active license: \$500;
 - 5. Biennial renewal of an inactive license: \$85;
 - 6. Reinstatement of an active or inactive license: \$200; and
 - 7. Delinquent compliance with continuing education requirements: \$200.
- B.** Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$600.
- C.** As specifically authorized by A.R.S. § 32-2067(A), the Board establishes the following charges for the services provided. The specified charge is not applicable if the Board's executive director determines the requestor demonstrates the data will be used for a non-commercial purpose or the data are obtained from the Board's online directory:
 - 1. Electronic medium containing the name and address of each licensee: \$.05 per name;
 - 2. Customized electronic medium containing the name and address of each current licensee: \$.25 per name;

- 3. Customized electronic medium containing additional, non-confidential, licensee information: \$.35 per name; and
 - 4. Copies of Board records, documents, letters, minutes, applications, files, and policy statements: \$.25 per page.
- D.** Except as provided by law, including A.R.S. § 41-1077, the fees listed in subsections (A) and (B) are not refundable.

Historical Note

Former Rule 8; Amended as an emergency effective June 15, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). Amended effective September 15, 1978 (Supp. 78-5). Repealed effective July 27, 1979 (Supp. 79-4). New Section R4-26-108 adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Former Section R4-26-108 renumbered to R4-26-201 by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). New Section adopted by final rulemaking at 7 A.A.R. 1258, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-109. General Provisions Regarding Telepractice

- A.** Except as otherwise provided by law, a licensee who provides psychological service or supervision by telepractice to a client or patient or supervisee located outside Arizona shall comply with not only A.R.S. § 36-3602 and this Chapter but also the laws and rules of the jurisdiction in which the client or patient or supervisee is located.
- B.** Before providing psychological service or supervision by telepractice, a licensee shall establish competence in use of telepractice that conforms to prevailing standards of scientific and professional knowledge.
- C.** A licensee who provides psychological service or supervision by telepractice shall maintain competence in use of telepractice through continuing education, consultation, or other procedures designed to address changing technology used in telepractice.
- D.** A licensee who provides psychological service or supervision by telepractice shall take all reasonable steps to ensure confidential communications stored electronically cannot be recovered or accessed by an unauthorized person when the licensee disposes of electronic equipment or data.

Historical Note

Former Rule 9; Repealed effective July 27, 1979 (Supp. 79-4). New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-110. Providing Psychological Service by Telepractice

- A.** Before providing psychological service by telepractice, a licensee who is in compliance with A.R.S. § 36-3602 and R4-26-109 shall conduct a risk analysis as clinically indicated and

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document in the client or patient's record required under R4-26-106 whether use of telepractice:

1. Is consistent with the client or patient's knowledge and skill regarding use of the technology involved in providing psychological service by telepractice or with ready access to assistance with use of the technology, and
 2. Is in the best interest of the client or patient.
- B.** A licensee shall not provide psychological service by telepractice unless both conditions of the risk analysis conducted under subsection (A) are met.
- C.** Before providing psychological service by telepractice, a licensee shall:
1. Obtain the written informed consent of the client or patient, using language that is clear and understandable and consistent with accepted professional and legal requirements. The licensee shall ensure the written informed consent addresses the following and a copy is placed in the client or patient's record required under R4-26-106:
 - a. The manner in which the licensee will verify the identity of the client or patient before each psychological service if the telepractice does not involve video;
 - b. The manner in which the licensee will ensure the client or patient's electronic communications are received only by the licensee or supervisee;
 - c. Limitations and innovative nature of using technology to provide psychological service;
 - d. Inherent confidentiality risk resulting from use of technology;
 - e. Potential risk of technology failure that disrupts provision of psychological service and how to re-establish communication if disruption occurs;
 - f. When and how the licensee will respond to routine electronic communications;
 - g. The circumstances under which the licensee and client or patient will use an alternative means of communication;
 - h. Who is authorized to access the electronic communication between the licensee and client or patient;
 - i. The manner in which the licensee stores the electronic communication between the licensee and the client or patient; and
 - j. The type of secure electronic technology the licensee will use to communicate with the client or patient;
 2. Establish a written agreement with the client or patient that specifies contact information for sources of face-to-face emergency services in the client or patient's geographical area and requires the client or patient to contact a source of face-to-face emergency services when the client or patient experiences a suicidal or homicidal crisis or other emergency. If the licensee has knowledge the client or patient is experiencing a suicidal or homicidal crisis or other emergency, the licensee shall assist the client or patient to contact a source of face-to-face emergency services. The licensee shall place a copy of the written agreement required under this subsection in the client or patient's record required under R4-26-106.
 3. Obtain the name and contact information for an emergency contact;
 4. Obtain information about an alternative means of contacting the client or patient; and

5. Provide the client or patient with information about an alternative means of contacting the licensee.

- D.** A licensee who provides psychological service by telepractice shall repeat the risk analysis required under subsection (A) as clinically indicated.
- E.** If a licensee does not provide psychological service by telepractice to a client or patient, the provisions of this Section do not apply to electronic communications with the client or patient regarding:
1. Scheduling an appointment, billing, establishing benefits, or determining eligibility for services; and
 2. Checking the welfare of the client or patient in accord with reasonable professional judgment.

Historical Note

Adopted effective November 22, 1977 (Supp. 77-6).
 Repealed and readopted as Section R4-26-57 effective July 27, 1979 (Supp. 79-4). New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-111. Providing Supervision through Telepractice

- A.** As specified under A.R.S. § 32-2071(F) and (G), a licensee who provides individual supervision shall ensure that supervision provided through telepractice is conducted using secure, confidential, real-time telecommunication technology. The licensee shall ensure at least 50 percent of individual supervision is either in person or using visual technology.
- B.** Before providing supervision by telepractice, a licensee who is in compliance with R4-26-109 shall conduct a risk analysis as clinically indicated and document whether providing supervision by telepractice:
1. Is appropriate for the issue presented by the supervisee's client or patient involved in the supervisory process,
 2. Is consistent with the supervisee's knowledge and skill regarding use of the technology involved in providing supervision by telepractice, and
 3. Is in the best interest of both the supervisee and the supervisee's client or patient involved in the supervisory process.
- C.** A licensee shall not provide supervision by telepractice unless all conditions of the risk analysis conducted under subsection (B) are met.
- D.** Before providing supervision by telepractice, a licensee shall:
1. Enter a written agreement with the supervisee, using language that is clear and understandable and consistent with accepted professional and legal requirements. The licensee shall ensure the written agreement addresses the following and a copy is provided to the supervisee:
 - a. The manner in which the licensee will identify the supervisee before each supervisory session that does not involve video;
 - b. Limitations and innovative nature of using technology to provide supervision;
 - c. Potential risk of technology failure that disrupts provision of supervision and how to re-establish communication if disruption occurs;
 - d. When and how the licensee will respond to routine electronic communications from the supervisee;
 - e. The circumstances under which the licensee and supervisee will use an alternative means of communication; and

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- f. The type of secure electronic technology the licensee will use to communicate with the supervisee;
2. Obtain information about an alternative means of contacting the supervisee; and
3. Provide the supervisee with information about an alternative means of contacting the licensee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-112. Reserved
R4-26-113. Reserved
R4-26-114. Reserved
R4-26-115. Reserved
R4-26-116. Reserved
R4-26-117. Reserved
R4-26-118. Reserved
R4-26-119. Reserved
R4-26-120. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-201 effective July 27, 1979 (Supp. 79-4).

R4-26-121. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-202 effective July 27, 1979 (Supp. 79-4).

R4-26-122. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-203 effective July 27, 1979 (Supp. 79-4).

R4-26-123. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-204 effective July 27, 1979 (Supp. 79-4).

R4-26-124. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-205 effective July 27, 1979 (Supp. 79-4).

R4-26-125. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-206 effective July 27, 1979 (Supp. 79-4).

R4-26-126. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-207 effective July 27, 1979 (Supp. 79-4).

R4-26-127. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-208

effective July 27, 1979 (Supp. 79-4).

R4-26-128. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-209 effective July 27, 1979 (Supp. 79-4).

R4-26-129. Reserved

R4-26-130. Reserved

R4-26-131. Reserved

R4-26-132. Reserved

R4-26-133. Reserved

R4-26-134. Reserved

R4-26-135. Reserved

R4-26-136. Reserved

R4-26-137. Reserved

R4-26-138. Reserved

R4-26-139. Reserved

R4-26-140. Reserved

R4-26-141. Reserved

R4-26-142. Reserved

R4-26-143. Reserved

R4-26-144. Reserved

R4-26-145. Reserved

R4-26-146. Reserved

R4-26-147. Reserved

R4-26-148. Reserved

R4-26-149. Reserved

R4-26-150. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-301 effective July 27, 1979 (Supp. 79-4).

R4-26-151. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-302 effective July 27, 1979 (Supp. 79-4).

R4-26-152. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-303 effective July 27, 1979 (Supp. 79-4).

R4-26-153. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-304 effective July 27, 1979 (Supp. 79-4).

R4-26-154. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-305

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effective July 27, 1979 (Supp. 79-4).

R4-26-155. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-306 effective July 27, 1979 (Supp. 79-4).

R4-26-156. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-307 effective July 27, 1979 (Supp. 79-4).

R4-26-157. Renumbered

Historical Note

Former Section R4-26-120 renumbered to R4-26-201 effective July 27, 1979 (Supp. 79-4).

ARTICLE 2. LICENSURE

R4-26-201. Application Deadline

- A. The Board shall consider a license application at the Board's next scheduled meeting if an administratively complete application packet is received by the Board office at least 18 days before the date of the meeting.
- B. The Board shall consider a license application that is received fewer than 18 days before a scheduled meeting at a subsequent meeting.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsection (A) statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-120 and amended effective July 3, 1991 (Supp. 91-3). Repealed effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). New Section R4-26-201 renumbered from R4-26-108 and amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-202. Doctorate

- A. The Board shall apply the following criteria to determine whether a doctoral program provided by an institution of higher education met the standards in A.R.S. § 32-2071(A)(2) at the time an applicant began the degree program:
 1. The program is identified and labeled as a psychology program if there were institutional catalogues and brochures that specified the intent of the institution of higher education to educate and train psychologists;
 2. The program stands as a recognized, coherent organizational entity if there was an organized sequence of courses comprising a psychology curriculum; and
 3. The program has clearly identified entry and exit criteria within its psychology curriculum if there were specific prerequisites for entrance into the program and delineated requirements for graduation.
- B. The Board shall verify that an applicant completed the hours in the subject areas described in A.R.S. § 32-2071(A)(4). For this purpose, the applicant shall have the institution of higher education that the applicant attended provide directly to the Board

an official transcript of all courses taken and verification of the dissertation or similar project.

1. The Board may require additional documentation from the applicant or from the institution to determine whether the applicant satisfied the requirements of A.R.S. § 32-2071(A)(4).
 2. The Board shall count five quarter hours or six trimester hours as the equivalent of three semester hours, as required under A.R.S. § 32-2071(A)(4). When an academic term is other than a semester, quarter, or trimester, 15 classroom contact hours equals one semester hour.
- C. To determine whether a comprehensive examination taken by an applicant as part of a doctoral program in psychology satisfies the requirements of A.R.S. § 32-2071(A)(4), the Board shall review documentation provided directly to the Board by the institution of higher education that granted the doctoral degree, that demonstrates how the applicant's comprehensive examination was constructed, lists criteria for passing, and provides the information used to determine that the applicant passed.
- D. The Board shall not accept as core program hours required under A.R.S. § 32-2071(A)(4) credit:
1. For workshops, practica, undergraduate courses, life experiences, continuing education courses, or experiential or correspondence courses;
 2. Transferred from institutions that are not accredited under A.R.S. § 32-2071(A)(1); or
 3. For seminars, readings courses, or independent study unless the applicant proves that the course was an in-depth study devoted to a particular core program content area by submitting one or more of the following:
 - a. Course description in the official catalogue of the institution of higher education,
 - b. Course syllabus, or
 - c. Signed statement from a dean or psychology department head affirming that the course was an in-depth study devoted to a particular core program content area.
- E. The Board shall count a course or comprehensive examination only once to satisfy a requirement of A.R.S. § 32-2071(A)(4).
- F. An honorary doctorate degree does not qualify an applicant for licensure as a psychologist.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Renumbered from R4-26-121 and amended effective July 3, 1991 (Supp. 91-3). Amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-203. Application for Initial License

- A. An individual who wishes to be licensed as a psychologist shall submit an application packet to the Board that includes an application form approved by the Board, which is available

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from the Board office and on its website, with an attestation that is signed and dated by the applicant.

B. Additionally, an applicant shall submit:

1. An original, un-retouched, photograph of the applicant that is no larger than 1.5 X 2 inches and taken no more than 60 days before the date of application;
2. The results of a self-query from the National Practitioner Data Bank;
3. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1 or evidence of application for a valid fingerprint clearance card;
4. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant's presence in the U.S. is authorized under federal law;
5. The Board's Mandatory Confidential Information form;
6. Name, position, and address of at least two individuals to serve as references who:
 - a. Are psychologists licensed or certified to practice psychology in a United States or Canadian regulatory jurisdiction and who are not members of the Arizona Board of Psychologist Examiners;
 - b. Are familiar with the applicant's work experience in the field of psychology or in a postdoctoral program within the three years immediately before the date of application. If more than three years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may pertain to the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program; and
 - c. Recommend the applicant for licensure;
7. The fee required under R4-26-108; and
8. Any other information authorized by statute.

C. In addition to the requirements in subsections (A) and (B), an applicant shall arrange to have the following directly submitted to the Board:

1. An official transcript from each university or college from which the applicant attended a graduate program or received a graduate degree that contains the date the degree was conferred;
2. An official document from the degree-granting institution indicating that the applicant completed a residency that satisfies the requirements of A.R.S. § 32-2071(K);
3. For an applicant applying supervised preinternship hours toward licensure, an attestation submitted by the doctoral program training director, faculty supervisor, or other official of the doctoral-granting institution who is knowledgeable of the applicant's preinternship experience verifying that the applicant's preinternship experience meets the requirements of A.R.S. § 32-2071(D).
4. An attestation from the applicant's supervisor, if available, or a psychologist knowledgeable of the applicant's internship training program, verifying that the applicant's internship training program meets the requirements in A.R.S. § 32-2071(F). If the supervisor or knowledgeable psychologist is not available, the Board shall accept primary source verification received from the Association of State and Provincial Psychology Boards. In this subsection, "not available" means the supervisor or knowledgeable psychologist is deceased or all reasonable efforts to

locate the supervisor or knowledgeable psychologist were unsuccessful;

5. For an applicant applying supervised postdoctoral experience toward licensure, an attestation from the applicant's postdoctoral supervisor, if available, or a psychologist knowledgeable of the applicant's postdoctoral experience verifying that the applicant's postdoctoral experience meets the requirements in A.R.S. § 32-2071(G). If the supervisor or knowledgeable psychologist is not available, the Board shall accept primary source verification received from the Association of State and Provincial Psychology Boards. In this subsection, "not available" means the supervisor or knowledgeable psychologist is deceased or all reasonable efforts to locate the supervisor or knowledgeable psychologist were unsuccessful;
6. Verification of all other psychology licenses or certificates ever held in any regulatory jurisdiction; and
7. An official notification of the applicant's score on the national examination. An applicant who passed the national examination in accordance with the standard established at A.R.S. § 32-2072(A), shall have the examination score sent directly to the Board by the Association of State and Provincial Psychology Boards or by the regulatory jurisdiction in which the applicant originally passed the examination.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective April 25, 1980 (Supp. 80-2). Amended Introductory paragraph statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-122 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-203 repealed, new Section R4-26-203 renumbered from R4-26-204 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-203.01. Application for Licensure by Credential

- A.** An applicant for a psychologist license by credential under A.R.S. § 32-2071.01(D) shall submit an application packet to the Board that includes:
1. An application form approved by the Board, which is available from the Board office and on its website, with an attestation that is signed and dated by the applicant;
 2. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1 or evidence of application for a valid fingerprint clearance card;
 3. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the

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applicant's presence in the U.S. is authorized under federal law;

4. Verification sent directly to the Board by the credentialing agency that the applicant:
 - a. Holds a current Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - b. Holds a current National Register of Health Service Providers in Psychology (NRHSP) credential and has practiced psychology independently at the doctoral level for at least five years; or
 - c. Is a diplomate or specialist of the American Board of Professional Psychology (ABPP); and
5. Verification of all other psychology licenses or certificates ever held in any jurisdiction.

- B.** An applicant for a psychologist license by credential based on a National Register of Health Service Providers in Psychology credential shall have notification that the applicant obtained a passing score on the national examination sent directly to the Board by the Association of State and Provincial Psychology Boards or by the regulatory jurisdiction in which the applicant originally passed the examination.
- C.** If the Board determines an application for licensure by credential requires clarification, the Board may require an applicant submit or cause the applicant's credentialing agency to submit directly to the Board any documentation including transcripts, course descriptions, catalogues, brochures, supervised experience verifications, examination scores, application for credential, or any other information deemed necessary by the Board.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-203.02. Application to Take National Examination before Completing Supervised Professional Experience Required for Licensure

- A.** As provided under A.R.S. § 32-2072(C), an individual who has completed the education requirements specified in A.R.S. § 32-2071(A) but has not completed the supervised professional experience requirements specified in A.R.S. § 32-2071(D) may apply to the Board for approval to take the national examination.
- B.** To apply under subsection (A) for approval to take the national examination, an individual shall submit to the Board the application form and applicable documents required under R4-26-203(A) through (C) except the document required under R4-26-203(B)(3).
- C.** The Board shall administratively close an approved application to take the national examination when the Board receives the applicant's examination score. If necessary, an individual granted approval to take the national examination may request an extension under R4-26-204.
- D.** An individual whose application to take the national examination is approved may apply for an initial license under R4-26-203 after completing the supervised professional experience requirements specified in A.R.S. § 32-2071(D) as follows:

1. Within 36 months after the application to take the national examination submitted under subsection (B) was administratively closed under subsection (C), request that the Board re-open the application submitted under subsection (B); and
2. Submit the portions of the application packet required under R4-26-203 that were not submitted under subsection (B).

Historical Note

New Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-203.03. Reapplication for License; Applying Anew

- A.** The following may reapply for a license:
 1. An individual who failed the national examination required under A.R.S. § 32-2072 and R4-26-204 no more than three times, and
 2. An individual whose application submitted under R4-26-203 or R4-26-203.01 was administratively closed by the Board under R4-26-208(H) less than one year before reapplication.
- B.** An individual identified in subsection (A) may ask the Board to base a licensing decision, in part, on applicable forms and documents previously submitted.
- C.** An individual eligible under subsection (B) to reapply for licensure shall:
 1. Submit a reapplication form, which is available from the Board office and on its website, to the Board;
 2. If previously submitted references were submitted more than 12 months before the date of reapplication, provide the names, positions, and addresses of at least two individuals to serve as references who:
 - a. Are psychologists licensed or certified to practice psychology in a United States or Canadian regulatory jurisdiction and are not members of the Arizona Board of Psychologist Examiners;
 - b. Are familiar with the applicant's work experience in the field of psychology or in a postdoctoral program within the three years immediately before the date of reapplication. If more than three years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may pertain to the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program; and
 - c. Recommend the applicant for licensure;
 3. List all professional employment since the date of the most recent application or reapplication including:
 - a. Beginning and ending dates of employment,
 - b. Number of hours worked per week,
 - c. Name and address of employer,
 - d. Position title,
 - e. Nature of work, and
 - f. Nature of supervision;
 4. Submit the results of a self-query from the National Practitioner Data Bank;
 5. Submit a copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.11 or evidence of application for a valid fingerprint clearance card; and
 6. Pay the fee required under R4-26-108(A)(2).

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- D.** The following shall apply anew for a license rather than reapplying:
1. An individual whose application submitted under R4-26-203 or R4-26-203.01 was denied by the Board,
 2. An individual who was permitted by the Board to withdraw an application submitted under R4-26-203 or R4-26-203.01 before the Board acted on the application,
 3. An individual whose application submitted under R4-26-203 or R4-26-203.01 was administratively closed by the Board under R4-26-208(H) more than one year before another application is submitted,
 4. An individual whose license was revoked under A.R.S. § 32-2081(N)(1),
 5. An individual whose license expired under A.R.S. § 32-2074,
 6. An individual whose license was canceled under A.R.S. § 32-2074, and
 7. An individual who retired under A.R.S. § 32-2073(G).

Historical Note

New Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-203.04. Temporary License under A.R.S. § 32-2073(B)

- A.** To be eligible to be issued a temporary license under A.R.S. § 32-2073(B), an individual shall:
1. Have completed the educational requirements specified in A.R.S. § 32-2071(A) through (C);
 2. Have completed 1,500 hours of supervised professional experience as described in A.R.S. § 32-2071(F); and
 3. Be participating in a supervised postdoctoral professional experience as described in A.R.S. § 32-2071(G).
- B.** An applicant seeking a temporary license under A.R.S. § 32-2073(B), shall submit an application packet to the Board that includes:
1. The application form required under R4-26-203 and all information required under R4-26-203(B) and (C) except that specified in R4-26-203(C)(3), (5), and (7);
 2. The written training plan required under A.R.S. § 32-2071(G)(7) from the entity at which the supervised postdoctoral professional experience is occurring that includes at least the following:
 - a. Goal and content of each training experience,
 - b. Expectations regarding the nature, quality, and quantity of work to be done by the supervisee during the supervised postdoctoral professional experience,
 - c. Methods of evaluating the supervisee and the supervised postdoctoral professional experience,
 - d. Total number of hours to be accrued during the supervised postdoctoral professional experience,
 - e. Total number of face-to-face contact hours the supervisee is to have with clients or patients during the supervised postdoctoral professional experience,
 - f. Total number of hours of supervision the supervisee is to receive during the supervised postdoctoral professional experience,
 - g. Qualifications of all individuals who provide supervision during the supervised postdoctoral professional experience including documentation that each is qualified under the standards at A.R.S. § 32-2071(G),

- h. Acknowledgment that ethics training is included in the training experience; and
3. A written request for approval to take the national examination specified under A.R.S. § 32-2072, if applicable, using a form approved by the Board and available in the Board office and on its website.
- C.** An individual issued a temporary license under A.R.S. § 32-2073(B) shall practice psychology only under supervision. It is unprofessional conduct for the holder of a temporary license issued under A.R.S. § 32-2073(B) to practice psychology without supervision.
- D.** A temporary license issued under A.R.S. § 32-2073(B) is valid for 36 months and is not renewable. If the Board denies an active license under R4-26-203 to the holder of a temporary license issued under A.R.S. § 32-2073(B), the temporary license terminates at the time of license denial.
- E.** The holder of a temporary license issued under A.R.S. § 32-2073(B) shall:
1. Comply fully with all provisions of A.R.S. Title 32, Chapter 19.1, and this Chapter;
 2. Not practice psychology outside the postdoctoral experience specified in the written training plan required under subsection (B)(2); and
 3. Submit to the Board a proposed new training plan if the written training plan required under subsection (B)(2) is modified. The proposed new training plan shall be submitted within 10 days after the effective date of the modification.
- F.** The holder of a temporary license who was not previously approved to take the national examination may submit to the Board a written request for approval to take the national examination using a form approved by the Board and available in the Board office.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-204. Examinations

- A.** General rules.
1. Under A.R.S. § 32-2072(C), an applicant who fails the national examination three times in any regulatory jurisdiction shall, before taking the national examination again, review the applicant's areas of deficiency and implement a program of study or practical experience designed to remedy the deficiencies. This remedial program may consist of any combination of course work, self-study, internship experience, and supervision.
 2. An applicant required under subsection (A)(1) to implement a program of study or practical experience may apply anew for licensure. The applicant shall submit a new application packet, as described in R4-26-203, and include information about any actions proposed under subsection (A)(1).
 3. The holder of a temporary license issued under A.R.S. § 32-2073(B) who:
 - a. Fails the national examination three times and complies with subsection (A)(1) may submit to the Board a written request to retake the national examination using a form that is approved by the Board and available at the Board office and on its website; or

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- b. Fails to take the national examination within one year after the Board's authorization to do so shall submit a written request for approval to take the national examination using a form that is approved by the Board and available at the Board office and on its website.
- 4. Examination deadline. The Board shall administratively close the file of an applicant authorized by the Board to take an examination specified in subsection (B) or (C) who fails to take the examination within one year from the date of the Board's authorization.
- 5. Extension of examination deadline. An applicant or the holder of a temporary license issued under A.R.S. § 32-2073(B) may obtain an extension of the examination deadline specified in subsection (A)(3)(b) or (A)(4). To obtain an extension of the examination deadline, the applicant or temporary licensee shall submit a written request to the Board's Executive Director on or before the examination deadline. The Board shall grant the applicant or temporary licensee one extension of up to six months to take the examination. The applicant or temporary licensee may request additional extensions for good cause, which includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period. The Board shall ensure that an extension is for no more than six months.
- 6. The Board shall deny or revoke a license, as applicable, if an applicant or temporary licensee commits any of the following acts with respect to a licensing examination specified under subsection (B) or (C):
 - a. Violates the confidentiality of examination materials;
 - b. Removes any examination materials from the examination room;
 - c. Reproduces any portion of a licensing examination;
 - d. Aids in the reproduction or reconstruction of any portion of a licensing examination;
 - e. Pays or uses another person to take a licensing examination or to reconstruct any portion of the licensing examination;
 - f. Obtains examination material, either before, during, or after an examination, for the purpose of instructing or preparing applicants for examinations;
 - g. Sells, distributes, buys, receives, or has possession of any portion of a future, current, or previously administered licensing examination that is not authorized by the Board or its authorized agent for release to the public;
 - h. Communicates with any other examinee during the administration of a licensing examination;
 - i. Copies answers from another examinee or permits the copying of answers by another examinee;
 - j. Possesses during the administration of a licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than material distributed during the examination; or
 - k. Impersonates another examinee.
- B. National examination. Under A.R.S. § 32-2072, the Board shall require that an applicant or temporary licensee take and pass the national examination. An applicant or temporary licensee authorized by the Board to take the national examina-

tion passes the examination by obtaining a score that equals or exceeds the passing score specified in A.R.S. § 32-2072(A). After the Board receives the examination results, the Board shall notify the applicant or temporary licensee in writing of the results.

C. Additional examination.

- 1. The Board shall require an applicant or temporary licensee to pass the national examination specified in subsection (B) before allowing the applicant or temporary licensee to take an additional examination.
- 2. Under A.R.S. § 32-2072(B), the Board may administer an additional examination to an applicant or temporary licensee to determine the adequacy of the applicant's or temporary licensee's knowledge and application of Arizona law. The additional examination may also cover the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
 - a. The Board shall review and approve the additional examination before administration;
 - b. The additional examination may be developed and administered by the Board, a committee of the Board, consultants to the Board, or independent contractors; and
 - c. Examiners and consultants to the Board shall execute a security acknowledgment form and agree to maintain examination security.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended Introductory paragraph statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-123 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-204 renumbered to R4-26-203, new Section R4-26-204 renumbered from R4-26-205 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

Appendix A. Repealed

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsections (A) and (B) statute references, effective June 30, 1981 (Supp. 81-3). Amended effective November 1, 1985 (Supp. 85-6). Renumbered from R4-26-124 and amended effective July 3, 1991 (Supp. 91-3). Renumbered from R4-26-205, Appendix A (Supp. 95-1). Appendix A repealed by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1).

R4-26-205. Renewal of License

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- A.** A license issued by the Board, whether active or inactive, expires on the last day of a licensee's birth month during the licensee's renewal year.
- B.** The Board considers a license renewal application packet timely if submitted to the online renewal system on or before the last day of a licensee's birth month during the licensee's renewal year.
- C.** To renew a license, a licensee shall submit to the Board a renewal application form approved by the Board and available on its website, with an attestation that is signed and dated by the licensee.
- D.** Additionally, to renew a license, a licensee shall submit to the Board:
 - 1. The license renewal fee required under R4-26-108;
 - 2. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1;
 - 3. If the documentation previously submitted under R4-26-203(B)(3) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired;
 - 4. The following information about the continuing education completed during the previous license period:
 - a. Title of the continuing education;
 - b. Date completed;
 - c. Sponsoring organization, publication, or educational institution;
 - d. Number of hours in the continuing education; and
 - e. Brief description of the continuing education; and
 - 5. Any other information authorized by statute.
- E.** If a completed application is timely submitted under subsections (C) and (D), the licensee may continue to practice psychology under the active license until notified by the Board that the application for renewal has been approved or denied. If the Board denies license renewal, the licensee may continue to practice psychology until the last day for seeking review of the Board's decision or a later date fixed by a reviewing court.
- F.** Under A.R.S. § 32-2074 (C), the license of a licensee who fails to submit a renewal application, including the information about continuing education completed, on or before the last day of the licensee's birth month during the licensee's renewal year expires and the licensee shall immediately stop practicing psychology.
- G.** A psychologist whose license expires under subsection (F) may have the license reinstated by submitting the following to the Board within two months after the last day of the licensee's birth month during the licensee's renewal year:
 - 1. The license renewal application required under subsection (C) and the documents required under subsections (D)(2) through (4); and
 - 2. The license renewal and reinstatement fees required under R4-26-108.
- H.** A psychologist whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) may have the license reinstated by:
 - 1. Complying with subsection (G) within one year after the last day of the licensee's birth month during the licensee's renewal year, and
 - 2. Paying the fee for reinstatement of an active or inactive license as specified in R4-26-108.
- I.** A psychologist whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) or (H) may be licensed again only by complying with R4-26-203.
- J.** If the Board audits the continuing education records of a licensee and determines that some of the hours do not conform to the standards listed in R4-26-207, the Board shall disallow the non-conforming hours. If the remaining hours are less than the number required, the Board shall deem the licensee as failing to satisfy the continuing education requirements and provide notice of the disallowance to the licensee. The licensee has 90 days from the mailing date of the Board's notification of disallowance to complete the continuing education requirements for the past reporting period and shall provide the Board with an affidavit documenting completion. If the Board does not receive an affidavit within 90 days of the mailing date of notification of disallowance or the Board deems the affidavit insufficient, the Board may take disciplinary action under A.R.S. § 32-2081.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsections (A) and (B) statute references, effective June 30, 1981 (Supp. 81-3). Amended effective November 1, 1985 (Supp. 85-6). Renumbered from R4-26-124 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-205 renumbered to R4-26-204; new Section R4-26-205 renumbered from R4-26-206 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-206. Reinstatement of License from Inactive to Active Status; Cancellation of License

- A.** Except as provided in subsection (C), when considering reinstatement of a psychologist from inactive to active status, the Board shall presume that the psychologist has maintained and updated the psychologist's professional knowledge and capability to practice as a psychologist if the psychologist presents to the Board documentation of completion of a prorated amount of continuing education, calculated under subsection (B).
- B.** A psychologist who is on inactive status for at least two years may reinstate the license to active status by presenting to the Board:
 - 1. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1;
 - 2. If the documentation previously submitted under R4-26-203(B)(3) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired; and

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3. Documentation of completion of at least 40 hours of continuing education that meets the standards in R4-26-207. A psychologist who is on inactive status for less than two years may reinstate the license to active status by presenting to the Board documentation of completion of a prorated amount of continuing education. To calculate the prorated amount of continuing education hours required, the Board shall multiply 1.67 by the number of months from the date of inactive status until the date the application for reinstatement is received by the Board. For every six months of inactive status, the Board shall require one hour of continuing education in ethics.

- C. A psychologist may request that the Board cancel the psychologist's license if the psychologist is not under investigation by any regulatory jurisdiction. Fees paid to obtain a license are not refundable when the license is canceled. If an individual whose request for license cancellation is approved by the Board subsequently decides to practice psychology, the individual shall submit a new application under R4-26-203 and meet the requirements in A.R.S. § 32-2071.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Renumbered from R4-26-125 effective July 3, 1991 (Supp. 91-3). Former Section R4-26-206 renumbered to R4-26-205; new Section R4-26-206 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2007, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-207. Continuing Education

- A. A licensee shall complete at least 40 hours of continuing education during each license period. Unless specified otherwise, one clock hour of instruction, training, or making a presentation equals one hour of continuing education.
- B. A licensee shall ensure the continuing education hours obtained include:
 1. At least four hours in professional ethics, and
 2. Completion of the Board's four-hour online jurisprudence education tool.
- C. During the license period in which an individual is initially licensed, the Board shall pro-rate the number of continuing education hours, including a pro-rated number of hours addressing ethics, that the new licensee must complete during the initial license period. To calculate the number of continuing education hours that a new licensee must obtain, the Board shall divide the 40 hours of continuing education required in a license period by 24 and multiply the quotient by the number of whole months from the date of initial licensure until the end of the license period. During the first license period, for every six months from the month of license issuance to the end of the

license period, the Board shall require one hour of continuing education in ethics.

- D. If the standards in subsection (F) are met, the Board shall accept the following for continuing education hours.
 1. Post-doctoral study sponsored by a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1) and provides a graduate-level degree program;
 2. A course, seminar, workshop, or home study for which a certificate of attendance or completion is provided;
 3. A continuing education program offered by a national, international, regional, or state association, society, board, or continuing education provider;
 4. Teaching a graduate-level course in applied psychology at a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1). A licensee who teaches a graduate-level course in applied psychology receives the same number of continuing education hours as number of classroom hours for those who take the graduate-level course;
 5. Organizing and presenting a continuing education activity. A licensee who organizes and presents a continuing education activity receives the same number of continuing education hours as those who attend the continuing education activity;
 6. Serving as a complaint consultant. During a license period, a licensee who serves as a Board complaint consultant to review Board complaints and provides written reports to the Board or provides expert testimony on behalf of the Board may receive continuing education hours equal to the actual number of hours served as a complaint consultant to a maximum of 20 hours. A licensee who is paid by the Board for services rendered shall not receive continuing education credit for the time or services for which payment was made;
 7. The Board shall allow a maximum of 10 continuing education hours for each of the following during a license period:
 - a. Attending a Board meeting or serving as a member of the Board. A licensee receives up to six continuing education hours in professional ethics for attending both morning and afternoon sessions of a Board meeting and three continuing education hours for attending either the morning or afternoon session or at least four hours of a Board meeting. A licensee shall complete documentation provided by the Board at the time the licensee attends a Board meeting;
 - b. Having an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published. A licensee who has an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published receives 10 continuing education hours in the year of publication;
 - c. Participating in a study group for professional growth and development as a psychologist. A licensee receives one hour of continuing education for each hour of participation to a maximum of 10 continuing education hours for participating in a study group. The Board shall allow continuing education hours for participating in a study group only if

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- the licensee maintains the documentation required under subsection (G)(5);
- d. Presenting a symposium or paper at a state, regional, national, or international psychology meeting. A licensee who presents a symposium or paper receives the same number of continuing education hours as hours of the session, as published in the agenda of the meeting, at which the symposium or paper is presented to a maximum of 10 continuing education hours;
 - e. Presenting a poster during a poster session at a state, regional, national, or international psychology meeting. A licensee who presents a poster receives an hour of continuing education for each hour the licensee is physically present with the poster during the poster session, as published in the agenda of the meeting, to a maximum of 10 continuing education hours; and
 - f. Serving as an elected officer of an international, national, regional, or state psychological association or society. A licensee who serves as an elected officer may receive continuing education hours equal to the actual number of hours served to a maximum of 10 continuing education hours.
- E.** The Board shall not allow continuing education credit more than once in a license period for:
1. Teaching the same graduate-level course,
 2. Organizing and presenting a continuing education activity on the same topic or content area, or
 3. Presenting the same symposium or paper at a state, regional, national, or international psychology meeting.
- F.** Standards for continuing education. To be acceptable for continuing education credit, an activity identified in subsections (D)(1) through (4) shall:
1. Focus on the practice of psychology, as defined at A.R.S. § 32-2061, for at least 75 percent of the program hours; and
 2. Be taught by an instructor who is readily identifiable as competent in the subject of the continuing education by having an advanced degree, teaching experience, work history, published professional articles, or previously presented continuing education on the same subject.
- G.** The Board shall accept the following documents as evidence of completion of continuing education hours:
1. A certificate of attendance or completion;
 2. Statement signed by the provider verifying participation in the activity;
 3. Copy of transcript of course completed under subsection (D)(1);
 4. Documents indicating a licensee's participation as an elected officer or appointed member as specified in subsection (D)(7)(f); or
 5. An attestation signed by all participants of a study group under subsection (D)(7)(c) that includes a description of the activity, subject covered, dates, and number of hours.
- H.** A licensee shall maintain the documents listed in subsection (G) through the license period following the license period in which the documents were obtained.
- I.** The Board may audit a licensee's compliance with continuing education requirements. The Board may deny renewal or take other disciplinary action against a licensee who fails to obtain or document required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding continuing education hours.
- J.** A licensee who cannot meet the continuing education requirement for good cause may seek an extension of time to complete the continuing education requirement by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-205.
1. Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period.
 2. The Board shall not grant an extension longer than one year.
 3. A licensee who cannot complete the continuing education requirement within the extension may apply to the Board for inactive license status under A.R.S. § 32-2073 (G).
- K.** No continuing education hours may be carried over to the next licensing period.
- L.** The Board shall not accept for continuing education hours a course, workshop, seminar, or symposium designed to increase income or office efficiency.
- Historical Note**
- Adopted effective July 27, 1979 (Supp. 79-4). Amended effective January 23, 1981 (Supp. 81-1). Renumbered from R4-26-126 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-207 repealed; new Section R4-26-207 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995. Text corrected. (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 31 A.A.R. 2396 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).
- R4-26-208. Time Frames for Processing Applications**
- A.** For the purpose of A.R.S. § 41-1073, the Board establishes the time frames listed in Table 1. An applicant or a person requesting an approval from the Board and the Board's Executive Director may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- B.** The administrative completeness review time frame begins when the Board receives an application packet or request for approval. During the administrative completeness review time frame, the Board shall notify the applicant or person requesting approval that the application packet or request for approval is either complete or incomplete. If the application packet or request for approval is incomplete, the Board shall specify in the notice what information is missing.
- C.** If an applicant or person requesting approval receives a notice of incompleteness under subsection (B), the applicant or person requesting approval shall submit the missing information

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to the Board within the time to complete listed in Table 1. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (B) until the Board receives all of the missing information.

- D.** Upon receipt of all missing information, the Board shall send a written notice of administrative completeness to the applicant or person requesting approval. The Board shall not send a separate notice of completeness if the Board grants or denies a license or approval within the administrative completeness time frame listed in Table 1.
- E.** The substantive review time frame listed in Table 1 begins on the date of the Board's notice of administrative completeness sent under subsection (D).
- F.** If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant or person requesting approval a comprehensive written request for additional information.
- G.** An applicant or person requesting approval who receives a request under subsection (F) shall submit the additional information to the Board within the time for response listed in Table 1. Both the substantive review and overall time frames are suspended from the date of the Board's request until the Board receives the additional information.
- H.** An applicant or person requesting approval may receive a 30-day extension of the time provided under subsection (C) or (G) by providing written notice to the Board before the time expires. If an applicant or person requesting approval fails to submit to the Board the missing or additional information within the time provided under Table 1 or the time as extended, the Board shall administratively close the applicant's or person's file.
- I.** At any time before the overall time frame provided in Table 1 expires, an applicant or person requesting approval may, with approval by the Board, withdraw the application or request.
- J.** Within the overall time frame listed in Table 1, the Board shall:

- 1. Grant a license or approval if the Board determines that the applicant or person requesting approval meets all criteria required by statute and this Chapter; or
- 2. Deny a license or approval if the Board determines that the applicant or person requesting approval does not meet all criteria required by statute and this Chapter.

- K.** If the Board denies a license or approval, the Board shall send the applicant or person requesting approval a written notice explaining:

- 1. The reason for denial, with citations to supporting statutes or rules;
- 2. The right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
- 3. The time for appealing the denial; and
- 4. The right to request an informal settlement conference.

- L.** If the last day of a time frame falls on a Saturday, Sunday, or an official state holiday, the time frame ends on the next business day.

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective January 23, 1981 (Supp. 81-1). Amended effective July 3, 1984 (Supp. 84-4). Amended effective February 24, 1988 (Supp. 88-1). Renumbered from R4-26-127 effective July 3, 1991 (Supp. 91-3). Former Section R4-26-208 repealed; new Section R4-26-208 amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

Table 1. Time Frames (in days) for Processing Applications

Type of Application or Request	Statutory or Rule Authority	Administrative Completeness Time Frame	Time to Respond to Notice of Deficiency	Substantive Review Time Frame	Time to Respond to Request for Additional Information	Overall Time Frame
Application for initial license	A.R.S. §§ 32-2071, 32-2071.01, 32-2072, and R4-26-203	30	240	90	365	120
Application for licensure by credential	A.R.S. §§ 32-2071.01, 32-2072; and R4-26-203.01	30	240	90	240	120
Application to Take National Examination before Completing Experience Required for Licensure	A.R.S. § 32-2072(C) and R4-26-203.02	30	240	90	240	120
Reapplication for Licensure	A.R.S. § 32-2067 and R4-26-203.03	30	240	90	240	120
Application for license renewal	A.R.S. § 32-2074; R4-26-205	60	N/A	90	N/A	150
Application for reinstatement of expired license	A.R.S. § 32-2074; R4-26-206	60	N/A	90	N/A	150

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Type of Application or Request	Statutory or Rule Authority	Administrative Completeness Time Frame	Time to Respond to Notice of Deficiency	Substantive Review Time Frame	Time to Respond to Request for Additional Information	Overall Time Frame
Request for extension of time to complete continuing education	A.R.S. § 32-2074; R4-26-207	60	N/A	90	N/A	150
Application for registration as an out-of-state health care provider of telehealth services	A.R.S. § 36-3606; R4-26-108	30	240	90	365	120

Historical Note

Table 1 adopted by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3).

R4-26-209. General Supervision

- A. Under A.R.S. § 32-2071(D), an applicant is required to obtain 3,000 hours of supervised professional experience.
- B. A supervising psychologist shall not supervise a member of the psychologist's immediate family or the psychologist's employer or business partner.
- C. Payment between a supervisor and supervisee.
 1. A supervising psychologist may pay a monetary stipend or fee to a supervisee if the amount paid by the supervisor is not based on the supervisee's productivity or revenue generated by the supervisee;
 2. A supervising psychologist who accepts a fee for providing the supervisory service in Arizona may be subject to disciplinary action by the Board; and
 3. The Board shall look to the law of the jurisdiction in which the supervision occurred to determine whether to include as part of the 3,000 hours of supervised professional experience required under A.R.S. § 32-2071(D) hours for which an applicant paid the supervisor.
- D. A psychologist who supervises the professional experience of an unlicensed individual is professionally responsible for all work done by the individual during the supervised experience.
- E. The Board shall include in the 3,000 hours of supervised professional experience required under A.R.S. § 32-2071(D), hours obtained through a training program only if the training program provides the supervision required under A.R.S. § 32-2071(F)(2).

Historical Note

Adopted effective January 23, 1981 (Supp. 81-1). Renumbered from R4-26-128 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-209 renumbered to R4-26-208; new Section R4-26-209 adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-210. Supervised Professional Experience

- A. The Board shall use the following criteria to determine whether an applicant's supervised preinternship professional experience complies with A.R.S. § 32-2071(E):

1. The supervised preinternship professional experience was part of the applicant's doctoral program from an institution of higher education that meets the standards in A.R.S. § 32-2071(A);
2. The applicant completed appropriate academic preparation before beginning the supervised preinternship professional experience. The Board shall not include any assessment or treatment conducted as part of the required academic preparation in the hours of supervised preinternship professional experience; and
3. For each supervised preinternship professional experience training site, the applicant has a written training plan with both the training site and the institution of higher education at which the applicant is pursuing a doctoral degree that includes at least the following:
 - a. Training activities included and the amount of time allotted to each activity,
 - b. Goals and objectives of each training activity,
 - c. Methods of evaluating the supervisee and the supervised preinternship professional experiences provided,
 - d. Approval of all individuals providing supervision at sites external to the training site,
 - e. Total number of hours to be accrued during the supervised preinternship professional experience,
 - f. Total number of hours of face-to-face contact hours with clients or patients during the supervised preinternship professional experience,
 - g. Total number of hours of supervision during the supervised preinternship professional experience,
 - h. Qualifications of all individuals who provide supervision during the supervised preinternship professional experience, and
 - i. Acknowledgment that ethics training will be included in all activities.
- B. The Board shall use the following criteria to determine whether an applicant's internship or training program qualifies as supervised professional experience under A.R.S. § 32-2071(F):
 1. The written statement required under A.R.S. § 32-2071(F)(9):
 - a. Was established no later than the time the applicant entered the internship or training program; and
 - b. Corresponds to the internship or training program the applicant completed;

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2. A supervisor was directly available to the applicant when decisions were made regarding emergency psychological services provided to a client or patient as required under A.R.S. § 32-2071(F)(2);
 3. Course work used to satisfy the requirements of A.R.S. § 32-2071(A) or dissertation time is not credited toward the face-to-face, individual supervision time required by A.R.S. § 32-2071(F)(6);
 4. The two hours a week of other learning activities required under A.R.S. § 32-2071(F)(6) include one or more of the following:
 - a. Case conferences involving a case in which the applicant was actively involved,
 - b. Seminars involving clinical issues,
 - c. Co-therapy with a professional staff person including discussion,
 - d. Group supervision, or
 - e. Additional individual supervision;
 5. The training program had the applicant work with other doctoral level psychology trainees and included in the written statement required under A.R.S. § 32-2071(F)(9) a description of the program policy specifying the opportunities and resources provided to the applicant for working or interacting with other doctoral level psychology trainees in the same or other sites; and
 6. Time spent fulfilling academic degree requirements, such as course work applied to the doctoral degree, practicum, field laboratory, dissertation, or thesis credit, is not credited toward the 1,500 hours of supervised professional experience hours required by A.R.S. § 32-2071(F). This subsection does not restrict a student from participating in activities designed to fulfill other doctoral degree requirements. However, the Board shall not credit time spent participating in activities to fulfill academic degree requirements toward the hours required under A.R.S. § 32-2071(F).
- C.** Under A.R.S. § 32-2071(G)(5), at least 40 percent of an applicant's supervised postdoctoral experience shall involve direct client or patient contact. If an applicant's supervised postdoctoral hours applied toward licensure include less than 40 percent direct contact hours, the applicant shall work additional time to achieve the required percentage of direct contact hours. While additional direct contact hours may be obtained to meet this requirement, the Board shall count no more than 1,500 hours of total postdoctoral experience for the purpose of licensure.
- D.** An applicant shall ensure the written training plan required under A.R.S. § 32-2071(G)(7) is from the organization at which the supervised postdoctoral professional experience is occurring and includes the following:
1. Goal and content of each training experience;
 2. Expectations regarding the nature, quality, and quantity of work to be done by the supervisee during the supervised postdoctoral professional experience;
 3. Methods of evaluation the supervisee and the supervised postdoctoral professional experience;
 4. Total number of hours to be accrued during the supervised postdoctoral professional experience;
 5. Total number of face-to-face contact hours the supervisee is to have with clients or patients during the supervised postdoctoral professional experience;
 6. Total number of hours of supervision the supervisee is to receive during the supervised postdoctoral professional experience;

7. Qualifications of all individuals who provide supervision during the supervised postdoctoral professional experience including documentation that each is qualified under the standards at A.R.S. § 32-2071(G); and
8. Acknowledgement that ethics training is included in the supervised postdoctoral professional experience.

Historical Note

Adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-211. Foreign Graduates

- A.** Under A.R.S. § 32-2071(B), an applicant for licensure whose application is based on graduation from an institution of higher education located outside the U.S. and its territories shall demonstrate that the applicant's formal education is equivalent to a doctoral degree in psychology from a regionally accredited educational institution as described in A.R.S. § 32-2071(A).
- B.** The Board shall find that the institution of higher education from which an applicant under subsection (A) graduated is equivalent to a regionally accredited education institution only if the institution of higher education is included in one of the following:
1. International Handbook of Universities, published for the International Association of Universities by Stockton Press, 345 Park Avenue South, 10th floor, New York, NY 10010-1708;
 2. Commonwealth Universities Yearbook, published for the Association of Commonwealth Universities by John Foster House, 36 Gordon Square, London, England, WC1H 0PF; or
 3. Another source the Board determines provides reliable information.
- C.** The academic transcript of an applicant under subsection (A) who graduated from an institution included under subsection (B) shall be translated into English and evaluated by a member organization of the National Association of Credential Evaluation Services (NACES). The applicant is responsible for paying all expenses incurred to obtain a translation and review of the academic transcript. An applicant can find information about obtaining a professional credential review at www.naces.org.
- D.** When the credential review required under subsection (C) is completed, the NACES member organization shall submit the review report to the Board. The Board shall review the report and determine whether the applicant's education meets the standard in subsection (A).
- E.** Upon written request, the Board may waive the credential review required under subsection (C) for an applicant who graduated from a doctoral program that is accredited by the accreditation panel of the Canadian Psychological Association.

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- F.** After the Board determines that the formal education of an applicant under subsection (A) is equivalent to a doctoral degree in psychology from a regionally accredited educational institution, the applicant shall provide evidence to the Board that the applicant has met all other requirements for licensure.

Historical Note

Adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

ARTICLE 3. REGULATION

R4-26-301. Rules of Professional Conduct

- A.** The Board incorporates by reference standards 1.01 through 10.10 of the “Ethical Principles of Psychologists and Code of Conduct” adopted by the American Psychological Association, effective June 1, 2003. The incorporated materials do not include any later amendments or editions. A copy of the standards is available from the American Psychological Association Order Department, 750 First Street, NE, Washington, DC 20002-4242, www.apa.org/ethics/code, or the Board office.
- B.** A licensee shall practice psychology in accordance with the standards incorporated under subsection (A).

Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981. Amended effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-150 and amended effective July 3, 1991 (Supp. 91-3). Repealed effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-302. Informal Interviews

- A.** When a complaint is scheduled for informal interview, the Board shall send written notice of an informal interview to the licensee who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 20 days before an informal interview.
- B.** The Board shall include the following in the written notice of an informal interview:
1. The time, date, and place of the interview;
 2. An explanation of the informal nature of the proceedings;
 3. The licensee’s right to appear at the informal interview with legal counsel licensed in Arizona or without legal counsel;
 4. A statement of the allegations and issues involved;
 5. The licensee’s right to a formal hearing instead of the informal interview; and
 6. Notice that the Board may take disciplinary action at the conclusion of the informal interview;
- C.** The procedure used during an informal interview may include the following:

1. Swearing in and taking testimony from the licensee, complainant, and witnesses, if any;
2. Optional opening and closing remarks by the licensee;
3. An opportunity for the complainant to address the Board, if requested;
4. Board questions to the licensee, complainant, and witnesses, if any; and
5. Deliberation and discussion by the Board.

Historical Note

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-303. Titles

A person shall not use a title that claims a potential or future degree or qualification such as “Ph.D. (Cand),” “Ph.D. (ABD),” “License Eligible,” “Candidate for Licensure,” or “Board Eligible.” The use of a title that claims a potential or future degree or qualification is a violation of A.R.S. § 32-2061 et seq.

Historical Note

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-304. Representation before the Board by Attorney Not Admitted to State Bar of Arizona

An attorney who is not a member of the State Bar of Arizona shall not represent a party before the Board unless the attorney is admitted to practice *pro hac vice* before the Board under Rule 38(a) of the Rules of the Supreme Court of Arizona.

Historical Note

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

R4-26-305. Confidentiality of Investigative Materials

- A.** A psychologist shall not disclose a confidential record, as defined by R4-26-101, that relates to a Board investigation to any person or entity other than the psychologist’s attorney, except:
1. A redacted summary that ensures the anonymity of the client or patient;
 2. Information regarding the nature of a complaint, the processes utilized by the Board, and the outcomes of a case;
 3. As required by law;
 4. As required by a court order compelling production; or
 5. If disclosure is protected under the United States or Arizona Constitutions.
- B.** A psychologist who violates this Section commits an act of unprofessional conduct.

Historical Note

Renumbered from R4-26-151 effective July 3, 1991

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(Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-306. Renumbered

Historical Note

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3).

R4-26-307. Renumbered

Historical Note

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3).

R4-26-308. Rehearing or Review of Decision

- A.** Except as provided in subsection (G), any party in a contested case or appealable agency action before the Board who is aggrieved by a Board order or decision may file with the Board, not later than 30 days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for rehearing or review. For purposes of this subsection, service is complete on personal service or five days after the date that a Board order or decision is mailed to the party's last known address.
- B.** A motion for rehearing or review may be amended at any time before it is ruled upon by the Board. A party may file a response within 15 days after service of the motion or amended motion by any other party. The Board may require written briefs regarding the issues raised in the motion and may provide for oral argument.
- C.** The Board may grant rehearing or review of a Board order or decision for any of the following causes materially affecting the moving party's rights:
 - 1. An irregularity in the administrative proceedings of the agency, its hearing officer, or the prevailing party, or any order or abuse of discretion that caused the moving party to be deprived of a fair hearing;
 - 2. Misconduct of the Board, its hearing officer, or the prevailing party;
 - 3. An accident or surprise that could not be prevented by ordinary prudence;
 - 4. Newly discovered material evidence that could not with reasonable diligence be discovered and produced at the original hearing;
 - 5. Excessive or insufficient penalties;
 - 6. An error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the case; or
 - 7. The order or decision is not justified by the evidence or is contrary to law.
- D.** The Board may affirm or modify a Board order or decision or grant a rehearing or review to all or any of the parties, on all or part of the issues, for any of the reasons specified in subsection (C). An order granting a rehearing or review shall specify the grounds on which the rehearing or review is granted, and the rehearing or review shall cover only the matters specified.
- E.** Not later than 30 days after a Board order or decision is rendered, the Board may on its own initiative order a rehearing or review of its order or decision for any reason specified in subsection (C). After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion.

- F.** When a motion for rehearing or review is based on affidavits, the party shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board for good cause or by written agreement of all parties may extend the period for service of opposing affidavits to a total of 20 days. Reply affidavits are permitted.
- G.** If the Board finds that the immediate effectiveness of a Board order or decision is necessary to preserve public peace, health, or safety and that a rehearing or review of the Board order or decision is impracticable, unnecessary, or contrary to the public interest, the Board order or decision may be issued as a final order or decision without an opportunity for a rehearing or review. If a Board order or decision is issued as a final order or decision without an opportunity for rehearing or review, any application for judicial review of the order or decision shall be made within the time permitted for final orders or decisions.
- H.** For purposes of this Section, "contested case" is defined in A.R.S. § 41-1001 and "appealable agency action" is defined in A.R.S. § 41-1092.
- I.** A person who files a complaint with the Board against a licensee:
 - 1. Is not a party to:
 - a. A Board administrative action, decision, or proceeding; or
 - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
 - 2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

Historical Note

Former Section R4-26-10 renumbered and adopted as R4-26-57 effective July 27, 1979 (Supp. 79-4). Amended subsection (c)(4) effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-157 effective July 3, 1991 (Supp. 91-3). Amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-309. Complaints against Judicially Appointed Psychologists

- A.** A.R.S. § 32-2081(B) applies when a complaint is filed against a psychologist who conducts an evaluation, treatment, or psycho-education under a court order even if the psychologist is not specifically named in the court order.
- B.** If a complaint is filed against a psychologist who conducts an evaluation, treatment, or psycho-education under a court order, the Board shall return the complaint to the complainant with instructions that the court issuing the order must find there is a substantial basis to refer the complaint for consideration by the Board.

Historical Note

Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

R4-26-310. Disciplinary Supervision; Practice Monitor

- A.** If the Board determines, after a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10, after an informal inter-

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view under A.R.S. § 32-2081(K), or through an agreement with the Board, that to protect public health and safety and ensure a licensee's ability to engage safely in the practice of psychology, it is necessary to require that the licensee practice psychology for a specified term under another licensee who provides supervision or service as a practice monitor, the Board shall enter into an agreement with the licensee or issue an order regarding the disciplinary supervision or practice monitoring.

- B.** Payment between a licensee and supervisor or practice monitor.
1. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under the supervision of another licensee may pay the supervising licensee for the supervisory service;
 2. A licensed psychologist who provides supervisory service to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under supervision may accept payment for the supervisory service;
 3. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under a practice monitor may pay the practice monitor for the service provided; and
 4. A licensed psychologist who provides practice monitoring to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under a practice monitor may accept payment for the service provided.
- C.** A licensed psychologist who supervises or serves as a practice monitor for a licensed psychologist who has entered an agreement with the Board or been ordered by the Board to practice psychology under supervision or with a practice monitor is professionally responsible only for work specified in the agreement or order.

Historical Note

Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

ARTICLE 4. BEHAVIOR ANALYSIS

R4-26-401. Definitions

A. The definitions in A.R.S. § 32-2091 apply in this Article.

B. Additionally, in this Article:

1. "Accredited" means an institution of higher education:
 - a. In the U.S. is listed with the Council for Higher Education Accreditation,
 - b. In Canada is a member of the Universities Canada, and
 - c. Outside of the U.S. or Canada is determined by a member of the National Association of Credential Evaluation Services to have standards substantially similar to those of an institution of higher education in the U.S. or Canada.
2. "Advertising" means any media used to disseminate information regarding the qualifications of a behavior analyst in order to solicit clients for behavior analysis services, regardless of whether the behavior analyst pays for the advertising.
3. "Applicant" means an individual who applies to the Board for an initial or renewal license.
4. "BACB" means the Behavior Analyst Certification Board, Inc.[®].

5. "Confidential information" means:
 - a. Minutes of an executive session of the Board except as provided under A.R.S. § 38-431.03(B);
 - b. A record that is classified as confidential by a statute or rule applicable to the Board;
 - c. Materials relating to an investigation by the Board, including a complaint, response, client record, witness statement, investigative report, and any information relating to a client's diagnosis, treatment, or personal family life; and
 - d. The following regarding an applicant or licensee:
 - i. College or university transcripts if requested from the Board by a person other than the applicant or licensee;
 - ii. Home address, telephone number, and e-mail address;
 - iii. Test scores;
 - iv. Date of birth;
 - v. Place of birth; and
 - vi. Social Security number.
6. "Gross negligence" means an extreme departure from the ordinary standard of care.
7. "Inactive status" means a behavior analyst maintains a license as a behavior analyst but is prohibited from practicing behavior analysis or holding oneself out as practicing behavior analysis in Arizona.
8. "License period" means:
 - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee's birth month of one odd-numbered year and the last day of the licensee's birth month of the next odd-numbered year; and
 - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee's birth month of one even-numbered year and the last day of the licensee's birth month of the next even-numbered year.
9. "Mitigating circumstances that prevent resolution" means factors the Board considers in reviewing allegations against an applicant or licensee of unprofessional conduct occurring in another regulatory jurisdiction when the allegations would not prohibit licensure in Arizona. The factors may include:
 - a. Nature of the alleged conduct,
 - b. Severity of the alleged conduct,
 - c. Recentness of the alleged conduct,
 - d. Actions taken by the applicant to remedy potential violations, and
 - e. Whether the alleged conduct was an isolated incident or part of a recurring pattern.
10. "Party" means the Board, an applicant, a licensee, or the state.
11. "Psychometric testing materials" means manuals, instruments, protocols, and questions or stimuli used in testing.
12. "Raw test data" means test scores, client responses to test questions or stimuli, and a behavior analyst's notes and recordings concerning client statements and behavior during examination.
13. "Regulatory jurisdiction" means a state or territory of the United States, the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
14. "Renewal year" means:

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- a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
 - b. Each even-numbered year for a licensee who holds an even-numbered license.
15. "Supervised experience" means supervised independent fieldwork, practicum, or intensive practicum.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

R4-26-402. Fees and Charges

- A. As specifically authorized by A.R.S. §§ 32-2091.01(A) and 32-2091.07(B), the Board establishes and shall collect the following fees:
 - 1. Application for an active license: \$350;
 - 2. Renewal of an active license: \$500;
 - 3. Renewal of an inactive license: \$85; and
 - 4. Reinstatement of expired license: \$200.
- B. Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$600.
- C. As specifically authorized by A.R.S. § 32-2091.01(B), the Board establishes the following charges for the services specified. The specified charge is not applicable if the Board's executive director determines the requestor demonstrated the data will be used for a non-commercial purpose or the data are obtained from the Board's online directory:
 - 1. Electronic medium containing the name and address of all licensees: \$.05 per name;
 - 2. Customized electronic medium containing the name and address of all licensees: \$.25 per name;
 - 3. Customized electronic medium: \$.35 per name; and
 - 4. Copy of Board records, letters, minutes, applications, files, policy statements, and other non-confidential documents: \$.25 per page.
- D. Except as provided by law, including A.R.S. § 41-1077, the fees listed in subsections (A) and (B) are not refundable.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-403. Application for Initial License; Application for License by Reciprocity

- A. An individual who wishes to practice as a behavior analyst and is qualified under A.R.S. § 32-2091.02 for an initial license or under A.R.S. § 32-2091.04 for a license by reciprocity shall complete and submit an application form, which is available from the Board office and on its website.
- B. Additionally, an applicant shall submit:
 - 1. An original, un-retouched, photograph that is no larger than 1.5 X 2 inches in size and taken no more than 60 days before the date of application;
 - 2. The application fee required under R4-26-402;
 - 3. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chap-

- ter 12, Article 3.1 or evidence of application for a valid fingerprint clearance card;
 - 4. A written request that Board staff verify with the BACB that the applicant passed the examination referenced in R4-26-404;
 - 5. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant's presence in the U.S. is authorized under federal law; and
 - 6. The Board's Mandatory Confidential Information form.
- C. Application for initial license. Additionally, an applicant for an initial license under A.R.S. § 32-2091.02 shall ensure the following is submitted directly to the Board:
- 1. Verification of supervised experience that meets the standards specified in R4-26-404.2. For the purpose of licensure, the Board shall accept the following as verification of supervised experience:
 - a. From the supervisor of the experience:
 - i. A copy of the BACB final experience verification form, signed by the supervisor, submitted by the applicant to the BACB when the applicant applied to the BACB for certification; or
 - ii. A completed Board verification form; or
 - b. From the applicant. If the applicant demonstrates to the Board that a supervisor cannot be located, or at the request of the Board, the applicant may submit a copy of each BACB final experience verification form the applicant submitted to the BACB when the applicant applied to the BACB for certification; and
 - c. If the Board requires additional information, the Board shall accept from the applicant or supervisor of the experience:
 - i. A copy of the plan required under R4-26-404.2(C)(6), and
 - ii. Letters or other documentation from third parties who observed the supervisory relationship;
 - 2. Official transcript for the graduate degree required under R4-26-404.1 submitted by the accredited institution of higher education that awarded the degree; and
 - 3. Official transcript or other official document demonstrating the applicant completed the coursework required under R4-26-405 submitted by the accredited institution of higher education or BACB-approved program in which the coursework was completed.
- D. Application for license by reciprocity. Additionally, an applicant for license by reciprocity under A.R.S. § 32-2091.04 shall ensure the following is submitted directly to the Board:
- 1. Verification of supervised experience that meets the requirements specified by the BACB at the time the applicant was initially certified. For the purpose of licensure, the Board shall accept the verification of supervised experience specified in subsection (C)(1);
 - 2. Official transcript for the graduate degree submitted by the accredited institution of higher education that awarded the degree;
 - 3. Official transcript or other official document demonstrating the applicant completed coursework that meets the Verified Course Sequence requirements specified by the Association for Behavior Analysis, International, at the time the applicant was initially certified and submitted by the accredited institution of higher education providing the coursework; and

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4. Official verification of licensure from every jurisdiction that issued a license to the applicant and a statement of whether the license is in good standing.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-404. Examination Requirement

To be licensed as a behavior analyst in Arizona, an individual shall take and pass the examination administered by the BACB for Board Certified Behavior Analysts as part of its certification process.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

R4-26-404.1. Education Requirement

To be licensed as a behavior analyst in Arizona, an individual shall have a master's degree or higher completed:

1. From an accredited institution of higher education and
2. In a program that met the requirements specified by the BACB at the time of graduation.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-404.2. Supervised Experience Requirement

A. Application of this Section: This Section does not apply to an individual who was certified by the BACB with at least 1500 hours of supervised experience before January 1, 2015.

B. To be licensed as a behavior analyst in Arizona, an individual shall have completed 1500 hours of supervised experience. The Board shall accept, for the purpose of licensure, hours of supervised experience obtained on or after January 1, 2015, that meet the following standards:

1. Supervised independent fieldwork. The supervisee shall be supervised at a frequency that meets the standards of the BACB at the time of supervision;
2. Practicum. The supervisee shall:
 - a. Participate in a practicum in behavior analysis within a program approved by the BACB;
 - b. Achieve a passing grade in the practicum;
 - c. Obtain graduate-level academic credit for the practicum; and
 - d. Be supervised at a frequency that meets the standard of the BACB at the time of supervision;
3. Intensive practicum. The supervisee shall:
 - a. Participate in an intensive practicum in behavior analysis within a program approved by the BACB;
 - b. Achieve a passing grade in the intensive practicum;

- c. Obtain graduate-level academic credit for the intensive practicum; and
- d. Be supervised at a frequency that meets the standards of the BACB at the time of supervision;

4. Combination of experience categories. The supervisee may accrue hours of supervised experience in a single category or may combine any two or three categories listed in subsections (B)(1) through (3). However, the supervisee shall accrue supervised experience in only one category in each supervisory period; and

5. For all categories of supervised experience, the supervisee shall accrue:

- a. No fewer than 20 hours and no more than 130 hours, including time spent in supervision, each month; or
- b. The number of hours that meets the standards of the BACB at the time of supervision.

C. Standards for supervised experience.

1. Onset of supervised experience. The Board shall not accept, for the purpose of licensure, hours of supervised experience completed before attending courses required under R4-26-405. However, the Board shall accept hours of supervised experience completed concurrent with attending courses required under R4-26-405.

2. Appropriate activities. The Board shall accept, for the purpose of licensure, hours of supervised experience that demonstrate participation in supervised experiences with various populations, at various sites, with multiple supervisors, and including all of the following activity areas:

- a. Conducting assessments related to behavioral intervention;
- b. Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs;
- c. Overseeing implementation of behavior-analytic programs by others;
- d. Training, designing behavioral systems, and managing performance; and
- e. Performing other activities directly related to behavior analysis such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program.

3. Appropriate clients. The Board shall accept, for the purpose of licensure, hours of supervised experience with appropriate clients.

- a. An appropriate client is one for whom behavior-analytic services are suitable.
- b. A client is not appropriate if:
 - i. The client is related to the supervisee,
 - ii. The client's primary caretaker is related to the supervisee, or
 - iii. The supervisee is the client's primary caretaker.

4. Supervisor qualifications. The Board shall accept, for the purpose of licensure, hours of supervised experience only if the supervisor:

- a. Was licensed by the state in which the supervision occurred during the period of supervised experience; or
- b. If licensure of behavior analysts was not available or not in effect in the state in which the supervision occurred or during the period of supervised experience, was certified as a behavior analyst by the BACB; and
- c. Was not related to, subordinate to, or employed by the supervisee during the period of supervised experience.

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rience. Employment does not include payment made to the supervisor by the supervisee for supervisory services.

5. Nature of supervision. The Board shall accept, for the purpose of licensure, hours of supervised experience that are effective in improving and maintaining the behavior-analytic, professional, and ethical skills of the supervisee.
 - a. Effective supervision includes:
 - i. Developing performance expectations for the supervisee;
 - ii. Observing the supervisee and providing performance feedback on behavior-analytic activities with clients in the natural environment. In person, on-site observation is preferred but use of web cameras, video record, videoconferencing, or a similar means that provides synchronous or asynchronous observation is acceptable;
 - iii. Modeling technical, professional, and ethical behavior for the supervisee;
 - iv. Guiding behavioral case conceptualization, problem solving, and decision making skills of the supervisee;
 - v. Reviewing written materials prepared by the supervisee such as behavior programs, data sheets, and reports;
 - vi. Providing oversight and evaluation of the effects of the supervisee's delivery of behavioral service; and
 - vii. Evaluating the effects of supervising the supervisee; and
 - b. Effective supervision may be conducted:
 - i. Individually for at least half of the total supervised hours in each supervisory period; and
 - ii. In groups of two to 10 supervisees for no more than half of the total supervised hours in each supervisory period.
6. Supervision plan. The Board shall accept, for the purpose of licensure, hours of supervised experience for which the supervisee and supervisor executed a written plan before starting the supervised experience, which includes the following:
 - a. States the responsibilities of both the supervisor and supervisee;
 - b. Requires the supervisor to complete eight hours of supervision training provided by BACB;
 - c. Includes a description of appropriate activities and instructional objectives;
 - d. Specifies the measurable circumstance under which the supervisor will complete the supervisee's Experience Verification Form;
 - e. Delineates the consequences if either supervisor or supervisee does not comply with the plan;
 - f. Requires the supervisee to obtain written permission from the supervisee's employer or manager when applicable; and
 - g. Requires both the supervisor and supervisee to comply with the ethical standard specified at R4-26-406.
7. Multiple supervisors or settings. The Board shall accept, for the purpose of licensure, hours of supervised experience provided by multiple supervisors or at multiple settings if all the hours of supervised experience meet the standards specified in subsections (C)(1) through (6).

Historical Note

New Section made by final rulemaking at 24 A.A.R.

3100, effective December 11, 2018 (Supp. 18-4).

Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-405. Coursework Requirement

- A. This Section does not apply to an applicant who was certified as a behavior analyst by the BACB before January 1, 2015.
- B. To be licensed as a behavior analyst in Arizona, an individual shall complete, as part of or in addition to the coursework necessary to obtain the graduate degree required under R4-26-404.1, a minimum of 270 classroom hours of graduate-level instruction, the content of which is consistent with the minimum verified course sequence of the Association for Behavior Analysis International in effect at the time the instruction is obtained.
- C. The Board shall accept classroom hours of graduate-level instruction completed at an accredited institution of higher education or in a program consistent with the minimum verified course sequence of the Association for Behavior Analysis International in effect at the time the instruction is obtained.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-406. Ethical Standard

The Board incorporates by reference the Ethics Code for Behavior Analysts, 2020 edition, updated February 2024, and published by the BACB. The incorporated material is available at <https://bach.com/wp-content/ethics-code-for-behavior-analysts> and on the Board's website. This incorporation by reference does not include later amendments or editions of the incorporated material.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 31 A.A.R. 1255 (April 18, 2025), effective May 31, 2025 (Supp. 25-2).

R4-26-407. Repealed

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Section amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Repealed by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

R4-26-408. License Renewal

- A. A license issued by the Board, whether active or inactive, expires on the last day of a licensee's birth month during the licensee's renewal year.
- B. The Board shall provide a licensee with 60 days' notice of the license renewal deadline. Failure to receive the notice does not excuse failure to renew timely.

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- C. To renew a license, a licensee shall, on or before the last day of the licensee's birth month during the licensee's renewal year, submit to the Board a renewal application form, which is available from the Board office and on its website.
- D. Additionally, to renew a license, a licensee shall submit:
 1. The license renewal fee required under R4-26-402;
 2. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1; and
 3. If the documentation previously submitted under R4-26-404(B) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired.
- E. If a completed application is timely submitted under subsections (C) and (D) to renew an active license, the licensee may continue to practice behavior analysis under the active license until notified by the Board that the application for renewal has been approved or denied. If the Board denies license renewal, the licensee may continue to practice behavior analysis until the last day for seeking review of the Board's decision or a later date fixed by a reviewing court.
- F. Under A.R.S. § 32-2091.07, the license of a licensee who fails to submit a renewal application on or before the last day of the licensee's birth month during the licensee's renewal year expires and the licensee shall immediately stop practicing as a behavior analyst in Arizona.
- G. A behavior analyst whose license expires under subsection (F) may have the license reinstated by submitting the following to the Board within two months after last day of the licensee's birth month during the licensee's renewal year:
 1. The license renewal application required under subsection (C) and the document required under subsection (D)(2), and
 2. The license renewal and license reinstatement fees.
- H. A behavior analyst whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) may have the license reinstated by:
 1. Complying with subsection (G) within one year after the last day of the licensee's birth month during the licensee's renewal year, and
 2. Providing proof of competency and qualifications to the Board.
- I. A behavior analyst whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) or (H) may be licensed again only by complying with R4-26-403.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Repealed by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-409. Continuing Education Requirement

- A. A licensee shall complete a minimum of 30 hours of continuing education during each license period. A licensee shall ensure a minimum of four hours of continuing education during each license period addresses ethics.
- B. During a licensee's first license period, the licensee shall complete a pro-rated number of continuing education hours. To determine the number of continuing education hours required

during the first license period, the licensee shall multiply the number of whole months from the month of license issuance to the end of the license period by 1.25.

- C. A licensee shall ensure that each continuing education program provides the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis. The following provide the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis:
 1. College or university graduate coursework that directly relates to behavior analysis and is provided by an accredited educational institution: 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed; a course syllabus and transcript are required for documentation;
 2. Continuing education programs offered by a BACB-approved provider: One hour of continuing education for each hour of participation; a certificate or letter from the BACB-approved provider is required for documentation;
 3. Self-study or correspondence course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
 4. Online course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
 5. Teaching a continuing education program offered by a BACB-approved provider or teaching a graduate university or college course offered by an accredited educational institution: One hour of continuing education for each hour taught; for graduate courses taught, 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed;
 6. Credentialing activities or events pre-approved for continuing education and initiated by the BACB: One hour of continuing education for each hour of participation; documentation from the BACB is required;
 7. Publication of a peer-reviewed article or text book on the practice of behavior analysis or serving as a reviewer or action editor of an article pertaining to behavior analysis: eight hours of continuing education for one publication and one hour of continuing education for one review; and
 8. Attending a meeting of the Board or Committee on Behavior Analysts: Three hours for attending a morning or afternoon session of a meeting and six hours for attending a full-day meeting.
- D. The number of hours of continuing education is limited as follows:
 1. No more than 50 percent of the required hours may be obtained from teaching a continuing education program or course under subsection (C)(5). A licensee shall not obtain continuing education hours for teaching the same continuing education program or course more than once

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during each licensing period. A licensee shall earn no continuing education hours for participating as a member of a panel at a continuing education program or course;

2. No more than 25 percent of the required hours may be obtained from continuing education under each of subsections (C)(3), (6) and (7).
3. No more than six of the required hours may be obtained under subsection (C)(8). Hours obtained under subsection (C)(8) may be used to complete the ethics requirement under subsection (A).
4. Hours obtained in excess of the minimum required during a license period shall not be carried over to a subsequent license period.

E. A licensee shall obtain a certificate or other evidence of attendance from the provider of each continuing education program or course attended that includes the following:

1. Name of the licensee;
2. Title of the continuing education;
3. Name of the continuing education provider;
4. Date, time, and location of the continuing education; and
5. Number of hours of continuing education obtained.

F. A licensee shall maintain the evidence of attendance described in subsection (E) for two licensing periods and make the evidence available to the Board upon request.

G. The Board may audit a licensee's compliance with the continuing education requirement. The Board may deny license renewal or take other disciplinary action against a licensee who fails to obtain or document the required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding the continuing education hours.

H. A licensee who cannot comply with the continuing education requirement for good cause may seek an extension of time in which to comply by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-408.

1. Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period.
2. The Board shall not grant an extension longer than one year.
3. A licensee who obtains hours of continuing education during an extension of time provided by the Board shall ensure the hours are reported only for the license period extended.
4. A licensee who cannot comply with the continuing education requirement within an extension may apply to the Board for inactive license status under A.R.S. § 32-2091.06(E).

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Section amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-410. Voluntary Inactive Status

A. A licensed behavior analyst may request that the Board place the license on inactive status for one of the following reasons:

1. The behavior analyst no longer provides behavior analysis services in Arizona,
2. The behavior analyst is retired, or
3. The behavior analyst is physically or mentally incapacitated or otherwise disabled.

B. To place a license on inactive status, a licensee shall comply with R4-26-408.

C. To remain licensed, a licensee on inactive status shall comply with R4-26-408 on or before the last day of the licensee's birth month during the licensee's renewal year.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

R4-26-411. License Reinstatement

A licensee seeking reinstatement from an inactive to an active license shall:

1. Comply with the provisions of R4-26-408(C) and (D);
2. Submit evidence of completing a pro-rated number of hours of continuing education. The licensee shall calculate the number of continuing education hours required by multiplying the number of whole months that the license was on inactive status by 1.25; and
3. Complete any other requirements the Board determines are necessary to ensure that the licensee has maintained and updated the licensee's ability to practice as a behavior analyst.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

R4-26-412. Client Records

A. A licensee shall not condition release of a client's record on payment for services by the client or a third party.

B. A licensee shall release a client's raw test data to another licensed behavior analyst only after obtaining the client's informed, written consent to the release. Without a client's informed, written consent, a licensee shall release the client's raw test data only to the extent required by law or under court order compelling production.

C. A licensee shall retain all client records under the licensee's control for at least six years from the date of the last client activity. If a client is a minor, the licensee shall retain the client's record for at least three years past the client's 18th birthday or six years from the date of the last client activity, whichever is longer.

D. Audio or video tapes created primarily for training or supervisory purposes are exempt from the requirement of subsection (C).

E. A licensee who is notified by the Board or municipal, state, or federal officials of an investigation or pending case shall retain all records relating to the investigation or case until the licensee receives written notice that the investigation is complete or the case is closed.

F. A licensee may retain client records in electronic form. The licensee shall ensure that client records in electronic form are stored securely and a backup copy is maintained.

G. The provisions of this Section apply to all licensees including those on inactive status.

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Historical Note

Section made by final rulemaking at 18 A.A.R. 2490,
effective September 11, 2012 (Supp. 12-3).

R4-26-413. Change of Name, Mailing Address, E-mail Address, or Telephone Number

- A.** The Board shall communicate with a licensee using the contact information provided to the Board. To ensure timely communication from the Board, a licensee shall notify the Board, in writing, within 30 days of any change of name, mailing address, e-mail address, or residential or business telephone number.
- B.** A licensee who reports a name change shall submit to the Board legal documentation that explains the name change.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490,
effective September 11, 2012 (Supp. 12-3).

R4-26-414. Complaints and Investigations

- A.** Anyone, including the Board, may file a complaint. A complainant shall ensure that a complaint filed with the Board involves:
 - 1. An individual licensed under this Article; or
 - 2. An individual, including an applicant, believed to be engaged in the unlicensed practice of behavior analysis.
- B.** Complaint requirements. A complainant shall:
 - 1. Submit the complaint to the Board in writing; and
 - 2. Provide the following information:
 - a. Name and business address of licensee or other individual who is the subject of complaint;
 - b. Name and address of complainant;
 - c. Allegations constituting unprofessional conduct;
 - d. Details of the complaint with pertinent dates and activities;
 - e. Whether the complainant has contacted any other organization regarding the complaint; and
 - f. Whether the complainant has contacted the licensee or other individual concerning the complaint and if so, the response, if any.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490,
effective September 11, 2012 (Supp. 12-3). Section
amended by final rulemaking at 23 A.A.R. 215, effective
March 5, 2017 (Supp. 17-1).

R4-26-415. Informal Interview

- A.** As authorized by A.R.S. § 32-2091.09, the Board may facilitate investigation of a complaint by conducting an informal interview. The Board shall send written notice of an informal interview to the individual who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 30 days before the informal interview.
- B.** The Board shall ensure that the written notice of informal interview contains the following information:
 - 1. The time, date, and place of the informal interview;
 - 2. An explanation of the informal nature of the proceedings;
 - 3. The individual's right to appear with legal counsel who is authorized to practice law in Arizona or without legal counsel;
 - 4. A statement of the allegations and issues involved with a citation to relevant statutes and rules;
 - 5. The individual's right to a formal hearing under A.R.S. Title 41, Chapter 6, Article 10 instead of the informal interview;

- 6. The licensee's right, as specified in A.R.S. § 32-3206, to request a copy of information the Board will consider in making its determination; and
- 7. Notice that the Board may take disciplinary action as a result of the informal interview if it finds the individual violated A.R.S. Title 32, Chapter 19.1, Article 4, or this Article;
- C.** The Board shall ensure that an informal interview proceeds as follows:
 - 1. Introduction of the respondent and, if applicable, the complainant, any other witnesses, and legal counsel for the respondent;
 - 2. Introduction of the Board members, staff, and Assistant Attorney General present;
 - 3. Swearing in of the respondent, complainant, and witnesses;
 - 4. Brief summary of the allegations and purpose of the informal interview;
 - 5. Optional opening comment by the respondent and complainant;
 - 6. Questioning of the respondent and witnesses by the Board;
 - 7. Questioning of the complainant by the respondent through the Chair;
 - 8. Optional additional comments by the respondent and complainant; and
 - 9. Deliberation by the Board.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490,
effective September 11, 2012 (Supp. 12-3). Amended by
final rulemaking 26 A.A.R. 1017, effective July 4, 2020
(Supp. 20-2).

R4-26-416. Rehearing or Review of Decision

- A.** The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10.
- B.** Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party's administrative remedies.
- C.** A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D.** The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
 - 1. Irregularity in the proceedings of the Board or any order or abuse of discretion that deprived the moving party of a fair hearing;
 - 2. Misconduct of the Board, its staff, or an administrative law judge;
 - 3. Accident or surprise that could not have been prevented by ordinary prudence;
 - 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
 - 5. Excessive or insufficient penalty;
 - 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; and
 - 7. The findings of fact or a decision is not justified by the evidence or is contrary to law.
- E.** The Board may affirm or modify a decision or grant a rehearing or review to all or some of the parties on all or some of the issues for any of the reasons listed in subsection (D). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds for the order. If a rehear-

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ing or review is granted, the rehearing or review shall cover only the matters specified in the order.

- F.** Within 30 days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Board may, on its own initiative, order a rehearing or review of its decision for any reason it might have granted a rehearing or review on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review shall specify with particularity the grounds on which the rehearing or review is granted.
- G.** When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- H.** If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for preservation of the public health, safety, or welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review.
- I.** An application for judicial review of any final Board decision may be made under A.R.S. § 12-901 et seq.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

R4-26-417. Licensing Time Frames

- A.** For the purpose of A.R.S. § 41-1073, the Board establishes the following time frames:
 - 1. Initial license.
 - a. Overall time frame: 120 days,
 - b. Administrative completeness review time frame: 30 days, and
 - c. Substantive review time frame: 90 days;
 - 2. Renewal license.
 - a. Overall time frame: 150 days,
 - b. Administrative completeness review time frame: 60 days, and
 - c. Substantive review time frame: 90 days; and
 - 3. Initial registration as an out-of-state health care provider of telehealth services.
 - a. Overall time frame: 120 days,
 - b. Administrative completeness review time frame: 30 days, and
 - c. Substantive review time frame: 90 days.
- B.** An applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- C.** The administrative completeness review time frame begins when the Board receives the application materials required under R4-26-403, R4-26-408(C) and (D), or as prescribed under A.R.S. § 36-3606. During the administrative completeness review time frame, the Board shall notify the applicant that the application is either complete or incomplete. If the application is incomplete, the Board shall specify in the notice what information is missing.
- D.** An applicant whose application is incomplete shall submit the missing information to the Board within 240 days for an initial license. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (C) until the Board receives all of the missing information.

- E.** Upon receipt of all missing information, the Board shall notify the applicant that the application is complete. The Board shall not send a separate notice of completeness if the Board grants or denies a license within the administrative completeness review time frame listed in subsection (A)(1)(b) or (A)(2)(b).
- F.** The substantive review time frame begins on the date of the Board's notice of administrative completeness.
- G.** If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant a comprehensive written request for additional information.
- H.** An applicant who receives a request under subsection (G) shall submit the additional information to the Board within 240 days. Both the substantive review and overall time frames are suspended from the date of the Board's request until the Board receives the additional information.
- I.** An applicant may receive a 30-day extension of the time provided under subsection (D) or (H) by providing written notice to the Board before the time expires. If an applicant fails to submit to the Board the missing or additional information within the time provided under subsection (D) or (H) or the time as extended, the Board shall close the applicant's file. To receive further consideration, a person whose file is closed shall re-apply.
- J.** Within the overall time frame listed in subsection (A), the Board shall:
 - 1. Grant a license if the Board determines that the applicant meets all criteria required by statute and this Article; or
 - 2. Deny a license if the Board determines that the applicant does not meet all criteria required by statute and this Article.
- K.** If the Board denies a license, the Board shall send the applicant a written notice explaining:
 - 1. The reason for denial, with citations to supporting statutes or rules;
 - 2. The applicant's right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
 - 3. The time for appealing the denial; and
 - 4. The applicant's right to request an informal settlement conference.
- L.** If a time frame's last day falls on a Saturday, Sunday, or official state holiday, the next business day is the time frame's last day.

Historical Note

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021; % symbol in subsection (B) changed to "percent" to maintain consistency with Chapter style (Supp. 21-3). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

R4-26-418. Mandatory Reporting Requirement

- A.** As required by A.R.S. § 32-3208, an applicant or licensee who is charged with a misdemeanor involving conduct that may affect client safety or a felony shall provide written notice of the charge to the Board within 10 days after the charge is filed.
- B.** A list of reportable misdemeanors is available on the Board's website.

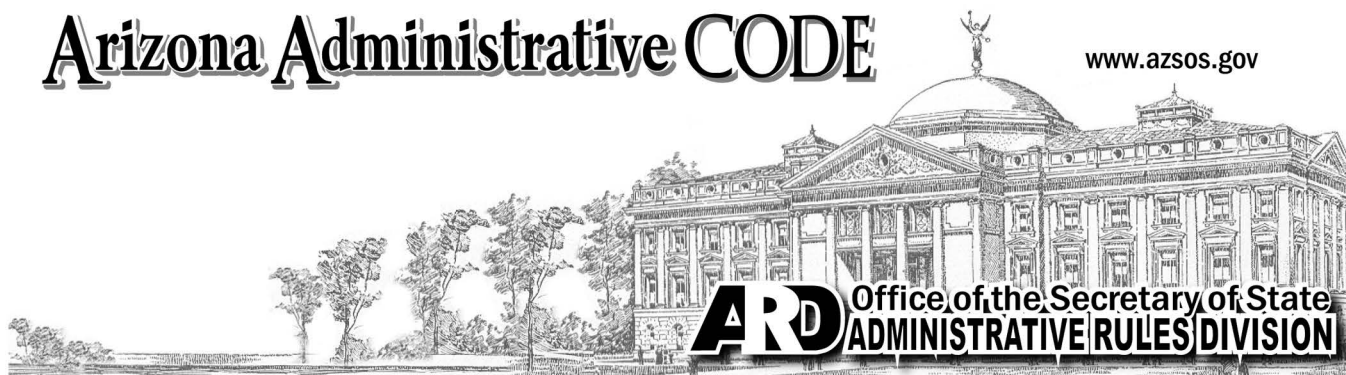
Historical Note

Section made by final rulemaking at 18 A.A.R. 2490,

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effective September 11, 2012 (Supp. 12-3).



TITLE 6. ECONOMIC SECURITY
CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES
6 A.A.C. 4

Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Hiroko Flores
Title: Deputy Rules Administrator
Telephone: (480) 487-7694
Email: rules@azdes.gov
Department: Department of Economic Security
Division: Office of the Director
Address: P.O. Box 6123, Mail Drop 111G
Phoenix, AZ 85005
or
Department of Economic Security
1789 W. Jefferson St., Mail Drop 111G
Phoenix, AZ 85007
Website: <https://des.az.gov/documents-center/des-rules>

The release of this Chapter in Supp. 25-3 replaces Supp. 13-3, 1-23 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

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Administrative Rules Division

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TITLE 6. ECONOMIC SECURITY

CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES

Supp. 25-3

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Editor's Note: The Section headings for R6-4-601 through R6-4-608 were inadvertently changed to "Expired" in Supp. 04-1. The correct headings have been restored (Supp. 04-2).

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TITLE 6. ECONOMIC SECURITY

CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES

ARTICLE 1. STATE AGENCY ADMINISTRATION

R6-4-101. Definitions and Location of Definitions

- A. Location of Definitions. Definitions applicable to Chapter 4 are found in the following:

Definition	Section or Citation
"Appeal"	R6-4-101(B)
"Business Enterprise Program" or "BEP"	R6-4-101(B)
"Business Facility"	R6-4-101(B)
"Competitive Integrated Employment"	34 CFR 361.5
"Director"	A.R.S. § 23-501
"Employment Outcome"	34 CFR 361.5
"Hearing"	R6-4-101(B)
"Hearing Officer"	A.R.S. § 23-609.01
"Individualized Plan for Employment" or "IPE"	R6-4-101(B)
"Legally Blind"	R6-4-101(B)
"Rehabilitation Services Administration" or "RSA"	R6-4-101(B)
"RSA Administrator"	R6-4-101(B)
"Vending Facility"	34 CFR 395.1
"Vocational Rehabilitation" or "VR"	A.R.S. § 23-501
"VR Client"	R6-4-101(B)
"VR Staff"	R6-4-101(B)

- B. The following definitions apply to Chapter 4:

- "Appeal" means a request for formal review and resolution of any decision made by VR or BEP.
- "Business Enterprise Program" or "BEP" means an organizational unit of the Department that provides opportunities for an individual who is Legally Blind to operate a Business Facility under the authority of A.R.S. §§ 23-504(a) and 23-504(b).
- "Business Facility" means a particular place of merchandising identified by the BEP that provides an opportunity to operate a Vending Facility.
- "Hearing" means a formal administrative proceeding conducted by an impartial Hearing Officer in the Office of Appeals.
- "Individualized Plan for Employment" or "IPE" means a written program of services that comprehensively documents the purpose, responsibilities, services, service providers, intermediate objectives, and Employment Outcome necessary for successful rehabilitation.
- "Legally Blind" means an individual's determination by an ophthalmologist that indicates the individual has:
 - No vision or acuity;
 - Central vision acuity of 20/200 or less in the better eye, with the best correction by single magnification; or
 - A field defect in which the peripheral field has been contracted to such an extent that the widest diameter of the visual field subtends an angular distance no greater than 20 degrees.
- "Rehabilitation Services Administration" or "RSA" means the organizational unit within the Department that is responsible for administering VR and BEP.
- "RSA Administrator" means a Department employee who oversees the functions and operations of VR and BEP.
- "VR Client" means an individual who receives services from VR.
- "VR Staff" means an employee who works in VR.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1). New Section R6-4-101 renumbered from R6-4-104 and amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-102. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-103. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-104. Renumbered**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section R6-4-104 renumbered to R6-4-101 by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-105. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-106. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

ARTICLE 2. PROVISION OF THE VOCATIONAL REHABILITATION PROGRAM

This Article contains the rules that pertain to the provision of services to individuals under the state/federal Vocational Rehabilitation program.

R6-4-201. Definitions and Location of Definitions

- A. Location of Definitions. Definitions applicable to this Article are found in the following:

Definition	Section or Citation
"Affirm"	R6-4-201(B)
"Appeal"	R6-4-101(B)
"Appellant"	R6-4-201(B)
"Applicant"	R6-4-201(B)
"Assessment"	R6-4-201(B)
"Authorized Representative"	R6-4-201(B)
"Auxiliary Aids and Services"	28 CFR 35.104
"Business Day"	R6-4-201(B)
"Clear and Convincing Evidence"	34 CFR 361.42
"Client Assistance Program"	R6-4-201(B)
"Comparable Services and Benefits"	34 CFR 361.5
"Competitive Integrated Employment"	R6-4-101(B)
"Department" or "DES"	A.R.S. § 23-501
"Employment Outcome"	R6-4-101(B)
"Family Member"	34 CFR 361.5
"Functional Capacities"	R6-4-201(B)

TITLE 6. ECONOMIC SECURITY

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"Hearing"	R6-4-101(B)
"Hearing Officer"	R6-4-101(A)
"Individualized Plan for Employment" or "IPE"	R6-4-101(B)
"Informed Choice"	R6-4-201(B)
"Integrated Setting"	34 CFR 361.5
"Mediation"	34 CFR 361.5
"Office of Appeals"	R6-4-201(B)
"One-Stop Center"	29 U.S.C. 3102
"Order of Selection" or "OOS"	R6-4-201(B)
"OOS Priority Category"	R6-4-201(B)
"Party"	R6-4-201(B)
"Physical or Mental Impairment"	34 CFR 361.5
"Post-employment Services" or "PES"	34 CFR 361.5
"Pre-employment Transition Services"	34 CFR 361.5
"Primary Source Information"	R6-4-201(B)
"Remand"	R6-4-201(B)
"Reverse"	R6-4-201(B)
"Qualified and Impartial Mediator"	34 CFR 361.5
"Qualified Personnel"	R6-4-201(B)
"RSA"	R6-4-101(B)
"RSA Administrator"	R6-4-101(B)
"RSA Ombudsman"	R6-4-201(B)
"Secondary Source Information"	R6-4-201(B)
"State Plan"	29 CFR 3102
"Substantial Impediment to Employment"	34 CFR 361.5
"Trial Work Experience"	R6-4-201(B)
"VR"	R6-4-101(B)
"VR Application Form"	R6-4-201(B)
"VR Client"	R6-4-101(B)
"VR Staff"	R6-4-101(B)

B. The following definitions apply to Article 2 of this Chapter:

- "Affirm" means to uphold a decision or determination issued by another authority including VR, BEP, or the Office of Appeals.
- "Appellant" means a person, entity, or group of persons who has filed an Appeal or otherwise requested a Hearing to review and resolve a decision made by VR.
- "Applicant" means an individual who submits an application under R6-4-202.
- "Assessment" means the same as "Assessment for Determining Eligibility and Vocational Rehabilitation Needs" as defined under 34 CFR 361.5(c)(5).
- "Authorized Representative" means any adult designated by an individual to represent the individual, including a parent, guardian, other Family Member or advocate, unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual's Authorized Representative.
- "Business Day" means Monday through Friday, excluding holidays as listed under A.R.S. § 1-301.
- "Client Assistance Program" means a program authorized under 29 U.S.C. 732, which is independent of the State VR and that provides information, advocacy, and legal representation to an individual seeking VR services from the State VR.
- "Functional Capacities" means an individual's ability to function in terms of an Employment Outcome in the following areas:
 - Communication, including an individual's ability to understand others, to intelligibly and coherently express thoughts, to read and write sufficiently for work-related activities, or to access job information without assistive technology or accommodation.
 - Interpersonal skills, including an individual's ability to establish and maintain relationships with others at a level that allows the individual to participate in work-related activities.
 - Mobility, including an individual's physical ability to perform a required task, as well as an individual's ability to understand and process a required task to completion to get to work from home and to move around a work site or participate in work activities.
 - Self-care, including an individual's ability to make decisions that do not harm self or others and to perform activities of daily living such as eating, hygiene, health care, and dressing at a level that allows the individual to participate in work activities.
 - Self-direction, including an individual's ability to make positive adjustments to disability-related limitations, to identify logical steps to accomplish activities and goals, and to make decisions in one's own best interest at a level that allows the individual to participate in work activities.
 - Work skills, including an individual's ability to follow instructions and meet employment expectations, such as maintaining good attendance, learning, and performing job tasks with minimal assistance.
 - Work tolerance, including an individual's ability to meet the demands of participating in work-related activities, such as maintaining physical or mental stamina and working at a pace consistent with other employees in the same work-related activity.
- "Informed Choice" means a decision-making process in which an Applicant or VR Client analyzes relevant information and selects, with the assistance of VR, an Employment Outcome, intermediate objectives, services, and service providers.
- "Office of Appeals" means the authority within the DES Appellate Services Administration that conducts a Hearing on an Appeal as authorized by law.
- "Order of Selection" or "OOS" means an organized and equitable method for serving groups of VR Clients in a priority order if all individuals cannot be served.
- "OOS Priority Category" means one of three categories the Department uses to prioritize services to VR Clients based on the extent to which a VR Client's Physical or Mental Impairment restricts Functional Capacities in terms of an Employment Outcome, expected service needs, and length of time the VR Client is expected to require VR services.
- "Party" means an Appellant or the Department.
- "Primary Source Information" means all information that VR has acquired through personal interaction with an individual and evaluations or reports done at VR Staff's request and written specifically for VR.
- "Qualified Personnel" means an individual qualified to diagnose and document the existence of disability under applicable national or state certification, licensing, registration, or other comparable requirement that applies to the profession or discipline.
- "Remand" means to send back a case to the authority that issued the decision or determination, including VR, BEP, or the Office of Appeals, for further action.

TITLE 6. ECONOMIC SECURITY

CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES

17. "Reverse" means to change a decision or determination issued by another authority, including VR, BEP, or the Office of Appeals that results in a conclusion opposite to the original decision or determination.
18. "RSA Ombudsman" means an employee of the Department who is assigned to investigate a complaint or a request for an Appeal received from an Applicant or VR Client about VR decisions and to facilitate the process from the receipt of a complaint or request for an Appeal through final resolution.
19. "Secondary Source Information" means all information other than Primary Source Information that VR acquires and is not originally created for the use of VR.
20. "Trial Work Experience" means a functional evaluation of skill development activities under 34 CFR 361.42(e).
21. "VR Application Form" means a document approved by the Department that allows an individual to request VR services.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section repealed; new Section R6-4-201 made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-202. Application for VR

- A. An individual who is an Arizona resident or who is present and available in Arizona may apply for VR.
- B. The VR Application Form shall include authorization for VR to obtain and release personal information as needed to administer VR.
- C. VR shall consider a VR Application Form submitted when an individual:
 1. Has completed and signed a VR Application Form, or has completed a common intake application form in a One-Stop Center and has requested VR services; and
 2. Has provided VR with information necessary for VR Staff to conduct an Assessment and is available to complete the Assessment so that VR is able to determine the individual's eligibility and OOS Priority Category for VR services.
- D. The parent or legal guardian of an individual under the age of 18 shall sign VR documents on behalf of the individual and shall be involved in decisions regarding VR services to the individual. An individual who has reached the age of 18 and who has not had a legal guardian appointed may sign the VR Application Form and any other VR documents requiring signature on the individual's own behalf.
- E. The date of application submittal recorded for an individual shall be the earliest date on which the application requirements described in this section have been met and the signed VR Application Form has been received in a local VR office.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section repealed; new Section R6-4-202 made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-203. Eligibility for VR

- A. An Applicant for VR services shall participate in an Assessment and a determination of OOS Priority Category. The Assessment shall be conducted as required under 34 CFR 361.42.
- B. VR shall consider an Applicant eligible for VR when VR Staff determine that all of the following are met:

1. Basic requirements.
 - a. Qualified Personnel have diagnosed the Applicant with a Physical or Mental Impairment;
 - b. An Applicant's Physical or Mental Impairment constitutes or results in a Substantial Impediment to Employment; and
 - c. An Applicant requires VR services to prepare for, secure, retain, or regain an Employment Outcome consistent with the Applicant's strengths, resources, priorities, concerns, abilities, capabilities, interests, and Informed Choice.
2. Presumption of ability to benefit. VR shall presume that an Applicant who meets the eligibility requirements in subsection (B)(1) would benefit from VR services in terms of achieving an Employment Outcome unless Clear and Convincing Evidence demonstrates that the Applicant is incapable of benefiting from VR services in terms of an Employment Outcome. The demonstration of Clear and Convincing Evidence shall include, if appropriate, a Trial Work Experience, with any necessary supports, including assistive technology, in real life settings.
- C. VR shall consider an Applicant whose current eligibility for Social Security benefits under Title II or Title XVI of 42 U.S.C. 7 (Social Security Act) has been verified by VR Staff, to be presumed eligible for VR services under subsection (B) and considered at least a Priority 2 under R6-4-204(D)(2).
- D. VR shall determine an Applicant's eligibility within 60 calendar days from the date an Applicant submits a VR Application Form to VR, under R6-4-202(C), unless:
 1. Under 34 CFR 361.42, exceptional and unforeseen circumstances beyond VR's control preclude making an eligibility determination within 60 calendar days and a specific extension of time has been agreed upon by appropriate VR Staff and the Applicant; or
 2. An Applicant's ability to benefit from VR services in terms of achieving an Employment Outcome cannot be presumed due to the significance of disability and an exploration of the individual's abilities, capabilities, and capacity to perform in work situations is carried out under 34 CFR 361.42(e) precludes making an eligibility determination within 60 calendar days.
- E. If VR determines that an Applicant or VR Client does not meet, or no longer meets eligibility requirements in subsection (B)(1) and (2), VR shall:
 1. Offer the individual opportunity for consultation;
 2. Inform the individual, in writing, of the determination and reasons for the determination;
 3. Provide the individual with a notice of case closure, Appeal rights, and Client Assistance Program information;
 4. Refer the individual to federal, state, or local programs, service providers, and programs available through the one-stop service delivery system; and
 5. Review within 12 months, and annually thereafter, if requested by the individual, any ineligibility determination that is based on findings that the individual is incapable of achieving an Employment Outcome.
- F. VR Staff shall not discriminate against any Applicant or VR Client, as required under state and federal laws.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section repealed; new Section R6-4-203 made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

TITLE 6. ECONOMIC SECURITY

CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES

R6-4-204. Order of Selection

- A.** VR shall use the information from the Assessment to the greatest extent possible when determining a VR Client's OOS Priority Category.
- B.** VR shall obtain additional evaluations from Qualified Personnel if existing records are not available or are insufficient to determine an OOS Priority Category.
- C.** VR shall determine a VR Client's OOS Priority Category by evaluating how the individual's disability restricts Functional Capacities in terms of employment and VR services needed to address any restrictions of those Functional Capacities.
- D.** VR shall assign a VR Client to an appropriate OOS Priority Category after determining eligibility and prior to planning and implementing an IPE. The OOS Priority Categories are:
 - 1. Priority 1: Most Significant Disability – a VR Client who:
 - a. Has a severe Physical or Mental Impairment that seriously restricts three or more Functional Capacities in terms of an Employment Outcome; and
 - b. Is expected to require two or more VR services provided over an extended period of time to achieve an Employment Outcome.
 - 2. Priority 2: Significant Disability – a VR Client who:
 - a. Has a severe Physical or Mental Impairment that seriously restricts one or two Functional Capacities in terms of an Employment Outcome;
 - b. Is expected to require two or more VR services provided over an extended period of time to achieve an Employment Outcome; and
 - c. Is a person with one or more of the disabilities listed in 34 CFR 361.5(c)(30)(iii).
 - 3. Priority 3: All other VR Clients with a disability who do not meet the criteria for Priority 1 or Priority 2.
- E.** When sufficient funds are not available for VR to provide the full range of VR services to all VR Clients, VR shall develop and implement the VR Client's IPE in priority order based on the application date identified in R6-4-202(D).
 - 1. Priority 1 is served first, Priority 2 is served after all VR Clients in Priority 1 are served, and Priority 3 is served after all VR Clients in Priority 1 and Priority 2 are served.
 - 2. A VR Client assigned to an OOS Priority Category who is not being served shall be notified that the individual is on a waitlist for VR services. VR shall provide the eligible Applicant information on, and a referral to, federal, state, and local resources.
- F.** VR shall not place a VR Client on the waitlist if the VR Client's IPE is implemented prior to the date the Department determines funding is not available to serve a VR Client in that VR Client's OOS Priority Category.
- G.** If a VR Client does not have an implemented IPE on the date the Department determines funding is not available to serve a VR Client in the identified OOS Priority Category, the VR Client shall be placed on a waitlist.
- H.** VR shall continue to provide Pre-employment Transition Services, regardless of OOS Priority Category, to students with disabilities who were receiving Pre-employment Transition Services prior to being determined eligible for VR services. Pre-employment Transition Services are subject to the availability of funding.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section R6-4-204 repealed; new Section R6-4-204 renumbered from R6-4-401 and amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-205. Individualized Plan for Employment

- A.** Development of the IPE.
 - 1. VR shall inform the VR Client that the IPE may be developed on the VR Client's own or with support and assistance from one or more of the following:
 - a. A VR counselor employed by VR;
 - b. A VR counselor not employed by VR;
 - c. A disability advocacy organization; or
 - d. A Family Member, advocate, Authorized Representative, or other individual.
 - 2. The IPE is developed, to the extent possible, using data from the Assessment or data gathered from additional Assessment activities when additional data is necessary to establish the VR Client's Employment Outcome and nature and scope of VR services to be included in the IPE.
 - 3. The final IPE shall be prepared on RSA-approved forms and submitted to appropriate VR Staff for review and approval prior to the provision of services identified on the IPE.
- B.** Approval of the IPE.
 - 1. VR, through the review of original documents, shall verify that a VR Client is legally eligible to work in the United States, under the requirements of Employment Eligibility Verification set forth by the Department of Homeland Security, United States Citizenship and Immigration Services, prior to approving an IPE. If VR is unable to verify that the VR Client is legally eligible to work in the United States, VR shall provide a written notice to the VR Client stating that the VR Client's case is being closed, the reason for the case closure, and how the VR Client may request an Appeal.
 - 2. VR shall review the IPE and verify:
 - a. The chosen Employment Outcome is consistent with the information and results of the Assessment;
 - b. The chosen Employment Outcome does not violate federal or state law;
 - c. The services identified on the IPE are necessary for the VR Client to obtain the specific Employment Outcome; and
 - d. All required elements of the IPE are complete.
 - 3. An IPE is approved and VR services may be implemented when the IPE is signed by the VR Client.
 - 4. VR shall implement an IPE as required under 34 CFR 361.45 and 361.46:
 - a. Within 90 calendar days from the date of eligibility determination for each VR Client who is not on a waitlist for VR services; or
 - b. Within 90 calendar days after the date that the VR releases the VR Client from the waitlist unless a specific extension of time has been agreed upon by appropriate VR Staff and the VR Client.
- C.** Review and amendment of the IPE.
 - 1. VR and a VR Client shall review the IPE at least annually from the time the IPE is approved to assess the VR Client's progress in achieving the established milestones, timelines, and specific Employment Outcome identified in the IPE.
 - 2. As described in the VR Client's IPE, a VR Client shall maintain contact with VR as requested by VR Staff, actively participate in VR, and meet intermediate objectives outlined in the IPE necessary toward achieving the specific Employment Outcome identified in the IPE to continue receiving VR services.

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CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES

3. VR and a VR Client shall attempt to address any barrier to the VR Client's progress in achieving the intermediate objectives outlined in the IPE and specific Employment Outcome identified in the IPE prior to amending the IPE or interrupting provision of VR services.
4. If a barrier to progress in achieving the intermediate objectives outlined in the IPE and specific Employment Outcome identified in the IPE cannot be resolved by VR or the VR Client, VR services may be interrupted until the barrier is resolved to the satisfaction of VR. If VR services are interrupted by VR, the VR Client may Appeal the interruption of VR services.
5. If VR services are interrupted and the VR Client submits an Appeal regarding the interruption of VR services, VR shall continue provision of VR services as identified in the current and approved IPE until the Appeal is resolved under R6-4-209 and R6-4-210.
6. A VR Client and VR shall amend the IPE as necessary and appropriate when there are changes to the VR Client agreed upon Employment Outcome, VR services to be provided, or service providers.
7. Amendments to an IPE and the provision of new VR services shall not take effect until agreed upon and signed by both the VR Client and appropriate VR Staff.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-206. Provision of VR Services**A. General provisions.**

1. VR shall provide allowable services required under 34 CFR 361 that are necessary to assess an Applicant's eligibility and OOS Priority Category, develop a VR Client's IPE, or assist a VR Client in preparing for, securing, retaining, advancing, or regaining an Employment Outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and Informed Choice of the VR Client as identified in the most current and approved IPE. VR shall ensure that all goods and services purchased by VR are necessary to the Employment Outcome and documentation is available to support the expenditure.
2. VR shall give preference to an in-state service of the lowest cost, provided the preference does not effectively deny a VR Client a necessary service. If a VR Client chooses to engage in a service at a higher cost than an in-state service of the lowest cost when either service would meet the VR Client's rehabilitation needs:
 - a. The service shall be provided within the continental United States; and
 - b. The individual is responsible for costs in excess of the cost of the in-state service of the lowest cost.
3. Involvement in VR does not entitle an individual to any specific VR services.

B. The following are not considered VR services and shall not be provided by VR:

1. Reimbursement to a VR Client for debts and expenses incurred that have not been agreed to and that are not included on an authorization or in the current approved IPE;
2. Ongoing or long-term support of a self-employment business venture;

3. Basic living expenses (food, shelter, clothing, hygiene products) that are not in excess of a VR Client's normal expenses due to the VR Client's participation in VR;
4. General living costs resulting from a loss of income due to participation in VR services or a self-employment plan;
5. A service that is available from another agency or organization as a comparable benefit when the use of comparable benefits is required;
6. A service based on economic need for an individual who does not meet VR's economic need criteria as described in subsection (D);
7. A salary, wage, or payment for an individual in a self-employment plan or the individual's employees;
8. A self-employment business venture that is illegal, high-risk, or shows minimal chance of profitability;
9. Co-signing or underwriting of a loan or refinancing of any debt;
10. Multiple self-employment businesses;
11. Operating capital, franchise fees, and support for non-profit businesses (self-employment);
12. Legal service fees, attorney fees, court fines, or traffic tickets;
13. A vehicle purchase, lease, rental fee, monthly vehicle payment, or registration;
14. Businesses or services that are determined to be illegal by federal or state law;
15. Purchase of a residence, land, construction, or major modification of a building;
16. A treatment service that is not medically and vocationally necessary to achieve the Employment Outcome, as identified in the most current approved IPE; and
17. An experimental, high-risk, or controversial treatment procedure.

C. Procurement of services.

1. VR shall adhere to the applicable federal, state, Department, and VR laws, regulations, policies, and procedures;
2. VR shall inform individuals that selected services, service providers, and methods of procuring services shall be:
 - a. Made as required under applicable federal, state, Department, and VR laws, regulations, policies, and procedures;
 - b. Necessary under with subsection (A)(1) including to determine eligibility, assess rehabilitation needs, or achieve the Employment Outcome as identified in the most current approved IPE; and
 - c. Agreed upon by an Applicant or VR Client and VR.
3. VR shall only authorize, purchase, and pay for a service contained in the most current approved IPE,
4. Any service shall be authorized, purchased, and paid for as required under established procurement laws, regulations, methodologies, fee schedules, or contracts applicable to VR.
5. VR shall not reimburse any entity or be held responsible for any expense that has not been approved and authorized, in writing, by VR Staff.

D. Economic need.

1. VR shall:
 - a. Require that an individual's economic need be determined if the individual requires VR's support for any service other than those listed in 34 CFR 361.54(b)(3) at the time of eligibility determination or the individual provides a current award letter ver-

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ifying the receipt of Social Security benefits under Title II or Title XVI of 42 U.S.C. 7 (Social Security Act).

- b. Calculate an individual's total monthly income using one of the following:

i. Household adjusted gross income as identified on the individual's most current state or United States federal income tax statement filed, or required to be filed, by the individual or, if the individual is claimed as a dependent by another person, the person who claimed the individual as a dependent, divided by 12.

ii. Current pay stubs or bank statements that show a direct deposit of income, or another form of financial documentation that shows the income of the individual or, if the individual is supported by another person, the person who supports the individual.

- c. Subtract any disability related expenditures paid for by the VR Client and that are not otherwise reimbursed from the total income if the individual, or the person who supported or claimed the individual as a dependent:

i. Paid the expenditure;

ii. Provides evidence that these expenditures are not claimed deductions on income tax statements;

iii. Does not receive reimbursement for the expenses from any other public or private source; and

iv. Provides documentation that verifies the disability-related expenditures were paid during the tax year in which economic need is being determined.

- d. Redetermine an individual's economic need status prior to the provision of PES when there is a change in the individual's finances, and the redetermination will benefit the VR Client.

- e. Determine that an individual does not meet economic need if the individual does not provide the required documentation to support an economic need determination.

2. VR shall not count an individual's past year's earnings toward computing economic need if the individual or the person who supported or claimed the individual as a dependent on the most recent state or federal tax return provides proof that the individual is no longer employed.

3. An individual shall report any changes in the individual's finances to VR within 20 calendar days of the change.

E. Comparable Services and Benefits.

1. VR and an Applicant or VR Client shall explore, apply for, and use Comparable Services and Benefits, including accommodations and Auxiliary Aids and Services that are provided or paid for, in whole or in part, by other federal, state, or local public agencies, by health insurance, or by employee benefits prior to the provision of all VR services, except for the following services:

a. Assessment for determining eligibility and VR needs;

b. Counseling and guidance, including information and support services to assist an individual in exercising Informed Choice;

c. Information and referral services to secure needed services from other agencies;

d. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow along services;

e. Rehabilitation technology, including telecommunications, sensory, and other technological aids and devices; and

f. PES.

2. VR and Applicant or VR Client shall, at a minimum, explore, apply for, and use the following Comparable Services and Benefits, when available:

a. Medicaid/Medicare;

b. Pell grant or other available grants;

c. Any non-merit-based scholarship;

d. Private or other type of medical insurance;

e. Veterans Administration, for healthcare and rehabilitation center programming;

f. Worker's compensation, if a person has been injured on the job; and

g. State or federally funded child care.

3. VR shall require that Comparable Services and Benefits be used if it meets an individual's disability or employment needs.

a. If it is known that Comparable Services and Benefits exist but is not available at the time needed to ensure the timely progress of an individual towards achieving an Employment Outcome, VR shall provide a service until Comparable Services and Benefits become available.

b. VR shall begin using Comparable Services and Benefits that become available at any time during VR service provision.

c. VR shall not provide a service when an individual refuses or fails to make a formal application for Comparable Services and Benefits to pay all or part of the cost of the service, or when an individual refuses to accept Comparable Services and Benefits that are available to an individual.

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-207. Closure or Exit from VR

- A.** VR shall cease provision of VR services and close an individual's VR case when the individual:

1. Is not available to participate in services for 90 calendar days or longer. This includes an individual's stay in jail, prison, a nursing home, a hospital, or a residential treatment center; involvement in medical treatment; active military duty; religious service; or death;

2. Chooses not to participate or continue engaging in VR services to obtain employment;

3. Creates a barrier to beginning or continuing VR services necessary for employment, including declining to participate in VR services and Assessment activities for eligibility determination and service planning, failing to keep appointments for evaluations, counseling, or other services, and failing to make progress toward achievement of intermediate objectives and Employment Outcome as identified on the individual's IPE;

4. Is determined to no longer meet eligibility criteria, at any time, for any of the following reasons:

a. The individual does not have a Physical or Mental Impairment;

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- b. The individual's Physical or Mental Impairment does not constitute a Substantial Impediment to Employment;
 - c. The individual does not require VR services to prepare for, enter into, engage in, or retain an Employment Outcome; or
 - d. The individual's disability is too significant to benefit from VR services in terms of achieving an Employment Outcome;
- 5. Achieves Competitive Integrated Employment and maintains employment for 90 calendar days;
 - 6. Chooses to accept employment in a non-integrated or sheltered setting that provides compensation as required under 29 U.S.C. 8 (Fair Labor Standards Act);
 - 7. Requires long-term support to maintain employment after exiting VR, but no source of long-term support is available or expected to be available upon completion of VR services; or
 - 8. Cannot be located or has not responded to contact from VR.
- B. An individual whose VR case has been closed shall be required to apply and have the individual's eligibility determined under R6-4-202 and R6-4-203 if future VR services are requested.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-208. Confidentiality and Release of Information

- A. VR shall maintain and use all information collected from an individual as required under federal, state, and Department laws, regulations, policies, and procedures.
 - B. Release of information. VR shall release requested Primary Source Information in a timely manner when requested in writing by an Applicant, VR Client, or Authorized Representative.
 - 1. Medical, psychological, or other information that VR determines as having the potential to be harmful to an Applicant or VR Client shall only be provided to an Applicant, VR Client, or Authorized Representative through a third-party, chosen by or agreed to by the individual, who can aid the individual in appropriately interpreting the information being provided.
 - a. VR shall release Primary Source Information to protect the individual or others when the individual poses a threat to the individual's own safety or to the safety of others;
 - b. VR shall release information to local or tribal law enforcement or protective services agencies, as required by law.
 - 2. VR shall only release an individual's information with the signed consent of the individual or the individual's legal representative except:
 - a. VR may release Primary Source Information and Secondary Source Information for purposes directly connected with the administration of the VR program. The information released shall not exceed the minimum information that is necessary to achieve the goals for which the information is being provided. Consent for this release is given by the individual when the VR Application Form is signed.
 - b. VR may release Primary Source Information in response to investigations in connection with law enforcement, fraud, or abuse unless prohibited by federal or state laws or regulations, and in response to an order issued by a judge, magistrate, or other authorized judicial officer.
- c. VR may release any document that communicates a VR decision in addition to any other document with consent of the VR Client.
 - d. VR may release Primary Source Information as described under 34 CFR 361.38(d).
- C. An Applicant or VR Client who believes that information in the Applicant's or VR Client's record is inaccurate or misleading after review of requested information may request that the information be amended. If the information is not amended, the request for amendment shall be maintained in the Applicant's or VR Client's record.
 - D. VR shall only request information that is directly relevant to an individual's eligibility, rehabilitation needs, and the success of the individual's rehabilitation program.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-209. Overview of Appeals

- A. Overview of Appeals.
 - 1. An Applicant or VR Client may Appeal a decision made by VR that affects the provision of VR services.
 - 2. VR shall make the following Appeal resolution options available:
 - a. Informal review;
 - b. Mediation; or
 - c. Hearing.
 - 3. VR shall provide an Applicant or VR Client with a notice of Appeal rights and Client Assistance Program information when:
 - a. An individual applies for VR services;
 - b. VR makes a decision about eligibility for VR;
 - c. VR makes a decision regarding a VR Client's placement into an OOS Priority Category;
 - d. VR develops an IPE with the VR Client; and
 - e. At any time that VR makes a decision that affects the provision of VR services and intends to reduce, suspend, or terminate planned services or goods.
 - 4. An Applicant or VR Client may request case record documents as described under R6-4-208(B)(2) to use during the Appeal process.
 - 5. An Applicant or VR Client may be accompanied and represented by an Authorized Representative during the Appeal process and shall be notified of the availability of the Client Assistance Program. All expenses incurred for such representation, including legal fees, shall be the responsibility of the Applicant or VR Client.
 - 6. VR shall not suspend, reduce, or terminate VR services being provided to an individual, including evaluation and Assessment services and IPE development, pending a resolution of an Appeal unless:
 - a. The Appellant requests suspension, reduction, or termination of services; or
 - b. VR has evidence that the services have been obtained through misrepresentation, fraud, collusion, or criminal conduct on part of the individual.
 - 7. The RSA Ombudsman or designee shall receive all Appeal requests and route the Appeal requests to the appropriate authority for disposition.

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B. Requests for Appeal: form; time limits; timeliness.

1. An Applicant or VR Client shall have 20 calendar days from the mailing or email date of a written decision letter from VR to submit a written request for Appeal to VR. VR shall accept a formal written request for an Appeal via mail, email, or fax.
2. An Applicant or VR Client shall submit a written request for an Appeal using:
 - a. A VR Appeal request form; or
 - b. Any other written communication that includes:
 - i. A description of the specific VR decision being appealed;
 - ii. The Appellant's contact information and signature;
 - iii. The date; and
 - iv. An indication of whether the Appellant is willing to resolve the issue through an informal review, Mediation, or Hearing. If the Appellant chooses only a Hearing, the Appellant shall indicate that the Appellant is declining all other options for resolution in the written request. VR shall deem failure to indicate whether the Appellant is willing to resolve the issue through an informal review or Mediation to be election of a Hearing only.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-210. Appeal Resolution Options**A. Informal Review**

1. VR is responsible for resolving an informal review request.
2. The RSA Ombudsman shall notify the supervisor of the VR Staff who made the decision in dispute that an informal review has been requested within five calendar days of receipt of the informal review request.
3. The supervisor of the VR Staff who made the decision in dispute shall:
 - a. Contact the Appellant to obtain further information about the issue and reason for the request for informal review;
 - b. Conduct an informal review of the decision in dispute by reviewing the issue, information provided by the Appellant, case record documentation, and applicable laws, regulations, and policies to determine how to resolve the issue in dispute;
 - c. Notify the Appellant in writing of the informal review decision, notification of Appeal rights, and Client Assistance Program information within 20 calendar days from the date the request for Appeal was received by the RSA Ombudsman; and
 - d. Provide the RSA Ombudsman with a copy of the informal review decision letter.
4. The informal review decision shall be a written, comprehensive statement by the supervisor that includes:
 - a. A statement of the issue involved;
 - b. A clear and complete statement of fact as supported by evidence presented at the informal review;
 - c. A reference to all laws, regulations, and policies on which the decision is based;
 - d. A concise statement of the conclusion drawn, and the basis for such conclusions; and

- e. A clear statement of the action to be taken to implement the decision.

5. The Appellant shall have 20 calendar days from the date of the written decision letter to request a Mediation or Hearing.

B. Mediation

1. Participation in Mediation is voluntary for both the Appellant and VR.
2. VR is responsible for resolving a Mediation request in conjunction with the Arizona State Attorney General's Office, Civil Rights Division.
3. The RSA Ombudsman shall contact the Arizona State Attorney General's Office, Civil Rights Division to request a Mediation with a Qualified and Impartial Mediator.
4. The RSA Ombudsman shall contact all Parties involved, including the Arizona State Attorney General's Office, Civil Rights Division, VR Staff who made the decision being appealed and the VR Staff's supervisor, Appellant, and Authorized Representative to schedule an appointment to conduct Mediation.
 - a. A VR representative with the authority to approve and agree to the outcome of Mediation shall be present at all Mediations.
 - b. Discussions that occur during the Mediation process shall be confidential and shall not be used as evidence in any subsequent Hearing or civil proceeding.
5. An Appellant may choose to voluntarily withdraw the request for Mediation if a resolution is obtained prior to the date of the Mediation. The Appellant shall contact the RSA Ombudsman to voluntarily withdraw the request for Mediation.
6. If Mediation results in an agreement that resolves the issues, the Parties shall document the agreement in writing, sign the document, and all Parties shall receive a copy of the signed agreement.
7. If Mediation does not result in an agreement or if the Appellant, without notice, fails to appear at a scheduled Mediation, the Qualified and Impartial Mediator shall close the Mediation request and submit a notice to the Appellant and VR that the Mediation was closed.
 - a. The Appellant may contact the RSA Ombudsman or the Qualified and Impartial Mediator to request to reschedule the Mediation within 20 calendar days of the date of the originally scheduled Mediation; or
 - b. The Appellant may contact the RSA Ombudsman or the Office of Appeals to request within 20 calendar days of the date of the originally scheduled Mediation to schedule a Hearing.
8. If an Appellant does not request to reschedule a Mediation or request to schedule a Hearing within 20 calendar days after an agreement is not reached in Mediation or failing to appear at a scheduled Mediation, the Qualified and Impartial Mediator shall notify VR indicating the Mediation has been closed.

C. Hearing

1. General provisions.
 - a. The Hearing Officer shall rely on applicable federal and state laws to conduct the Hearing within 60 calendar days of the date the Office of Appeals received the Appeal and review and resolve the issue in dispute. These rules shall be interpreted and

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- administered to secure the just, speedy, and intended purpose of VR.
- b. Unless precluded by another provision of law, a person may waive any right conferred on that person or group by this Article.
2. Withdrawal of Hearing.
 - a. An Appellant may withdraw an Appeal by submitting a written request to withdraw to the RSA Ombudsman or the Office of Appeals at any time before the Hearing Officer issues a decision.
 - b. The Office of Appeals shall accept a withdrawal and dismiss the Appeal upon receipt of a request to withdraw an Appeal made in the manner provided in subsection (C)(2)(a) only if the Hearing Officer accepts the withdrawal and finds that the withdrawal has been voluntarily and knowingly requested.
 - c. Withdrawal of an Appeal is effective as soon as the withdrawal is processed by the Office of Appeals, but no later than 10 calendar days after receipt of the withdrawal.
 3. Effect of the decision.
 - a. The Hearing Officer shall issue a Hearing decision within 30 calendar days of the completion of the Hearing.
 - b. If the Hearing Officer issues a decision that Reverses VR's decision, VR shall not take the action.
 - c. If the Hearing Officer Remands the case to VR, the Remand shall include instructions from the Hearing Officer. VR shall comply with the instructions of the Hearing Officer.
 4. Review of decision by the Director.
 - a. If either the RSA Administrator or Appellant disagrees with the decision of the Hearing Officer, either Party may file a request for review of the Hearing Officer's decision by the Director by submitting a written request to the Office of Appeals within 20 calendar days of the mailing date of the Hearing Officer's decision.
 - b. The written request for review of a Hearing Officer's decision shall contain the Party's name, contact information, and a statement regarding the legal bases for the review.
 - c. The Office of Appeals shall notify all involved Parties within five calendar days of receipt that a request for review of the Hearing Officer's decision has been filed.
 - d. If an Appellant or RSA Administrator files a request for review of the Hearing Officer's decision, the other Party may submit a written response to the request for review of the Hearing decision to the Office of Appeals.
 - e. The Director shall, within 30 calendar days of receipt of the request for review of the Hearing Officer's decision:
 - i. Overturn the Hearing Officer's decision, or any part of the decision, only when the Director concludes that the decision of the Hearing Officer, based on Clear and Convincing Evidence, is erroneous based on the approved VR services portion of the State Plan; 29 U.S.C. 723; 29 U.S.C. 721(a); federal or state regulations; and policies that are consistent with federal and state requirements and request a new Hearing.
 - ii. Affirm the Hearing Officer's decision; or iii. Issue a written decision that contains a modified finding and the grounds upon which the decision is based and shall be considered the final decision of the Department.
 - f. The Department shall provide a copy of the decision that includes an explanation of a Party's right for judicial review of the decision as described under 34 CFR 361.57(i) to each Party.
 - g. The Party requesting a review of the Hearing Officer's decision may voluntarily withdraw the request for review at any time before the Director issues a decision by making a request by telephone or in writing to the RSA Ombudsman or Office of Appeals.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 3. BUSINESS ENTERPRISE PROGRAM**R6-4-301. Definitions and Location of Definitions**

- A.** Location of Definitions. Definitions applicable to Article 3 are found in the following:

Definition	Section or Citation
"Abandoned Facility"	R6-4-301(B)
"All-Operators Meeting"	R6-4-301(B)
"Appeal"	R6-4-101(B)
"APOC"	R6-4-301(B)
"BEP Manager"	R6-4-301(B)
"BEP Operator"	R6-4-301(B)
"Business Enterprise Program" or "BEP"	R6-4-101(B)
"Business Facility"	R6-4-101(B)
"Candidate"	R6-4-301(B)
"Committee"	R6-4-301(B)
"Department"	A.R.S. § 41-1951
"Director"	R6-4-101(A)
"Displaced Operator"	R6-4-301(B)
"Good Cause"	R6-4-301(B)
"Grantor"	R6-4-301(B)
"Guaranteed Fair Minimum of Return"	R6-4-301(B)
"Hearing"	R6-4-101(B)
"Hearing Officer"	R6-4-101(A)
"Initial Probation"	R6-4-301(B)
"Legally Blind"	R6-4-101(B)
"Licensee"	R6-4-301(B)
"Net Proceeds"	R6-4-301(B)
"Operator's Agreement"	R6-4-301(B)
"Performance Probation"	R6-4-301(B)
"Rehabilitation Services Administration" or "RSA"	R6-4-101(B)
"RSA Administrator"	R6-4-101(B)
"Satisfactory Site"	34 CFR 395.1(q)
"SLA"	R6-4-301(B)
"Temporary BEP Operator"	R6-4-301(B)
"Trainee"	R6-4-301(B)
"Upward Mobility Training"	R6-4-301(B)
"Vending Facility"	34 CFR 395.1
"Vocational Rehabilitation"	R6-4-101(B)
"VR" R6-4-101(B) "VR Client"	R6-4-101(B)
"VR Staff"	R6-4-101(B)

- B.** The following definitions apply to Article 3 of this Chapter:

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1. "Abandoned Facility" means a Business Facility that a BEP Operator has failed to open without Good Cause for 24 hours.
2. "All-Operators Meeting" means an APOC meeting for which attendance is mandatory for all Trainees, Licensees, and BEP Operators.
3. "APOC" means the Arizona Participating Operators Committee, a fully representative committee of BEP Operators elected biennially by the BEP Operators' peers that functions as an integral part of the BEP having active participation in major BEP administrative decisions and policy and program development decisions affecting the overall administration of the State's BEP.
4. "BEP Manager" means the DES employee who oversees BEP under the direction of the RSA Administrator.
5. "BEP Operator" means a Licensee who enters into an Operator's Agreement with the BEP to manage and operate a Business Facility.
6. "Candidate" means an individual who is Legally Blind and is receiving VR services who is referred to the BEP by VR Staff for training and placement.
7. "Committee" means an ad hoc group of individuals assembled to make a decision regarding various aspects of placement of a BEP Operator in a Vending Facility. A Committee consists of:
 - a. Two voting BEP staff members who are selected by the BEP Manager;
 - b. Two voting Operators who are appointed by the APOC chairperson; and
 - c. The BEP Manager, who acts as the chairperson of the committee and only votes in the event of a tie.
8. "Displaced Operator" means a Licensee who has operated a Business Facility in Arizona under the provisions of this Article and is not currently assigned to a Business Facility as a result of a Business Facility or building closure or medical leave.
9. "Good Cause" means temporary illness, a family crisis, or a Business Facility or Vending Facility that is inaccessible by public transportation that causes the Trainee, Licensee, or BEP Operator to be unable to fulfill an obligation under this Article.
10. "Grantor" means the public or private entity that grants a permit to, or enters into an agreement with, the BEP to provide a Satisfactory Site for the operation of a Business Facility.
11. "Guaranteed Fair Minimum of Return" means the prevailing federal minimum wage multiplied by a 40-hour work week.
12. "Initial Probation" means the first six months after a BEP Operator assumes management of the BEP Operator's first Business Facility, during which time the BEP Operator's performance is evaluated for permanent status, termination or Performance Probation.
13. "Licensee" means an individual who is Legally Blind and has been licensed by the Department to operate a Business Facility.
14. "Net Proceeds" means the amount remaining after the deduction of business expenses from all income accruing to a BEP Operator from the operation of a Vending Facility.
15. "Operator's Agreement" means a written contract between the Department and a BEP Operator that regulates the terms and conditions under which a Business Facility shall be managed.
16. "Performance Probation" means a period of time not exceeding six months during which a BEP Operator who is not on Initial Probation shall correct documented, unacceptable performance or deficiencies upon written notice by the BEP.
17. "SLA" means the same as "state licensing agency" under 34 CFR 395.1(v). RSA is the SLA for Arizona.
18. "Temporary BEP Operator" means an individual who contracts with the Department to operate a Business Facility for a specified period of time and who may or may not be Legally Blind.
19. "Trainee" means a Candidate who has been accepted into and is receiving training from the BEP prior to placement and licensure.
20. "Upward Mobility Training" means additional training that enhances a BEP Operator's work opportunities.

Historical Note

Former Section R6-4-301 renumbered to R6-4-401, new R6-4-301 adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-302. Participating Business Facilities

- A. The BEP shall conduct a survey or surveys of public or other properties upon written request of the owner or management or as determined necessary by the Department to determine merchandising opportunities for Licensees. A survey shall include the following information:
 1. Identification of location, nature of site, and contact person;
 2. Demographics of site to include building population, work hours, nature of work, salary range, and other local selling locations, existing merchandise, and vending machines;
 3. The proposed business recommended by the BEP, including suggested merchandise, number of employees, anticipated volume, hours of operation, and current purchasing patterns.
- B. The BEP shall determine if a public or other property meets the requirements for a Satisfactory Site for a merchandising business through a survey conducted by the BEP following consultation with the APOC.
- C. If a surveyed property meets the requirements as a Satisfactory Site for a merchandising business, a written agreement shall be entered into between the Department and the Grantor.
- D. The BEP shall provide each Business Facility with suitable equipment, adequate initial stock, utensils, and cash necessary for the establishment and operation of the Business Facility. The BEP Operator shall return all equipment, stock, utensils and cash upon surrender of the Business Facility or shall reimburse the BEP for the value of any missing items.
- E. Unless otherwise agreed, the BEP shall maintain all Business Facility equipment to ensure it is in good repair and shall replace worn out or obsolete equipment to assure the continued operation of the Business Facility.
- F. All titles to the BEP-purchased equipment and stock shall remain with the BEP until the equipment or stock is disposed of as required under applicable federal or state law. When the title to the equipment or stock is vested in the BEP Operator, procedures and responsibility for providing the necessary maintenance or replacement shall be prescribed by the BEP in the Operator's Agreement.

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Historical Note

Former Section R6-4-302 renumbered to R6-4-402, new R6-4-302 adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-303. Referral to the Business Enterprise Program; Qualifications of Candidate

- A.** A VR Client who expresses interest in participating in the BEP shall be referred to the BEP by VR Staff when it is determined that a referral is appropriate following a medical or vocational evaluation, consultation with the VR Client, and completion of an application packet.
- B.** As part of a referral, each VR Client shall complete an application on a form prescribed by the BEP, which shall include the VR Client's:
 - 1. Identifying information including name, address, telephone number, and date of birth;
 - 2. Medical information including visual acuity and diagnosis;
 - 3. Education and work experience; and
 - 4. Mobility and communication functioning levels.
- C.** The VR Staff shall attach any available Assessment or psychological evaluations the VR Client has completed.
- D.** The VR Staff shall also determine and document that the VR Client is:
 - 1. Legally Blind;
 - 2. At least 18 years old;
 - 3. A citizen of the United States;
 - 4. Able to function independently in business to the degree that the VR Client's needs have been addressed by VR; and
 - 5. Medically stable with all necessary physical restoration services completed.
- E.** The BEP shall review an application packet for completeness and shall return an incomplete packet to VR to be properly completed and resubmitted.
- F.** The BEP shall refer a complete packet to a screening Committee for consideration of acceptance into the BEP training program, as described at R6-4-304. The referring VR Staff also serves on the screening Committee meeting but does not vote.

Historical Note

Former Section R6-4-303 renumbered to R6-4-403, new R6-4-303 adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-304. Screening for Acceptance into Initial Training

- A.** The screening of a Candidate shall be conducted by a screening Committee.
- B.** The screening shall consist of a review of the Candidate's case history and an interview with the Candidate relating to voluntary participation in the BEP and the Candidate's job qualifications. The screening Committee shall then vote to accept the Candidate into training, or reject and return the Candidate to VR for further services as appropriate to assist the Candidate in meeting the program criteria.
- C.** The determination of the screening Committee shall be provided to the Candidate in writing. In the event of rejection the determination shall contain the reasons for the determination, recommendations to remedy any deficiencies, and provide notice of the right to Appeal.

Historical Note

Former Section R6-4-304 renumbered to R6-4-404, new R6-4-304 adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-305. Initial Training

- A.** Once accepted into training, a Candidate shall be trained for Business Facility operations. The course content, objectives, and length of training shall be developed by the BEP with active participation of the APOC. Training shall cover:
 - 1. Business Facilities, such as snack bars, vending banks, and gift shops, at which food is not prepared, and shall orient the Trainee to basic business and merchandising principles, the parameters of the BEP, and the applicable provisions of federal regulations and state law. On-the-job training shall also be provided in existing Business Facilities of this type.
 - 2. Business Facilities, such as coffee shops at which limited food preparation occurs. On-the-job training shall be provided at appropriate existing facilities.
 - 3. Cafeterias providing a variety of prepared foods and beverages. On-the-job training shall be provided at appropriate existing facilities.
- B.** With respect to the duration of training:
 - 1. If a Trainee misses five days or more of training without Good Cause, whether consecutive or not, the BEP shall terminate the Trainee from the training and return the Trainee to VR for further services, as appropriate.
 - 2. If it becomes apparent during training or following completion of training that a Trainee lacks sufficient skills, knowledge, experience, health, or other abilities, the BEP shall review the case, consult with the VR Staff, the APOC, and the Trainee, and either: a. Revise the training plan, as needed; or b. Terminate the training and return the Trainee to VR for further services, as appropriate.
 - 3. A Trainee who satisfactorily completes training and is approved by the Committee as discussed in R6-4-311 becomes a Licensee.
- C.** A determination to terminate training shall be provided to the Trainee in writing and shall state the reasons for the determination, recommendations to remedy any deficiencies, and provide notice of the right to Appeal.
- D.** Any Licensee who is not placed in a Business Facility within 12 months of the date of licensure shall receive appropriate training, following an evaluation of proficiency.
- E.** A BEP Operator who is licensed as of the date of the adoption of these rules shall be exempt from the initial training required.

Historical Note

Former Section R6-4-305 renumbered to R6-4-405, new R6-4-305 adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-306. Remedial Training

- A.** When the BEP determines that remedial training is required to correct identified problems or deficiencies to assist a BEP Operator, it shall develop a specialized program with the active participation of the APOC to address those concerns. The BEP Operator may be placed on Performance Probation under R6-4-315 pending satisfactory completion of the remedial training.
- B.** Any former BEP Operator who has surrendered a license for a period exceeding 12 months and wishes to return to the BEP

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shall be evaluated by the BEP, in consultation with the APOC, to determine if any remedial training is necessary prior to reinstatement of the license.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-307. Upward Mobility Training

At least once per calendar year the BEP shall offer special training programs to BEP Operators that shall be developed with the active participation of APOC and include education in new program developments or business and merchandising techniques and additional training to improve work performance.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-308. Qualifications for Placement in a Business Facility

- A. When a business facility becomes available the BEP shall:
 1. Notify each BEP operator and certified trainee in writing of the opportunity to request placement in a location by filing an application. The notice shall be mailed at least 15 calendar days prior to the announced closure of the filing period;
 2. Accept any timely filed written application which contains a statement of interest in placement in the facility.
- B. A qualifications committee shall consider each applicant's record on file with the BEP, together with the application and any supporting documents. The committee shall be comprised of:
 1. Two voting BEP staff members.
 2. Two voting BEP operators appointed by the chairman of APOC.
 3. The BEP supervisor shall act as the chairman of the committee. He shall vote only in the event of a tie. The committee chairman shall consult with the chairman of APOC before casting his vote.
- C. Qualifications of a BEP operator or a certified trainee for placement in a business facility shall be determined based upon:
 1. For a BEP operator:
 - a. Compliance with the BEP operator's agreement and with the provisions of this Article.
 - b. The existence of no more than two substantiated customer complaints during the prior six month period. Only written and signed complaints shall be considered.
 - c. Maintenance of a level of inventory adequate for the location in which the operator is currently placed.
 - d. Degree of profitability of a facility under the operator's management.
 - e. Involvement of the operator in training and seminars.
 - f. Attendance at the last all operators meeting.
 2. For a certified trainee: relevant knowledge, skill, training, prior experience or education, and the performance of the individual during training.
- D. The committee shall make its determination by majority vote within 30 calendar days from the closure of the filing period.
- E. Each applicant shall be notified by the BEP within seven calendar days of the committee's determination. For those appli-

cants found disqualified, the notification shall be in writing and shall include the reasons for the disqualification, and notice of the right to appeal.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-309. Selection for Placement in a Business Facility

- A. The BEP Operators and other Licensees who qualify shall be considered for placement in a Business Facility by a selection Committee.
- B. A selection Committee shall interview each qualified Licensee on factors related to the work, including demonstrated management skills, ability to handle increased responsibilities, and any past comparable work experience and base a BEP Operator's placement in a Business Facility on the Licensee's qualifications and the outcome of the interview. In addition, the selection Committee shall consider applications in the following order from the highest priority for placement to the lowest:
 1. Any Displaced Operator who managed a Business Facility at a comparable level.
 2. Any BEP Operator who is no longer on Initial Probation.
 3. Any BEP Operator who is on Initial Probation.
 4. Any other Licensee.
- C. A Temporary BEP Operator shall be placed in a Business Facility by the BEP if a qualifying Licensee cannot be recommended for placement under R6-4-313.
- D. The BEP shall notify a qualifying Licensee of the BEP's decision within seven calendar days of approval of the selection for placement in a Business Facility.
- E. The BEP shall notify a Licensee who has not been selected for placement in a Business Facility in writing of the reason for the rejection and of the right to Appeal.
- F. If the Business Facility becomes available again within 30 calendar days of selection for placement in a Business Facility, or if the selected BEP Operator refuses the placement, the BEP supervisor shall request another selection from the Committee within the order of priority under subsection (B).

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-310. Placement in a Business Facility

The BEP shall not consider a Licensee who applies and is selected for placement in a Business Facility and then refuses the placement without Good Cause for any new placement in a Business Facility for 90 calendar days.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-311. Licensure

- A. A Business Facility shall be operated only by a licensed BEP Operator, with the exception of a Temporary BEP Operator, under R6-4-313.
- B. The review of a trainee who has completed the initial training will be conducted by a licensing Committee.
- C. The licensing Committee will review the trainee's participation in the initial training and all previous information obtained to determine if the trainee will be issued a license or referred to a screening Committee for additional training.

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- D. Once a person becomes a Licensee, the Department shall issue a license to that person, which shall remain in effect unless revoked or surrendered by the BEP Operator as required under 34 CFR 395.7(b). The license shall specify the name of the BEP Operator, the issuance date, and the signature of the authorized Department representative, and contain a statement that the license cannot be transferred.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-312. Operator's Agreement

The BEP shall develop a standard Operator's Agreement with the active participation of the APOC. Changes to the standard Operator's Agreement shall not be adopted before the APOC has an opportunity to present the proposed changes to the Operator's Agreement to the Licensees for input at an All-Operators Meeting, following which additional discussions between the BEP and the APOC shall be conducted, if needed. A Business Facility shall be operated only by a person who has executed an Operator's Agreement for a Business Facility with the Department.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-313. Temporary Operator

- A. The BEP shall recruit a Temporary BEP Operator for placement in a Business Facility for a six-month period after consultation with the APOC chairperson:
1. In the event of an Abandoned Facility;
 2. In the event no qualified individual who is Legally Blind applies for assignment to a Business Facility; or
 3. In an emergency.
- B. The BEP may extend a Temporary BEP Operator's placement in a Business Facility on a monthly basis until such time as a qualified individual who is Legally Blind is available.
- C. The BEP shall consider placement of a Temporary BEP Operator in the following order from the highest priority to the lowest:
1. A Displaced Operator in good standing.
 2. Any other Licensee in good standing who is not currently managing a Business Facility.
 3. A BEP Operator in good standing who is currently managing a Business Facility.
 4. A subcontract through the SLA.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-314. Initial Probation

- A. A BEP Operator who is placed in the BEP Operator's first Business Facility shall be placed on Initial Probation for six months to assure compliance with the Operator's Agreement, the provisions of this Article, and applicable law.
- B. The BEP shall conduct unannounced onsite inspections at least twice monthly during Initial Probation.
- C. The BEP shall complete an inspection report at the conclusion of each site inspection and shall read the inspection report to the BEP Operator who, after signing the inspection report, shall receive a copy of the inspection report. The inspection report shall:

1. Identify the conditions found during the site inspection;
2. Identify any deficiencies requiring corrective action; and
3. Contain a statement of the required standard and any recommendation to bring the BEP Operator into compliance.

- D. The BEP, following consultation with the APOC, shall notify the BEP Operator in writing of the BEP Operator's satisfactory completion, placement on Performance Probation, or the BEP's intent to terminate the Operator's Agreement at the end of the Initial Probation as described under R6-4-318.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-315. Performance Probation

- A. The BEP shall, following prior notification to the APOC chairperson, place a BEP Operator on Performance Probation for no longer than six months when the operation of a Business Facility is adversely affected by the deteriorated performance of a BEP Operator.
- B. Deficiencies shall be identified by:
1. A substantiated, written and signed complaint from any member of the public that has been filed with the Department; or
 2. The BEP during an onsite inspection.
- C. The BEP shall provide a written notice to a BEP Operator who is placed on Performance Probation. The notice shall:
1. State the grounds for the action and shall refer to any applicable agreement sections or legal provisions; and
 2. Identify the corrective action to be taken, the length of the Performance Probation, the consequences of failure to timely complete the corrective action, and notice of right to Appeal.
- D. At the end of the Performance Probation, the Department shall either:
1. Issue a written notice of satisfactory completion and termination of the Performance Probation to the BEP Operator if the BEP Operator takes the required corrective action; or
 2. Terminate the Operator's Agreement after notifying the APOC chairperson if the BEP Operator fails to take the required corrective action as described under R6-4-318.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-316. Continuing Inspections of Business Facilities

The Department shall conduct an inspection of a Business Facility for the health, safety and welfare of the public, with or without notice, throughout the existence of an Operator's Agreement, and shall take any appropriate action to assure the BEP Operator's compliance with the Operator's Agreement, this Article, and applicable law.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-317. Exchange of Business Facilities Prohibited

There shall be no exchange of Business Facilities between BEP Operators. Any placement of a BEP Operator in a Business Facility shall be made pursuant to this Article.

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Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-318. Termination of an Operator's Agreement

- A.** The Department shall terminate an Operator's Agreement:
 1. Under the terms of the Operator's Agreement;
 2. Due to a BEP Operator's failure to meet conditions of Initial Probation or Performance Probation;
 3. Upon revocation or surrender of a license;
 4. Upon termination of the Grantor agreement; or
 5. In the event of an Abandoned Facility.
- B.** The BEP, following notification to the APOC chairperson, shall provide a notice of termination of the Operator's Agreement to a BEP Operator in writing or in person that:
 1. States the grounds for the termination of the BEP Operator's Agreement;
 2. Refers to any applicable provision of law or agreement; and
 3. Advises the BEP Operator of the right to Appeal the termination of the Operator's Agreement.
- C.** The BEP shall reconcile all records and inventoried items for which the BEP Operator was responsible upon termination of an Operator's Agreement. The report of the reconciliation shall be transmitted in writing to the BEP Operator or the BEP Operator's estate within 90 calendar days from termination of the Operator's Agreement and shall include notice of the BEP Operator's right to Appeal.
- D.** Termination of an Operator's Agreement shall not relieve the BEP Operator of any business obligations existing as of the date of the termination of the BEP Operator's Agreement.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-319. Revocation of License

- A.** The BEP shall revoke a BEP Operator's license for the following reasons:
 1. A BEP Operator is not in compliance with the requirements of this Article, contractual agreements, or any applicable federal or state statute, regulation, rule, policy, or procedure.
 2. A BEP Operator's deliberate material misrepresentation to the Department related to the BEP.
 3. A BEP Operator's use of, or impairment from, alcoholic beverages or drugs that cause impairment while engaged in the operation of the Business Facility.
 4. A BEP Operator neglects or refuses to provide information, including reports, and to transmit evaluations required by this Article on a monthly basis by the deadline indicated in the Operator's Agreement and as described in BEP policy.
 5. In the event of an Abandoned Facility or when the BEP Operator fails without Good Cause to open the Business Facility for business at the scheduled hours without notice to the BEP as described in BEP policy.
 6. A BEP Operator is convicted of a felony while participating in the BEP.
 7. A BEP Operator no longer meets the qualifications for participation in the BEP due to:
 - a. An improvement of vision to the degree that the BEP Operator is no longer Legally Blind;

- b. A change of citizenship from the United States to citizenship of another country; or
- c. An inability to meet the physical or emotional demands of operating a Business Facility following evaluation by the BEP.

- B.** The Department, after notifying the APOC chairperson, shall provide a BEP Operator written notice of the Department's revocation of the BEP Operator's license. The notice shall state the grounds for the action and shall refer to any applicable provision of law, regulation, rule, or agreement, and advise the BEP Operator of the right to Appeal.
- C.** The revocation of a BEP Operator's license shall not relieve the BEP Operator of any business obligations existing as of the license revocation date.
- D.** Termination of an Operator's Agreement or revocation of a BEP Operator's license shall not occur until the BEP Operator has been provided the opportunity for a full evidentiary Hearing pursuant to 34 CFR 395.13.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-320. State Committee of Blind Vendors

- A.** In Arizona, the APOC shall be the state committee of blind vendors who are elected biennially and shall actively participate in the BEP, as provided below and elsewhere in this Article.
- B.** The APOC shall enact bylaws consistent with this Article and any applicable regulatory or statutory provisions and shall provide the BEP with a copy.
- C.** In fulfilling the responsibility for administration and operation of all aspects of the BEP, the Department shall assure that the APOC actively participates in the BEP through:
 1. Participating in the administrative rulemaking process;
 2. Receiving and transmitting to the BEP all grievances filed in writing with the APOC at the request of a BEP Operator;
 3. Having a member of the APOC appear as the BEP Operator's representative at any Hearing at the request of the BEP Operator;
 4. The review, consideration, and involvement in the BEP's decision-making through membership on Committees established by this Article;
 5. Working with the BEP to establish training curricula and by serving as lecturers, faculty members, or in other roles at such training; and
 6. Consulting with the BEP when advice and counsel may be of assistance to the BEP and Arizona's BEP Operators.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-321. Set-aside Funds

- A.** The BEP shall set aside funds from the Net Proceeds of the operation of a Business Facility based on a monthly schedule determined after consultation with the APOC and approved by the Secretary of the United States Department of Education. It shall be used only for the purposes stated in 34 CFR 395.9(b) (July 1, 1988), incorporated by reference and on file with the Office of the Secretary of State.
- B.** As part of the annual budget process, the set-aside schedule shall be evaluated with active participation from the APOC as

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required under 34 CFR 395.9(c). The final set-aside decision shall be made by the BEP Manager.

- C. The new set-aside schedule shall be determined on or before June 30th of the current year. The rate set each year shall run from July 1st of the current year through June 30th of the following year.
- D. Yearly set-aside schedules shall be posted in the minutes following the APOC meetings and shall be posted in the SLA offices and on the DES website.
- E. The set-aside funds shall be used only for the purposes stated in 34 CFR 395.9(b).

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-322. Guaranteed Fair Minimum of Return

- A. A Guaranteed Fair Minimum of Return shall be granted to a BEP Operator by the BEP if the BEP Operator's Net Proceeds over three consecutive months average less than the prevailing federal minimum wage and if the reason for the low Net Proceeds is beyond the control of the BEP Operator as determined by the BEP, following consultation with the APOC. The need for a Guaranteed Fair Minimum of Return may be reflected in the monthly BEP Operator's report pursuant to R6-4-324(B) or may be requested by a BEP Operator.
- B. The BEP shall notify the BEP Operator of approval or denial of the request for a Guaranteed Fair Minimum of Return within 15 calendar days of the BEP Operator's request.
- C. Any denial by the BEP of a Guaranteed Fair Minimum of Return to a BEP Operator shall be in writing and issued to the BEP Operator and shall include the reasons for the determination and notice of the right to Appeal.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-323. Use of Federal Unassigned Vending Machine Income

- A. Federal unassigned vending machine income shall be used for BEP Operator benefits as determined by a majority vote of all BEP Operators in an All-Operators Meeting, and as limited by 34 CFR 395.8.
- B. Any federal unassigned vending machine income not necessary for such purposes shall be used by the BEP for the maintenance and replacement of equipment, purchase of new equipment, management services, and assuring a Guaranteed Fair Minimum of Return to BEP Operators.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-324. Reports and Recordkeeping; Access to Information

- A. Each BEP Operator shall maintain financial records of all operations as required by generally accepted accounting principles.
 - 1. BEP Operators' financial records shall be available for inspection by the Department and shall be retained by the BEP Operator for at least five years unless involved in an audit by the Department.

- 2. In the event of an audit, the BEP Operator shall retain records until the audit is closed and any Appeal is finalized as required under applicable retention schedules.

- B. Each BEP Operator shall submit a monthly BEP Operator's report to the Department by the date posted on the monthly billing statement issued by the BEP to each BEP Operator. The BEP Operator's report shall be on a form prescribed by the Department, in consultation with the APOC, and shall include:
 - 1. Gross sales, which shall include the total of all sales of goods plus vending machine income;
 - 2. Allowable business expenses;
 - 3. Net profit; and
 - 4. Amount due per the set-aside schedule as described in R6-4-321.
- C. Set-aside funds that are due and owing to the Department shall accompany the monthly BEP Operator's report in the form of a personal check if an insufficient funds check has not been submitted in the preceding 12 months, otherwise by certified check or money order.
- D. Each BEP Operator shall submit to the Department an annual inventory report, which shall be on a form prescribed by the Department.
- E. Each BEP Operator shall provide copies of any records and accounts regarding the operation of a Business Facility requested by the Department.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-325. Appeals

- A. A Candidate, Trainee, or Licensee who is adversely affected by any decision made by the BEP shall have recourse to an administrative review and Hearing under R6-4-210 except that, for a Candidate or Trainee, the decision of a Hearing Officer may be reviewed by the Department as required under 34 CFR 361.57(g).
- B. The decision of the Hearing Officer shall be final 20 calendar days from the date of the Hearing Officer's decision if no further action is taken by the Department.
- C. For a Candidate, Trainee, or Licensee a final decision may be appealed through judicial review pursuant to A.R.S. § 12-901 et seq. or a Licensee may Appeal through the United States Department of Education, under 34 CFR 395.13.

Historical Note

Adopted effective May 7, 1990 (Supp. 90-2). Amended by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 4. REPEALED

This Article was repealed by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

This Article contains the rules related to the provision of services to individuals under the state/federal Vocational Rehabilitation program but are more general in scope than Article 2.

R6-4-401. Repealed**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Renumbered from R6-4-301 effective May 7, 1990 (Supp. 90-2). Repealed by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-402. Repealed

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Adopted effective June 14, 1977 (Supp. 77-3). Renumbered from R6-4-302 effective May 7, 1990 (Supp. 90-2). Repealed by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-403. Repealed**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Renumbered from R6-4-303 effective May 7, 1990 (Supp. 90-2). Repealed by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-404. Repealed**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Amended effective June 9, 1978 (Supp. 78-3). Renumbered from R6-4-304 effective May 7, 1990 (Supp. 90-2). Repealed by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-4-405. Repealed**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Renumbered from R6-4-305 effective May 7, 1990 (Supp. 90-2). Repealed by final rulemaking at 31 A.A.R. 3921 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 5. RESERVED**ARTICLE 6. EXPIRED****R6-4-601. Expired****Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section repealed, new Section adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-602. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section repealed, new Section adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-603. Expired**Historical Note**

Adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-604. Expired**Historical Note**

Adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-605. Expired**Historical Note**

Adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-606. Expired**Historical Note**

Adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-607. Expired**Historical Note**

Adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R6-4-608. Expired**Historical Note**

Adopted effective October 22, 1991 (Supp. 91-4). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

ARTICLE 7. EXPIRED

Article 7, consisting of R6-4-701 through R6-4-707, expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-701. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-702. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Amended effective October 13, 1978 (Supp. 78-5). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-703. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-704. Repealed**Historical Note**

Adopted effective January 7, 1981 (Supp. 81-1). Repealed effective May 7, 1990 (Supp. 90-2).

R6-4-705. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-706. Repealed**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Former Section R6-4-706 repealed, new Section R6-4-706 adopted effective June 17, 1985 (Supp. 85-3). Repealed effective October 22, 1991 (Supp. 91-4).

R6-4-707. Expired**Historical Note**

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

TITLE 6. ECONOMIC SECURITY

CHAPTER 4. DEPARTMENT OF ECONOMIC SECURITY - REHABILITATION SERVICES

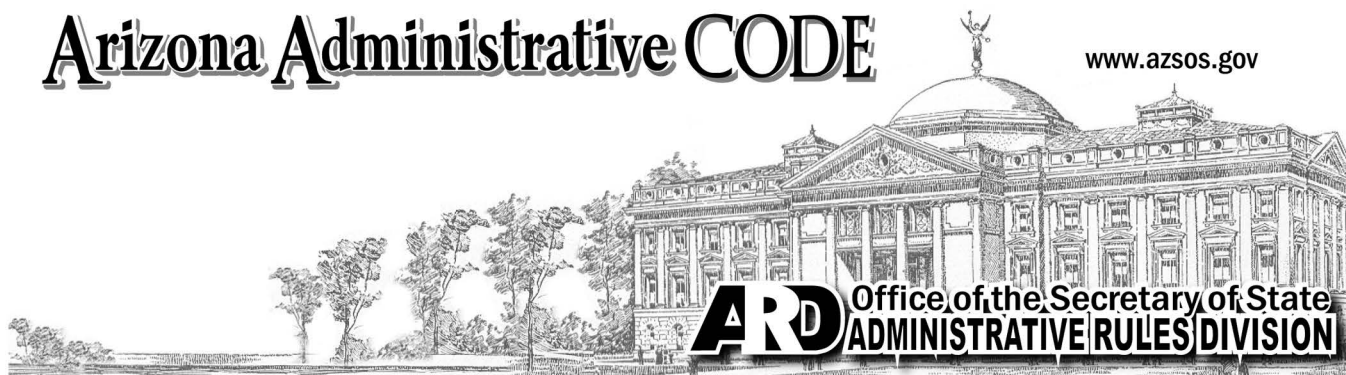
ARTICLE 8. EXPIRED

Article 8, consisting of R6-4-801, expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).

R6-4-801. Expired

Historical Note

Adopted effective June 14, 1977 (Supp. 77-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 1165, effective October 31, 2003 (Supp. 04-1).



TITLE 6. ECONOMIC SECURITY
CHAPTER 11. DEPARTMENT OF ECONOMIC SECURITY -
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE I-B
6 A.A.C. 11

Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Hiroko Flores
Title: Deputy Rules Administrator
Telephone: (480) 487-7694
Email: rules@azdes.gov
Department: Department of Economic Security
Office: Office of the Director
Address: P.O. Box 6123, Mail Drop 111G
Phoenix, AZ 85005
or
Department of Economic Security
1789 W. Jefferson St., Mail Drop 111G
Phoenix, AZ 85007
Website: <https://des.az.gov/documents-center/des-rules>

The release of this Chapter in Supp. 25-3 replaces Supp. 14-1, 1-7 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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Administrative Rules Division

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TITLE 6. ECONOMIC SECURITY

CHAPTER 11. DEPARTMENT OF ECONOMIC SECURITY -
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE I-B

Authority: A.R.S. § 41-1954 et seq.

Supp. 25-3

Editor's Note: The title of this Chapter was amended from the Job Training Partnership Act (JTPA) to Workforce Innovation and Opportunity Act (WIOA) Title I-B at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

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TITLE 6. ECONOMIC SECURITY

CHAPTER 11. DEPARTMENT OF ECONOMIC SECURITY - WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I-B**ARTICLE 1. GENERAL PROVISIONS****R6-11-101. Definitions and Location of Definitions****A. Location of Definitions.** Definitions applicable to Chapter 11 are found in the following:

Definition	Section or Citation
"Adult Program"	R6-11-101(B)
"Appeal"	R6-11-101(B)
"Applicant"	R6-11-101(B)
"Basic Skills Deficient"	29 U.S.C. 3102
"Business Day"	R6-11-101(B)
"Business Hours"	R6-11-101(B)
"Career Services"	29 U.S.C. 3174
"Chief Elected Official"	29 U.S.C. 3102
"Child With a Disability"	A.R.S. § 15-761
"Complainant"	R6-11-101(B)
"Complaint"	R6-11-101(B)
"Covered Person"	38 U.S.C. 4215
"Customized Training"	29 U.S.C. 3102
"Department"	A.R.S. § 41-1951
"Director"	A.R.S. § 41-1951
"Disability"	29 CFR 38.4
"Dislocated Worker"	29 U.S.C. 3102
"Dislocated Worker Program"	R6-11-101(B)
"Displaced Homemaker"	29 U.S.C. 3102
"Division"	R6-11-101(B)
"Eligible Training Provider"	20 CFR 680.410
"Eligible Training Provider List" or "ETPL"	R6-11-101(B)
"English Language Learner"	29 U.S.C. 3272
"Fiscal Agent"	R6-11-101(B)
"Grievance"	R6-11-101(B)
"Homeless Children and Youths"	42 U.S.C. 11434a
"Homeless Individual"	34 U.S.C. 12473
"In-School Youth"	29 U.S.C. 3164
"Informal Resolution"	R6-11-101(B)
"Labor Exchange System"	R6-11-101(B)
"Local Plan"	29 U.S.C. 3102
"Local Level Hearing"	R6-11-101(B)
"Local Workforce Development Area" or "LWDA"	29 U.S.C. 3121
"Local Workforce Development Board" or "LWDB"	29 U.S.C. 3122
"Low-Income Individual"	29 U.S.C. 3102
"Offender"	29 U.S.C. 3102
"One-Stop Center"	29 U.S.C. 3102
"One-Stop Operator"	29 U.S.C. 3102
"One-Stop Partner Program"	29 U.S.C. 3102
"On-the-Job Training" or "OJT"	29 U.S.C. 3102
"Out-of-School Youth"	29 U.S.C. 3164
"Participant"	R6-11-101(B)
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"Priority of Service"	38 U.S.C. 4215
"Priority Population"	R6-11-101(B)
"Program Year"	R6-11-101(B)
"Runaway"	34 U.S.C. 11279
"School Dropout"	29 U.S.C. 3102
"Service Provider"	R6-11-101(B)
"State Level Hearing"	R6-11-101(B)
"State Plan"	29 U.S.C. 3102
"Subrecipient"	20 CFR 675.300
"Training Services"	29 U.S.C. 3102
"WIOA"	R6-11-101(B)
"WIOA Title I-B"	R6-11-101(B)
"Workforce Arizona Council"	R6-11-101(B)
"Youth Program"	R6-11-101(B)

B. The following definitions shall apply in Chapter 11, unless the context otherwise requires:

- "Adult Program" means workforce services or assistance provided under WIOA Title I-B to eligible adults. Priority for individualized career and training services are provided to those who are public assistance recipients, low-income, or basic-skills deficient.
- "Appeal" means a request for formal review and reversal of a Hearing Officer's decision involving an appealable adverse action.
- "Applicant" means an individual who applies to receive services or assistance in the WIOA Title I-B Adult, Dislocated Worker, or Youth Program.
- "Business Day" means Monday through Friday, excluding holidays listed in A.R.S. § 1-301.
- "Business Hours" means the hours between 8:00 a.m. and 5:00 p.m. on a Business Day.
- "Complainant" means a person who makes a Complaint as defined in this Article.
- "Complaint" means an alleged violation of the requirements of WIOA Title I-B by the Department, LWDB, Subrecipient, or Fiscal Agent that results in a decision, action, or inaction against a Party regarding the activities under Title I of WIOA.
- "Dislocated Worker Program" means workforce services or assistance provided under WIOA Title I-B to eligible Dislocated Workers who have experienced a job loss that are intended to help the Dislocated Workers return to work and overcome any barriers to employment.
- "Division" means the Department's Division of Employment and Rehabilitation Services.
- "Eligible Training Provider List" or "ETPL" means the statewide list of training providers and programs that are eligible to receive WIOA Title I-B funds to provide Training Services to eligible Participants.
- "Fiscal Agent" means the entity designated by the Chief Elected Official to receive WIOA Title I-B funds for the LWDA as required under 20 CFR 679.420.
- "Grievance" means an expression of dissatisfaction with any aspect of the operations, activities, and decisions of the Department, LWDB, Subrecipient, Fiscal Agent, or Eligible Training Provider.
- "Informal Resolution" means a voluntary process that includes Parties involved in a Grievance or Complaint, where the Parties attempt to resolve the Grievance or Complaint without a Local Level Hearing or State Level Hearing.
- "Labor Exchange System" means a Department internet-based software program and services operated as required under 20 CFR 652.3 and designed to assist employers and job seekers by matching skilled workers with employment opportunities.
- "Local Level Hearing" means a proceeding held by an LWDB, Subrecipient, or Fiscal Agent, to attempt to resolve a Grievance or Complaint.
- "Participant" means an Applicant who has satisfied all applicable programmatic requirements for the provision of the Adult Program, Dislocated Worker Program, or Youth Program services, been determined eligible, and has received services other than those services that are self-service and information only.
- "Party" means any individual or entity who may be affected by the outcome of a Grievance, Complaint, or Appeal.

TITLE 6. ECONOMIC SECURITY

CHAPTER 11. DEPARTMENT OF ECONOMIC SECURITY - WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I-B

18. "Priority Population" means a group of individuals determined to be in greater need of WIOA Title I-B Adult Program individualized career or training services based on whether the individual is receiving public assistance, a Low-Income Individual, or an Individual who is Basic Skills Deficient, as required under 20 CFR 680.600.
19. "Program Year" means the time period that begins on July 1 of a calendar year and ends on June 30 of the following year.
20. "Service Provider" means a contracted entity, organization, or individual that provides WIOA Title I-B administrative or program services or assistance to a Participant under the Adult Program, Dislocated Worker Program, or Youth Program.
21. "State Level Hearing" means a proceeding held by the Department to attempt to resolve a Grievance or Complaint.
22. "WIOA" means the Workforce Innovation and Opportunity Act of 2014 (P.L. 113-128 and 29 U.S.C. 3101-3361).
23. "WIOA Title I-B" means the section of WIOA that includes the Adult Program, Dislocated Worker Program, and Youth Program and the establishment of the One-Stop delivery system under 20 CFR 678.300.
24. "Workforce Arizona Council" means the same as State Workforce Development Board in 20 CFR 679.110.
25. "Youth Program" means workforce services or assistance provided under WIOA Title I-B to eligible individuals ages 14 through 24 who face barriers to education, training, and employment.

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-101 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-101 renumbered to R6-11-102; new Section R6-11-101 renumbered from R6-11-102 and amended by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-102. Administrative Agency

The Department is the State agency designated by the Governor of Arizona as responsible for the administration of WIOA Title I-B in accordance with WIOA.

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-102 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-102 renumbered to R6-11-101; new Section R6-11-102 renumbered from R6-11-101 and amended by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-103. Eligibility Criteria for WIOA Title I-B Programs

- A. WIOA Title I-B Adult Program. An Applicant is eligible to receive Career Services provided through the WIOA Title I-B Adult Program if an Applicant:
 1. Is 18 years of age or older, and
 2. Complies with Selective Service requirements in Section 3 of the Military Services Act, as amended by 50 U.S.C. 3802, under Section 189(h) of the WIOA.
- B. WIOA Title I-B Dislocated Worker Program. An Applicant is eligible to receive Career Services provided through the Dislocated Worker Program if the Applicant:
 1. Meets minimum eligibility criteria. The Applicant complies with Selective Service requirements in Section 3 of the Military Services Act, as amended by 50 U.S.C. 3802, under Section 189(h) of the WIOA.
 2. Meets any of the following criteria in addition to subsection (B)(1):
 - a. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment; and
 - i. Is eligible for or has exhausted entitlement to unemployment compensation; or
 - ii. Has been employed for a duration sufficient to demonstrate attachment to the workforce, as determined on a case-by-case basis by a Service Provider, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under State unemployment compensation law; and
 - iii. Is unlikely to return to a previous industry or occupation.
 - b. Was dislocated because the individual:
 - i. Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;
 - ii. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 calendar days; or
 - iii. Is employed at a facility at which the employer has made a general announcement that such facility will close.
 - c. Was self-employed, including employment as a farmer, a rancher, or a fisherman, but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters;
 - d. Is a Displaced Homemaker; or
 - e. Is the spouse of a member of the United States Armed Forces on active duty, and who:
 - i. Experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or
 - ii. Is Unemployed or Underemployed and experiencing difficulty in obtaining or upgrading employment.
- C. WIOA Title I-B Youth Program. An Applicant is eligible to receive services through the Youth Program if the Applicant:
 1. Meets minimum eligibility criteria. The Applicant complies with Selective Service requirements in Section 3 of the Military Services Act, as amended by 50 U.S.C. 3802, under Section 189(h) of the WIOA.
 2. Is either an In-School Youth or Out of School Youth.

TITLE 6. ECONOMIC SECURITY

CHAPTER 11. DEPARTMENT OF ECONOMIC SECURITY - WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I-B

- a. An Applicant is an In-School Youth if the Applicant is:
 - i. Age 14 through 21, unless the Applicant is a Child With a Disability receiving educational services in secondary school;
 - ii. Attending school as described under A.R.S. § 15-802, including secondary and postsecondary school;
 - iii. Low income; and
 - (1) Basic Skills Deficient;
 - (2) An English Language Learner;
 - (3) An Offender;
 - (4) A Homeless Individual, a Homeless Child or Youth, or a Runaway;
 - (5) In foster care, has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under the John H. Chafee Foster Care Program for Successful Transition to Adulthood, under 42 U.S.C. 677, or in an out-of-home placement;
 - (6) Pregnant or parenting;
 - (7) A Child With a Disability receiving educational services in secondary school; or
 - (8) An individual who requires additional assistance, as defined by the LWDA, to complete an education program or hold employment.
- b. An Applicant is an Out-of-School Youth if the Applicant is:
 - i. Age 16 through 24;
 - ii. Not attending any school as described under A.R.S. § 15-802; and
 - (1) A School Dropout;
 - (2) A recipient of a secondary school diploma or recognized equivalent who is a Low-Income Individual and is either Basic Skills Deficient or an English Language Learner;
 - (3) An Offender;
 - (4) A Homeless Individual, a Homeless Child or Youth, or a Runaway;
 - (5) In foster care, has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under the John H. Chafee Foster Care Program for Successful Transition to Adulthood, under 42 U.S.C. 677, or in an out-of-home placement;
 - (6) Pregnant or parenting;
 - (7) An individual with a Disability; or
 - (8) A Low-Income Individual who requires additional assistance, as defined by the LWDB, to enter or complete an educational program or to secure or hold employment.
- D. An Applicant may be eligible to receive services or assistance in more than one program, as described under U.S.C. 3174(c)(3)(A)(i).

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp.

83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-103 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Amended by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-104. Application and Priority of Service Requirements

- A. An Applicant of the WIOA Title I-B Adult Program, Dislocated Worker Program, or Youth Program shall apply in person at a One-Stop Center in Arizona or via the State's Labor Exchange System, which can be accessed via the Department's website.
- B. Services or assistance under the Adult Program shall be provided in the following order:
 - 1. A Covered Person included in a Priority Population;
 - 2. A non-Covered Person included in a Priority Population;
 - 3. A Covered Person not included in a Priority Population;
 - 4. A non-Covered Person included in a Priority Population established by the Governor and identified in the WIOA State Plan or an LWDB and identified in the Local Plan; and
 - 5. A non-Covered Person who is not included in a Priority Population.
- C. An LWDB shall select Applicants to participate in the WIOA Title I-B Adult Program, Dislocated Worker Program, or Youth Program objectively and equitably while conforming to the intent and requirements of WIOA Title I-B and consistent with the LWDA's Local Plan.
- D. Five percent of Participants enrolled in a LWDA's Youth Program who would ordinarily be required to be Low-Income Individuals for eligibility but do not meet WIOA Title I-B Youth Program's requirement to be Low-Income Individuals, may be Participants if these Participants meet all other eligibility criteria in R6-11-103(C). An LWDA shall calculate the five percent of Participants who are not Low-Income Individuals, but who would ordinarily be required to meet such requirement, based on the newly enrolled Participants in the LWDA's WIOA Title I-B Youth Program in a given Program Year.

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-104 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section repealed; new Section made by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-105. Confidentiality

Each LWDA, Chief Elected Official, Subrecipient, Fiscal Agent, Service Provider, Eligible Training Provider, or other Recipient of WIOA Title I-B funds shall comply with all applicable federal and state statutes, regulations, rules, and federal and state policies regarding the use and disclosure of information concerning any WIOA Title I-B Applicant or Participant as outlined in the WIOA State Plan available on the Department's website.

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TITLE I-B**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-105 adopted as an emergency effective January 6, 1984, now adopted and amended as a permanent rule effective April 5, 1984 (Supp. 84-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 463, effective October 25, 2013 (Supp. 14-1). New Section made by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-106. Right to Local Level Hearing or State Level Hearing; Grievance or Complaint Resolution Procedures

- A.** The Division, LWDBs, Subrecipients, and Fiscal Agents shall establish and maintain written procedures for a Party to file a Grievance or Complaint and how a Grievance or Complaint filed by a Complainant shall be addressed, as required under 20 CFR 683.600.
- B.** The Division, LWDB, Subrecipient, or Fiscal Agent shall:
 1. Provide a Participant, upon enrollment, or any other individual upon request, the Division's, LWDB's, Subrecipient's, or Fiscal Agent's Grievance or Complaint procedures in writing, that includes:
 - a. The Participant's or individual's right to file a Grievance or Complaint; and
 - b. Instructions on how a Participant or individual may file a Grievance or Complaint.
 2. Prepare a written Grievance or Complaint on behalf of a Complainant who makes an oral Grievance or Complaint and obtain the Complainant's signature on the Grievance or Complaint.
- C.** A Grievance or Complaint filed with the Division, LWDB, Subrecipient, or Fiscal Agent outside of Business Hours shall be considered received by the Division, the LWDB, the Subrecipient, or the Fiscal Agent on the next Business Day.
- D.** Grievances and Complaints received directly by an LWDB, Subrecipient, or Fiscal Agent.
 1. A Grievance or Complaint filed directly with an LWDB, Subrecipient, or Fiscal Agent shall:
 - a. Be in writing;
 - b. Include the name and address of the organization or individual against whom the Grievance or Complaint is made;
 - c. Provide the name, address, and signature of the Complainant;
 - d. The basis of the Grievance or Complaint and the date of the occurrence; and
 - e. The alleged violation of WIOA Title I-B, if applicable.
 2. The LWDB, Subrecipient, or Fiscal Agent shall consider a Complainant's Grievance or Complaint as a request for a Local Level Hearing, unless clearly stated otherwise.
 3. The LWDB, Subrecipient, or Fiscal Agent, shall not interfere with the right of a Complainant to request a Local Level Hearing in any way.
 4. An LWDB, Subrecipient, or Fiscal Agent that receives a Grievance or Complaint shall provide:
 - a. An opportunity for Informal Resolution;
 - b. A written notice of the date, time, and location of the Local Level Hearing, including notification of the opportunity to present evidence;
 5. A Local Level Hearing to be held within 30 calendar days of the date the LWDB, Subrecipient, or Fiscal Agent received the Grievance or Complaint; and
 - d. A written decision to be issued within 60 calendar days of the date the LWDB, Subrecipient, or Fiscal Agent received the Grievance or Complaint, including notice of the right to file an Appeal as described under Article 2 of this Chapter.
- E.** Grievances or Complaints filed directly with the Division.
 1. A Grievance or Complaint submitted directly to the Division shall:
 - a. Be in writing;
 - b. Include the name and address of the organization or individual against whom the Grievance or Complaint is made;
 - c. Provide the name, address, preferred method of communication, and signature of the Complainant;
 - d. The basis of the Grievance or Complaint and the date of the occurrence; and
 - e. The alleged violation of WIOA Title I-B, if applicable.
 2. The Division shall consider a Complainant's Grievance or Complaint taken by the Division as a request for a State Level Hearing, unless clearly stated otherwise.
 3. The Division shall not interfere with the right of a Complainant to request a State Level Hearing in any way.
 4. A Grievance or Complaint received by the Division shall be filed within the following time limits:
 - a. Within ten calendar days of the date that the LWDB, Subrecipient, or Fiscal Agent failed to hold a Local Level Hearing or issue a decision within the required time limit.
 - b. Within one year of the date of the alleged determination, decision, order, or other action or inaction that is the basis of the Grievance or Complaint in all other cases.
 5. The Division shall conduct a State Level Hearing within 30 calendar days of the date the Division received the Grievance or Complaint unless all Parties waive the time limit in writing submitted through regular mail or electronic mail.
 6. The Division shall make a good faith effort to resolve a Grievance or Complaint through Informal Resolution as required under 20 CFR 683.600(d)(4). If an Informal Resolution cannot be reached, the Division shall conduct a State Level Hearing.
 - a. Parties shall be encouraged to resolve a Grievance or Complaint through Informal Resolution within ten calendar days of the date the Division received the Grievance or Complaint.
 - b. A Party who agrees to participate in Informal Resolution, but subsequently requests a State Level Hearing shall waive the 60-calendar day timeframe for a decision.
 7. A Grievance or Complaint received by the Division against an LWDB, Subrecipient, or Fiscal Agent shall be referred to the LWDB, Subrecipient, or Fiscal Agent of WIOA Title I-B unless the Division determines the interest of all Parties will be better served following the Division's procedures.
 8. A Party has no right to a State Level Hearing if a Local Level Hearing was held through an LWDB, Subrecipient, or Fiscal Agent. In such cases, the Party may file an Appeal, as described in Article 2 of this Chapter.

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TITLE I-B**F.** A Party may file an Appeal as described under R6-11-202(G) if:

1. A decision is not made at a State Level Hearing and provided to a Party within 60 calendar days of the date the Division received the Grievance or Complaint; or
2. A Party is unsatisfied with a decision regarding a Grievance or Complaint made during a State Level Hearing.

G. Complaints Alleging Discrimination

1. A Party who alleges a violation of state and federal non-discrimination laws may file a Complaint directly with the Department's Office of Equal Opportunity, LWDB, Subrecipient, or Fiscal Agent.
2. The Division, LWDB, Subrecipient, or Fiscal Agent that receives a Complaint alleging discrimination shall follow the requirements under 29 CFR 38(D).
3. The Division, LWDB, Subrecipient, or Fiscal Agent shall immediately advise a Party who has alleged a violation of the nondiscrimination provisions of WIOA Section 188 or 29 CFR 38 of the Party's right to file a Complaint directly with the U.S. Department of Labor, Office of Civil Rights, and provide the Complainant with instructions on how to do so.

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). New Section R6-11-106 adopted as a permanent rule effective April 5, 1984 (Supp. 84-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 463, effective October 25, 2013 (Supp. 14-1). New Section R6-11-106 renumbered from R6-11-111 and amended by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-107. Renumbered**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Correction. Supp. 84-1 should read Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days. Former Section R6-11-107 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-107 renumbered to R6-11-105 by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-108. Expired**Historical Note**

Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-108 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 463, effective October 25, 2013 (Supp. 14-1).

R6-11-109. Expired**Historical Note**

Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-109 adopted as an emergency effective January 6, 1984, now adopted and

amended as a permanent rule effective April 5, 1984 (Supp. 84-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 463, effective October 25, 2013 (Supp. 14-1).

R6-11-110. Expired**Historical Note**

Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-110 adopted as an emergency effective January 6, 1984, now adopted and amended as a permanent rule effective April 5, 1984 (Supp. 84-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 463, effective October 25, 2013 (Supp. 14-1).

R6-11-111. Renumbered**Historical Note**

Adapted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-111 adopted as an emergency effective January 6, 1984, now adopted and amended as a permanent rule effective April 5, 1984 (Supp. 84-2). R6-11-111 renumbered to R6-11-106 by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 2. APPEALS PROCESS**R6-11-201. Definitions and Location of Definitions****A.** Location of Definitions. Definitions applicable to Article 2 are found in the following:

Definition	Section or Citation
"Adult Program"	R6-11-101(B)
"Appeal"	R6-11-101(B)
"Appeals Hearing"	R6-11-201(B)
"Business Day"	R6-11-101(B)
"Business Hours"	R6-11-101(B)
"Complainant"	R6-11-101(B)
"Complaint"	R6-11-101(B)
"Department"	A.R.S. § 41-1951
"Director"	A.R.S. § 41-1951
"Dislocated Worker Program"	R6-11-101(B)
"Division"	R6-11-101(B)
"Eligible Training Provider List" or "ETPL"	R6-11-101(B)
"Fiscal Agent"	R6-11-101(B)
"Grievance"	R6-11-101(B)
"Hearing Officer"	R6-11-201(B)
"Informal Resolution"	R6-11-101(B)
"Local Level Hearing"	R6-11-101(B)
"Local Workforce Development Area" or "LWDA"	29 U.S.C. 3121
"Local Workforce Development Board" or "LWDB"	29 U.S.C. 3122
"One-Stop Operator"	29 U.S.C. 3102
"Participant"	R6-11-101(B)
"Party"	R6-11-101(B)
"Recipient"	20 CFR 675.300
"Service Provider"	R6-11-101(B)
"Subrecipient"	20 CFR 675.300
"Unit of General Local Government"	29 U.S.C. 3102
"WIOA Title I-B"	R6-11-101(B)
"Youth Program"	R6-11-101(B)

B. The following definitions shall apply in to Article 2:

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1. "Appeals Hearing" means a formal administrative proceeding held by a Hearing Officer to hear an Appeal.
2. "Hearing Officer" means an impartial individual, including an Administrative Law Judge or other designee of the Director, who conducts an Appeals Hearing.

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-201 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-201 renumbered to R6-11-202; new Section R6-11-202 made by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-202. Right to Appeal

- A. A Party may file an Appeal with the Department within ten Business Days of the following:
 1. A decision is not made at a Local Level Hearing and provided to a Party within 60 calendar days of the date the LWDB, Subrecipient, or Fiscal Agent received the Grievance or Complaint; or
 2. A decision was made at a Local Level Hearing, but a Party is unsatisfied with the decision.
- B. An Appeal filed with the Department outside of Business Hours shall be considered received on the next Business Day.
- C. Upon receipt of an Appeal, the Department shall provide a written notification as required by A.R.S. § 41-1061 to all Parties.
- D. The written notification shall specify that the LWDB, Subrecipient, or Fiscal Agent, shall provide copies of all documents used to make the decision in the Local Level Hearing and a transcript of the Local Level Hearing, if available, to the Hearing Officer within ten Business Days of receipt of the notification.
- E. The Hearing Officer shall review the submitted documents, hold the Appeals Hearing, and issue a written decision regarding the Appeal within 60 calendar days of the date the Department received the Appeal during Business Hours.
- F. The Department shall advise a Party who is unsatisfied with a Hearing Officer's decision of the right to further Appeal rights as described in subsection (G).
- G. A Party may file an Appeal with the Secretary of Labor as described under 20 CFR 683.610 when the Party:
 1. Is unsatisfied with a decision made by the Division during a State Level Hearing;
 2. Has not received a final decision within 60 calendar days of the date the Division received a Grievance or Complaint or the Department received the Appeal, or
 3. Received a decision regarding the Appeal and the decision is adverse to the Party, except for the following:
 - a. Denial of eligibility of a training provider by a LWDB or the Department or removal of the training provider from the ETPL, as described under 20 CFR 683.630(b).
 - b. Denial of eligibility as a provider of OJT or Customized Training by a One-Stop Operator, as described under 20 CFR 683.630(b)(3).
 - c. Participants in the WIOA Title I-B Adult Program, Dislocated Worker Program, or Youth Program subject to testing for the use of controlled substances

and who are subject to sanction for testing positive for the use of a controlled substance, as described under 20 CFR 683.630(c)(2).

Historical Note

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-202 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-202 repealed; new Section R6-11-202 renumbered from R6-11-201 and amended by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-203. Repealed**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-203 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-203 repealed by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-204. Repealed**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-204 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-204 repealed by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-205. Repealed**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-205 adopted as an emergency effective January 6, 1984, now adopted and amended as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-205 repealed by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-206. Repealed**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-206 adopted as an emergency effective January 6, 1984, now adopted

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without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-206 repealed by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-207. Repealed**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-207 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-207 repealed by final

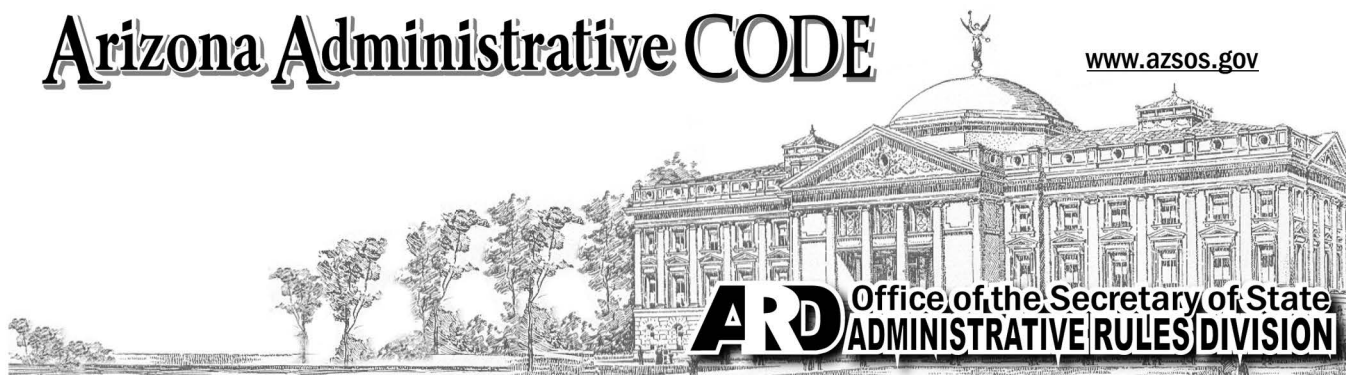
rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

R6-11-208. Repealed**Historical Note**

Adopted as an emergency effective October 1, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 6, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Former Section R6-11-208 adopted as an emergency effective January 6, 1984, now adopted without change as a permanent rule effective April 5, 1984 (Supp. 84-2). Section R6-11-208 repealed by final rulemaking at 31 A.A.R. 3962 (October 3, 2025), effective November 2, 2025 (Supp. 25-3).

Arizona Administrative CODE

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TITLE 7. EDUCATION CHAPTER 2. STATE BOARD OF EDUCATION 7 A.A.C. 2

Supplement Information Supp. 25-3

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

For questions, contact:

Name: Federico Yanez
Title: Project Director of Policy
Telephone: (602) 542-5057
Fax: (602) 542-3046
Email: inbox@azsbe.az.gov
Board: State Board of Education
Address: 1700 W. Washington, Suite 300
Phoenix, AZ 85007
Website: www.azsbe.az.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 25-2, 1-183 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

PERSONAL USE/COMMERCIAL USE

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

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Administrative Rules Division

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TITLE 7. EDUCATION

CHAPTER 2. STATE BOARD OF EDUCATION

Authority: A.R.S. § 15-203(A)(1)

Supp. 25-3

Editor's Note: Under A.R.S. 41-1011(C) changes were made to headings and rule language for consistency in style and format. Part headings in this Chapter were assigned numbers. These changes did not alter the sense, meaning or effect of any rule in this Chapter. The Board reviewed and approved these clerical changes. Section R7-2-604.01 was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).

Editor's Note: This Chapter contains rules in Articles 10 and 11 that were filed in 2015 but were adopted in 2014. The Office has corrected all Supp. 15-3 historical notes in these Articles to reflect the true effective year of the rules to July 1, 2014 (Supp. 18-2).

Editor's Note: This Chapter contains rules that were filed out of sequence by adoption date. The Office has made every effort to codify the previous filings with the current Chapter and update the historical references where necessary. Refer to the historical notes for more information (Supp. 16-2).

Editor's Note: Supp. 16-1 contains rules that were submitted as final exempt rules and approved by the Board February 25, 2008. Although approved by the Board in 2008, the rulemaking was not filed in the Secretary of State's Office for publication in this Chapter until 2016. The final exempt rulemaking was filed by the Board on January 6, 2016 (Supp. 16-1).

Editor's Note: Supp. 15-3 contains rules that were submitted as final exempt rules. Pursuant to the Board's rulemaking procedures a public hearing was held on the rules after they were proposed at a Board meeting. Even though the proposed rules were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Final exempt rulemakings are those filed with conditional exemptions to the Arizona Administrative Procedures Act such as requirements to conduct a public hearing or accept public comments on a proposed exempt rulemaking. Although approved by the Board, these final exempt rulemakings were not filed with the Secretary of State's Office at the time of approval. Therefore these rules were in effect prior to the release of Supp. 15-3. Refer to the historical notes for effective dates.

Editor's Note: This Chapter contains rules made, amended, repealed, renumbered and approved by the State Board of Education that were exempt from the rulemaking process. Although approved by the Board, certain rulemakings were not filed with the Secretary of State's Office at the time of approval. These rulemakings were filed in 2009 and 2010 and printed as Exempt Rulemakings in the Arizona Administrative Register. The Office has expedited the publishing of these Sections in the Arizona Administrative Code because these rules were in effect prior to Supp. 09-1, Supp. 09-2, Supp. 09-3, Supp. 09-4, Supp. 10-1, Supp. 10-2, Supp. 10-3, Supp. 10-4, Supp. 11-1, and Supp. 12-2 releases. Refer to the historical notes for more information.

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ARTICLE 1. STATE BOARD OF EDUCATION MEETINGS**R7-2-101. Governance****A. Officers**

1. The elective officers of the State Board of Education (Board) shall be a President and a Vice President.
2. The State Superintendent of Public Instruction shall serve as the Secretary and as the Executive Officer of the Board.
3. The President shall preside over all meetings of the Board, call meetings as herein provided and perform such other special duties as may be vested in him or her by the Board.
4. In the absence of the President, the Vice President shall preside over all meetings and shall perform such other special duties as may be vested in him or her by the Board.
5. The President shall appoint a nominating committee that will prepare a slate of candidates for presentation to the Board at the first regular meeting following January 1 of each year. Other candidates may be nominated from the floor. The two elected officers shall be elected by written ballot and shall serve for one year, or until their successors are elected.
6. If a vacancy occurs in the office of President, the Vice President shall immediately become the President. As soon as practicable, the Board shall elect a new Vice President.

B. Regular and special meetings

1. Unless otherwise agreed upon by a majority of the Board, meetings shall be held on the fourth Monday of each month.
2. The place of the meeting shall be designated by the President. In the absence of the President, the place of meeting shall be designated by the Vice President.

C. Public input to the Board

1. Requests for matters to be placed on the agenda.
 - a. When any person wishes to have a matter placed on the agenda, that person shall submit a written request to the President of the Board not less than 21 days prior to the Board meeting.
 - b. The President of the Board may choose not to place an item submitted by a person other than a Board member on the agenda.
2. Public comment on agenda items.
 - a. Any member of the public who wishes to address the Board regarding a matter on the agenda for Board action may submit a written request to be heard on forms provided by the Board.
 - b. The President of the Board or a majority of the Board may allot a reasonable time for members of the public to address the Board with respect to agenda items.

Historical Note

Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 27, 1980 (Supp. 80-1). Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective June 17, 1985 (Supp. 85-3).

R7-2-102. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-103. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

ARTICLE 2. STATE BOARD OF EDUCATION COMMITTEES**R7-2-201. Advisory Committees**

- A.** The State Board of Education (Board) may create an advisory committee for the purpose of providing advice and recommendations as assigned by the Board. In this Section, unless the context otherwise requires, the following definitions shall apply:
 1. "Ad Hoc Advisory Committee" means a committee, established by the Board, for a limited time and scope, for the purpose of providing advice and recommendations to the Board.
 2. "Executive Committee" means a committee, whose members consist of the President and Vice-President of the Board, established for the purpose of appointing ad hoc advisory committee members.
 3. "Standing Advisory Committee" means the Certification Advisory Committee, the Professional Practices Advisory Committee, or any other designated permanent committee, established by the Board, for the specific purpose of providing ongoing advice and recommendations as assigned by the Board.
- B.** Any advisory committee or similar body that has been created by either the Board or statute shall be appointed and conduct its business in accordance with this Section except as otherwise required by law.
- C.** The Board shall determine the structure, membership, and tasks of any standing advisory committee the Board has created.
- D.** The Board's Appointments Subcommittee, whose members are appointed by the President of the Board, shall review nominations submitted by the Board members for appointment to a standing advisory committee and shall provide a recommendation to the Board for consideration. A vacancy on a standing advisory committee shall be filled in the manner described in this Section.
- E.** The Board shall determine the structure and task of an ad hoc advisory committee it has created and may make suggestions as to members. The Executive Committee shall appoint the members of an ad hoc advisory committee. An ad hoc advisory committee shall exist for the time necessary to accomplish its assigned task or for one year from the date it is created, whichever is less. An ad hoc advisory committee may continue to function beyond a one-year period only with the express approval of the Executive Committee. A vacancy on an ad hoc advisory committee shall be filled in the manner prescribed by the Executive Committee.
- F.** The Board may in its discretion remove any member from and dissolve any standing advisory committee that the Board has created. The Executive Committee may in its discretion remove any member from and dissolve any ad hoc advisory committee that the Executive Committee has created.
- G.** An advisory committee shall not conduct a meeting of its members without prior acknowledgment from the Executive Director of the Board that the notice and agenda for the meeting have been approved by the President of the Board and posted and that there are sufficient funds to meet all expenses that would be incurred in connection with such meeting. An advisory committee member shall not obligate the payment of Board funds.

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- H. The meetings of a committee shall be held at the offices of the Board or any other facility for which no charges would be incurred for use of the facility.
- I. Activities of an advisory committee are limited to preparation of advice and recommendations to be presented to the Board for issues which relate directly to the task assigned by the Board.
- J. Advisory committees are not authorized the use of Board letterhead stationery without the express approval of the President of the Board and are not authorized the use of Department of Education letterhead stationery without the express approval of the Superintendent of Public Instruction.
- K. An advisory committee shall:
 1. Annually select from its members a chair and vice chair;
 2. Request information, assistance, or opinions from the Department of Education necessary to accomplish its task. An advisory committee shall convey any such request through the Department liaison designated pursuant to this Section.
- L. A quorum of an advisory committee shall be a majority of the voting members of the advisory committee. Voting members shall be only those members specifically appointed by the Board or Executive Committee. A quorum of an advisory committee is necessary to conduct its business. An affirmative vote of the majority of voting members present is necessary for an advisory committee to take action.
- M. The Superintendent shall designate an employee of the Department of Education to serve as a liaison to each advisory committee. The President of the Board may appoint a member of the Board to serve as an additional liaison to each advisory committee as the President deems appropriate.

Historical Note

Amended effective July 1, 1977 (Supp. 77-4). Former Section R7-2-201 repealed, new Section R7-2-201 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 25, 1987 (Supp. 87-1). Section repealed, new Section adopted effective March 18, 1994 (Supp. 94-1). Amended by final exempt rulemaking at 22 A.A.R. 2239, effective August 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-202. Repealed**Historical Note**

Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective June 21, 1979 (Supp. 79-3). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 12, 1990 (90-4). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective March 18, 1994 (Supp. 94-1).

R7-2-203. Repealed**Historical Note**

Former Section R7-2-203 repealed, new Section R7-2-203 adopted effective April 9, 1984 (Supp. 84-2). Amended subsections (A) and (B) effective December 30, 1988 (Supp. 88-4). Repealed effective February 20, 1997 (Supp. 97-1).

R7-2-204. Repealed**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-204 repealed, new Section R7-2-204 adopted effective December 31, 1984 (Supp. 84-6). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective February 20, 1997 (Supp. 97-1).

R7-2-205. Professional Practices Advisory Committee

- A. Professional Practices Advisory Committees (Committees) shall act in an advisory capacity to the State Board of Education (Board) in regard to certification or recertification matters related to immoral conduct, unprofessional conduct, unfitness to teach, revocation, suspension, censure, or surrender of certificates, and matters related to immoral or unprofessional conduct, unfitness to teach and the discipline of noncertificated individuals.
- B. Committees shall each consist of nine members comprised of the following:
 1. One elementary classroom teacher,
 2. One secondary classroom teacher,
 3. One principal,
 4. One superintendent or assistant/associate superintendent,
 5. Three lay members, one lay member who shall be a parent of a student currently attending public school in Arizona,
 6. One local governing board member, and
 7. One charter school teacher, principal, or administrator.
- C. Members appointed under subsections (B)(1) through (4) shall meet at least the following requirements:
 1. Certified to teach in Arizona.
 2. Currently employed in or retired from the education profession in the specific category of their appointment.
- D. Terms of the members
 1. All regular terms shall be for four years except as set forth in subsection (E).
 2. A member may be reappointed with Board approval.
- E. The Board may remove any member from the Committee. All vacancies shall be filled as prescribed in subsections (C)(1) and (2), and those persons appointed to fill vacancies shall serve to complete the term of the person replaced.
- F. The Committee shall:
 1. Select from its members a Chairman and Vice-Chairman,
 2. A quorum shall be a majority of members of the Committee. A quorum is necessary to conduct business. An affirmative vote of the majority of the members present is needed to take action.
 3. Hold meetings as needed to conduct hearings or other Committee business by call of the Chairman of the Committee. If the Chairman neglects or declines to call a meeting, then a majority of the Committee may call a meeting. The Board may call a meeting as required to conduct necessary business. Notice of any meeting shall be given to Committee members seven days prior to the meeting.
 4. Recommend the removal of any member who is absent from three consecutive meetings.
 5. Refer to R7-2-1308 to assist in determining whether the acts complained of constitute unprofessional conduct.
 6. Conduct its business pursuant to R7-2-1301 et seq. and hearings pursuant to R7-2-701 et seq.

Historical Note

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-205 repealed, new Section R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). For-

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mer Section R7-2-205 repealed, new Section R7-2-205 adopted effective August 30, 1984 (Supp. 84-4).

Amended effective February 21, 1986 (Supp. 86-1). Amended subsections (H), (I), and (J) effective February 3, 1987 (Supp. 87-1). Amended effective December 15, 1989 (Supp. 89-4). Amended effective May 31, 1991 (Supp. 91-2). Amended effective April 9, 1993 (Supp. 93-2). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). The word "rule" has been changed to "Section," the words "above" and "below" have been removed to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-206. Certification Denial Appeals Process for Applications for Certification that Do Not Involve Allegations of Immoral or Unprofessional Conduct

A. Request for hearing. A person who has had an application for certification denied by the Department of Education pursuant to A.R.S. § 15-534.01(B) may file a written request for a hearing with the Board within 15 days after being served notice of the denial pursuant to subsection (C). Intermediate Saturdays, Sundays and legal holidays shall be included in the computation of the 15 days. If the final day of the 15 day deadline falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline. Applications for certification that involve allegations of immoral or unprofessional conduct shall be reviewed by the Professional Practices Advisory Committee pursuant to R7-2-205.

B. Notice of hearing

1. If an applicant requests a hearing to appeal the denial of an application for certification, a notice of hearing shall be given at least 20 days prior to the date set for the hearing.
2. The notice shall include:
 - a. A statement of the time, place and nature of the hearing.
 - b. A statement of the legal authority and jurisdiction under which the hearing is to be held.
 - c. A reference to the particular sections of the statutes and rules involved.
 - d. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.

C. Service of documents; change of address notice requirement

1. Every notice or decision issued by the Board or the Department pertaining to the denial of an application for initial certification or renewal of a certificate shall be served by personal delivery, first class mail or certified mail, return receipt requested, to the applicant or certificated person's last address of record with the Department of Education or by any other method that is reasonably calculated to give actual notice to the applicant or the certificated person. A document is filed with the Board on the date it is received by the Board, as established by the Board's date stamp on the face of the document. A docu-

ment issued by the Board or the Department pursuant to this Section is served on a party as follows:

- a. On the date it is personally served.
- b. Five days after it is mailed by first class mail.
- c. On the date of the return receipt if it is mailed by certified mail.

2. Each applicant or certificated person shall inform the Department of Education and the Board of any change of address within 30 days of the change of address.

D. Hearing process

1. All hearings shall be conducted before the Board or a hearing officer pursuant to A.R.S. Title 41, Chapter 6, Article 6 and this Section.
2. Parties may participate in the hearing in person or through an attorney.
3. Upon request of either party, the hearing officer may schedule a prehearing conference. The purpose of a prehearing conference shall be to narrow issues, attempt settlement, address evidentiary issues or for any other purpose deemed necessary by the hearing officer.
4. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
5. The Board may dispose of any certification appeal by decision or approved stipulation, agreed settlement, consent agreement or by default.
6. A hearing shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.
7. The hearing may be rescheduled, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
8. The record in an appeal of a certification denial shall include:
 - a. All pleadings, motions and interlocutory rulings;
 - b. Evidence received or considered;
 - c. A statement of matters officially noticed;
 - d. Objections and offers of proof and rulings thereon;
 - e. Proposed findings of fact and conclusions of law and exceptions thereto;
 - f. Any decision, opinion, recommendation or report of the hearing officer;
 - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
9. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
10. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order, providing the evidence supporting such decision or order is substantial, reliable, and probative. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. Every person who is a party to such proceedings shall have the right to be represented by counsel, to submit evidence in open hearing and shall have the right of cross-examination. Unless otherwise provided by law, hearings may be held at any place determined by the Board. At such hear-

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ing such applicant shall be the moving party and have the burden of proof.

11. Copies of documentary evidence may be received in the discretion of the hearing officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
12. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing officer. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing officer's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.

E. Subpoenas

1. The hearing officer may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on the hearing officer's own volition or at the request of a party.
2. A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
 - a. The name of the case, the case number, and the date, time and place where the witness is expected to appear and testify;
 - b. The name and address of the witness subpoenaed;
 - c. The documents, if any, sought to be provided; and
 - d. A brief statement of the relevance of the testimony or documents.
3. On application of a party or the agency and for use as evidence, the hearing officer may permit a deposition to be taken, in the manner and upon the terms designated by the hearing officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
4. The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the hearing officer grants a written request to quash or modify the subpoena. The request shall state the reasons why it should be granted. The hearing officer shall grant or deny such request by order.
5. The hearing officer shall quash or modify the subpoena if:
 - a. It is unreasonable or oppressive; or
 - b. The desired testimony or evidence may be obtained by an alternative method.
6. The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.

F. Conduct of hearing

1. The hearing officer may conduct all or part of the hearing by telephone or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
2. Except for those hearings which may involve presentation of evidence protected by law as confidential, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.

3. Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

G. Evidence

1. All witnesses shall testify under oath or affirmation.
2. The hearing officer shall have the power to administer oaths and affirmations.
3. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
4. The hearing officer shall receive evidence, rule upon offers of proof, and exclude evidence the hearing officer has determined to be irrelevant, immaterial, or unduly repetitious.
5. Unless otherwise ordered by the hearing officer, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing officer unless the hearing officer otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

- H. Stipulations.** Parties to an appeal of a certification denial may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. The hearing officer may require presentation of evidence for proof of stipulated facts for the hearing officer's consideration. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

I. Recommendations

1. A recommended decision shall be prepared for the Board by the hearing officer and shall include findings of fact and conclusions of law, separately stated.
2. Parties shall be notified either personally or by mail to their last known address of any decision or order.
3. A recommended decision shall be delivered to the Board within 30 days after the close of the hearing unless the Board extends the period for good cause.

J. Decisions and orders

1. Any final decision or order adverse to a party shall be in writing or stated in the record.
2. When the Board is the hearing body, the decision shall be rendered within 60 days following the final day of the hearing.
3. Within 30 days after receipt of any recommended decision from the hearing officer, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the recommendation and may remand the matter to the hearing officer with instructions, or may convene itself as the hearing body.

K. Rehearing and review of decisions

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1. After a hearing is held, a party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
2. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
 - a. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
 - b. Misconduct of the hearing body or the prevailing party.
 - c. Accident or surprise which could not have been prevented by ordinary prudence.
 - d. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
 - e. Excessive or insufficient penalties.
 - f. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
 - g. That the decision is not justified by the evidence or is contrary to the law.
3. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (K)(2). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
4. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
5. Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
6. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within 10 days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
7. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.
8. Any party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

Historical Note

Former Section R7-2-206 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 24, 1982. See R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). New Section R7-2-206 adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 16 A.A.R. 156, effective December 7, 2009 (Supp. 09-4). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4).

R7-2-207. Repealed**Historical Note**

Adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1).

ARTICLE 3. CURRICULUM REQUIREMENTS AND SPECIAL PROGRAMS**R7-2-300. Adoption of Assessments**

As required in A.R.S. § 15-741, the Board shall adopt statewide assessments in order to measure pupil achievement of the state board adopted academic standards as follows:

1. In English language arts and mathematics, annually in grades three through eight and at least once in high school.
2. In science, once in grades three through five and grades six through eight and at least once in high school.
3. In other subjects and for other students, at the direction of the Board.

Historical Note

New Section made by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-301. Minimum Course of Study and Competency Goals for Students in the Common Schools

- A. Students shall demonstrate competency as defined by the State Board-adopted academic standards, at the grade levels specified, in the following required subject areas. District and charter school instructional programs shall include an ongoing assessment of student progress toward meeting the competency requirements. These shall include the successful completion of the academic standards in at least reading, writing, mathematics, science and social studies, as determined by district and/or statewide assessments.
 1. English language arts;
 2. Mathematics;
 3. Science;
 4. Social Studies; including:
 - a. Civics; and
 - b. Instruction on the Holocaust and other genocides at least once in either grade seven or grade eight that is equivalent to three class periods;
 5. The Arts, which may consist of two or more of the following: visual arts, dance, theatre, music or media arts;
 6. Health/Physical Education, including mental health. Mental health instruction may be included as part of other subject areas and shall comply with A.R.S. § 15-701.02.
- B. The local governing board or charter school may prescribe course of study and competency requirements for promotion that are in addition to or higher than the course of study and competency requirements the State Board of Education pre-

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scribes. Additional subjects may be offered by the local governing board or charter school as options and may include, but are not limited to:

1. Career and Technical Education,
 2. Computer Science,
 3. Educational Technology,
 4. World and Native Languages.
- C. Prior to the issuance of a standard certificate of promotion from the eighth grade, each student shall demonstrate competency, as defined by the local governing board, of the State Board of Education adopted academic standards for grade eight in the subject areas listed in subsections (A)(1) through (6).
- D. Special education and promotion from the eighth grade.
1. The charter school or local governing board of each school district shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with R7-2-401 et seq.
 2. Students placed in special education classes in grades K through eight are eligible to receive the standard certificate of pro-motion without meeting State Board of Education competency requirements.
- E. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
- F. Alternative Demonstration of Competency. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for a student in grades seven and eight to demonstrate competency in the subject areas listed in subsections (A)(1) through (6) in lieu of classroom time.

Historical Note

Former Section R7-2-301 repealed, new Section R7-2-301 adopted effective December 4, 1978 (Supp. 78-6). Amended subsections (A) and (B) effective May 4, 1982 (Supp. 82-3). Amended subsection (B) by adding subsection (10) effective July 26, 1982 (Supp. 82-4). Section repealed, new Section adopted effective April 12, 1993 (Supp. 93-2). Amended effective May 3, 1993 (Supp. 93-2). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013 (the making of subsection (F)); filed in the Office January 15, 2016, with historical note added for clarification as the Board adopted the same amendment June 23, 2014 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The hyphen between “K-8” has been changed to the word “through,” the numeral “8” has been changed to “eight,” the ordinal “8th” was corrected to “eighth” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 2980

(September 19, 2025); effective October 21, 2024, as approved by the Board (Supp. 25-3).

R7-2-301.01. Repealed**Historical Note**

R7-2-301(A), (B), and (C) repeated and numbered as R7-2-301.01(A), (B), and (C); R7-2-301(D) and (E) repeated and numbered as R7-2-301.01(D) and (E) and amended; the text of R7-2-301.01 as amended is effective January 1, 1989 (Supp. 86-2). Complete text printed and historical note added (Supp. 89-3). Repealed effective April 12, 1993 (Supp. 93-2).

R7-2-301.02. Repealed**Historical Note**

Adopted effective March 26, 1990 (Supp. 90-1). Amended effective December 18, 1991; amended effective December 20, 1991 (Supp. 91-4). Repealed effective March 18, 1994 (Supp. 94-1).

R7-2-302. Minimum Course of Study and Competency Requirements for Graduation from High School

The Board prescribes the minimum course of study and competency requirements as outlined in subsections (1) through (5) and, through the graduating class of 2025, receipt of a passing score of 60 correct answers out of one hundred questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services as prescribed in A.R.S. § 15-701.01. Beginning with the graduating class of 2026, students shall obtain a passing score of at least 70 correct answers out of one hundred questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services prescribed in A.R.S. § 15-701.01.

1. Subject area course requirements. The Board establishes 22 credits as the minimum number of credits necessary for high school graduation. Students shall obtain credits for required subject areas as specified in subsections (1)(a) through (e) based on completion of subject area course requirements or competency requirements. At the discretion of the local school district governing board or charter school, credits may be awarded for completion of elective subjects specified in subsection (1)(f) based on completion of subject area course requirements or competency requirements. The awarding of a credit toward the completion of high school graduation requirements shall be based on successful completion of the subject area requirements prescribed by the State Board and local school district governing board or charter school as follows:
 - a. Four credits of English or English as a Second Language, which shall include but not be limited to the following: reading American and other world literature, reading informational text, writing, research methods, speaking and listening skills, grammar, and vocabulary.
 - b. Three credits in social studies to minimally include the following:
 - i. One credit of American history, including Arizona history;
 - ii. One credit of world history/geography, to include instruction on the Holocaust and other genocides that is equivalent to three class periods;
 - iii. One-half credit of American government, including civics and Arizona government; and

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- iv. One-half credit in economics.
 - c. Four credits of mathematics to minimally include:
 - i. Three credits containing course content in preparation for proficiency at the high school level on the statewide assessment and aligned to the Arizona Mathematics Standards for Algebra I, Geometry, and Algebra II. These three credits shall be taken beginning with the ninth grade unless a student meets these requirements prior to the ninth grade pursuant to subsection (1)(c)(iii). The requirement for the third credit covering Algebra II, may be met by, but is not limited to the following: a math course comparable to Algebra II course content; computer science, career and technical education and vocational education, economics, science and arts courses as determined by the local school district governing board or charter school.
 - ii. A fourth credit that includes significant mathematics content as determined by the local school district governing board or charter school.
 - iii. Courses successfully completed prior to the ninth grade that meet the high school mathematics credit requirements may be applied toward satisfying those requirements.
 - iv. The mathematics requirements may be modified for students using a Personal Curriculum pursuant to R7-2-302.03.
 - d. Three credits of science in preparation for proficiency at the high school level on the statewide assessment.
 - e. One credit of the Arts or career and technical education and vocational education.
 - f. Seven credits of additional courses prescribed by the local school district governing board or charter school.
 - i. Health instruction, regardless of the course it is provided in, shall include instruction on mental health;
 - ii. Mental health instruction may be included in other courses; and
 - iii. All mental health instruction shall comply with A.R.S. § 15-701.03.
 - g. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
2. Credits earned through correspondence courses to meet graduation requirements shall be taken from an accredited institution as defined in R7-2-601. Credits earned thereby shall be limited to four, and only one credit may be earned in each of the following subject areas:
 - a. English as described in subsection (1)(a) of this Section,
 - b. Social Studies,
 - c. Mathematics, and
 - d. Science.
 3. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
 4. Local school district governing boards or charter schools may grant to career and technical education and vocational education program completers a maximum of 5 1/2 credits to be used toward the Board English, mathematics, science, and economics credit requirements for graduation, subject to the following restrictions:
 - a. The Board has approved the career and technical education and vocational education program for equivalent credit to be used toward the Board English, mathematics, science, and economics credit requirements for graduation.
 - b. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
 - c. A student who satisfies any part of the Board English, mathematics, science, and economics requirements through the completion of a career and technical education and vocational education program shall still be required to earn 22 total credits to meet the graduation requirements prescribed in this Section.
 5. Competency requirements.
 - a. The awarding of a credit toward the completion of high school graduation requirements shall be based on the requirements outlined in A.R.S. § 15-701.01 and the successful completion of State Board-adopted academic standards for subject areas listed in subsections (1)(a) through (1)(e) and the successful completion of the competency requirements for the elective subjects specified in subsection (1)(f). Competency requirements for elective subjects as specified in subsection (1)(f) shall be the academic standards adopted by the State Board. If there are no adopted academic standards for an elective subject, the local school district governing board or charter school shall be responsible for developing and adopting competency requirements for the successful completion of the elective subject. The school district governing board or charter school shall be responsible for developing and adopting the method and manner in which to administer a test that is identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services. School districts and charter schools shall document and report student outcome data on the test pursuant to A.R.S. § 15-701.01 and based on procedures adopted by the Arizona Department of Education. Schools may administer the test to students beginning in the seventh grade and any pupil who does not obtain a passing score on the test may retake the test until the pupil obtains a passing score.
 - b. The determination and verification of student accomplishment and performance shall be the responsibility of the subject area teacher.
 - c. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for the student to demonstrate competency in the subject areas listed in subsections (1)(a) through (1)(f) in lieu of class-room time. In appropriate courses, a school district governing board or charter school shall include as a mechanism to demonstrate competency a score determined by the State Board as college and career ready on the

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appropriate assessment adopted by the State Board pursuant to A.R.S. §§ 15-741 or 15-741.01.

6. The local school district governing board or charter school shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with A.R.S. Title 15, Chapter 7, Article 4 and R7-2-401 et seq. Students placed in special education classes, through 12, are eligible to receive a high school diploma upon completion of graduation requirements.

Historical Note

Former Section R7-2-302 repealed, new Section R7-2-302 adopted effective December 4, 1978 (Supp. 78-6). Amended effective July 8, 1983 (Supp. 83-4). Amended subsections (1) and (5) effective January 1, 1987 (Supp. 84-3). See R7-2-302.01 and R7-2-302.02 for minimum credits for graduating classes of 1987 forward (Supp. 86-5). Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. Amended effective November 17, 1994 (Supp. 94-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section adopted by final rulemaking at 7 A.A.R. 1255, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3893, effective August 21, 2002 (Supp. 02-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; since the Board did not file the amendments until January 15, 2016, subsection (3)(a) through (b) was already repealed at the time of publishing the Section in Supp. 15-3; therefore, there is no record of the amendments in the Administrative Code; these amendments can be viewed at 21 A.A.R. 1778 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The word “sixty” has been changed to the numeral “60,” the hyphen between “9-12” was replaced with the word “through” and the numeral “9” has been changed to “nine,” the phrase “of this Section” was removed, and “one hundred” was changed to the numeral “100” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4). Amended by final exempt rulemaking at 31 A.A.R. 2980 (September 19, 2025); effective October 21, 2024, as approved by the Board (Supp. 25-3).

R7-2-302.01. Repealed**Historical Note**

Section R7-2-302 repealed and amended effective January 1, 1987, filed September 24, 1986 (Supp. 86-5). Amended as an emergency by adding a new subsection (B) effective May 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Filing date for January 1, 1987, amendments corrected to September 24, 1986 (Supp. 89-3). Emergency expired. Adopted as a permanent rule effective February 7, 1990 (Supp 90-1).

Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

R7-2-302.02. Repealed**Historical Note**

Adopted effective January 1, 1991, filed September 24, 1986 (Supp. 86-5). Amended effective May 9, 1988 (Supp. 88-2). Amended effective June 12, 1989 (Supp. 89-2). Amended effective March 26, 1990 (Supp. 90-1). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

R7-2-302.03. Personal Curriculum**A. Definitions.**

1. “Personal Curriculum” means a documented process that may be used to modify the high school graduation requirements for mathematics delineated in R7-2-302.02(1)(c). A student may use a personal curriculum to modify the Algebra II requirement delineated in R7-2-302.02(1)(c)(ii) and reduce the credit requirements for mathematics from four to three credits. A student who successfully completes the student’s personal curriculum meets the requirements for high school graduation.
2. “Development Team” means a team that develops a personal curriculum for a student and consists of the student, the parent or legal guardian of the student, and a school counselor or principal or their designee. A school principal may add additional members to the development team as the principal deems appropriate.

B. A student is eligible for a personal curriculum if the student meets the following criteria:

1. The student has successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i); and
2. Despite the student’s successful completion of the mathematics requirements delineated in R7-2-302.02(1)(c)(i), the development team determines that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content.

C. The requirements for a personal curriculum are as follows:

1. An eligible student may only modify the mathematics requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content;
2. In lieu of successfully completing Algebra II or its equivalent course content, an eligible student shall successfully complete at least one credit in mathematics that shall include significant mathematics content as determined by the local school district governing board or charter school; and
3. An eligible student shall successfully complete a course in mathematics in the student’s senior year.

D. The procedures for developing and implementing a personal curriculum are as follows:

1. The parent or legal guardian of a student, an emancipated student, or a student with permission from the student’s parent or legal guardian may request a personal curricu-

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lum in a manner prescribed by the local school district governing board or charter school.

2. Upon receipt of a request for a personal curriculum made pursuant to subsection (D)(1), the local school district or charter school shall verify that the student successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i) and, upon verification, shall convene a development team.
3. The development team shall:
 - a. Verify that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content,
 - b. Identify an appropriate alternative mathematics course or courses to modify the requirement for Algebra II or its equivalent course content,
 - c. Develop a written personal curriculum plan that includes the alternative mathematics course or courses identified in subsection (D)(3)(b) and a plan for monitoring student progress toward successfully completing the alternative mathematics course or courses. In developing the personal curriculum plan the development team shall consider how the proposed modifications maintain the integrity of the high school diploma and enable the student to achieve the student's post-secondary education and career goals.
4. The development team may modify the personal curriculum plan based upon the development team's evaluation of the student's progress.

- E. The Superintendent of Public Instruction shall monitor a school district or charter school if there is reason to believe that the school district or charter school is allowing modifications inconsistent with the requirements delineated in this Section.

Historical Note

Adopted effective November 1, 1989 (Supp. 89-4).
 Amended effective December 12, 1990 (Supp. 90-4).
 Repealed effective February 20, 1997 (Supp. 97-1). New
 Section made by exempt rulemaking at 14 A.A.R. 195,
 effective December 10, 2007 (Supp. 08-1).

R7-2-302.04. Repealed**Historical Note**

Adopted effective July 10, 1992 (Supp. 92-3). Amended
 effective May 3, 1993 (Supp. 93-2). Amended effective
 December 17, 1998 (Supp. 98-4). Section repealed by
 final exempt rulemaking at 22 A.A.R. 143, effective
 August 26, 2013; filed in the Office on January 15, 2016
 (Supp. 16-2).

R7-2-302.05. Arizona Education and Career Action Plan for Students in Grades nine through 12

- A. Effective for the graduation class of 2013, schools shall complete for every student in grades nine through 12 an Arizona Education and Career Action Plan ("ECAP") prior to graduation. Schools shall develop an Education and Career Action Plan in consultation with the student, the student's parent or guardian and the appropriate school personnel as designated by the school principal or chief administrative officer. Schools shall monitor, review and update each Education and Career Action Plan at least annually. Completion of an Education and Career Action Plan shall be verified by appropriate school personnel.

- B. An Arizona Education and Career Action Plan shall at a minimum allow students to enter, track and update the following information:

1. Academic Goals that include identifying and planning the coursework necessary to achieve the high school graduation requirements and pursue postsecondary education and career options; analyzing assessment results to determine progress and identify needs for intervention and advisement; and documenting academic achievement;
2. Career Goals that include identifying career plans, options, interests and skills; exploring entry level opportunities; and evaluating educational requirements;
3. Postsecondary Education Goals that include identifying progress toward meeting admission requirements, completing application forms and creating financial assistance plans; and
4. Extracurricular Activity Goals that include documenting participation in clubs, organizations, athletics, fine arts, community service, recreational activities, volunteer activities, work-related activities, leadership opportunities, and other activities.

Historical Note

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Section R7-2-302.05 renumbered to R7-2-302.06; new Section R7-2-302.05 made by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). The hyphen between "9-12" has been changed to the word "through" and the numeral 9 has been changed to "nine," to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-302.06. Repealed**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Amended by exempt rulemaking at 15 A.A.R. 1570, effective September 25, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 2031, effective August 25, 2008 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.06 renumbered to R7-2-302.07; new Section R7-2-302.06 renumbered from Section R7-2-302.05 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

R7-2-302.07. Repealed**Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.07 renumbered to R7-2-302.08; new Section R7-2-302.07 renumbered from Section R7-2-302.06 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

R7-2-302.08. Repealed

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Historical Note

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.08 renumbered to R7-2-302.09; new Section R7-2-302.08 renumbered from Section R7-2-302.07 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

R7-2-302.09 Repealed**Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). R7-2-302.09 renumbered to R7-2-302.10; new Section R7-2-302.09 renumbered from Section R7-2-302.08 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

R7-2-302.10. Repealed**Historical Note**

New Section R7-2-302.10 renumbered from Section R7-2-302.09 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Repealed by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3).

R7-2-302.11. Minimum Course of Study and Competency Requirements During Public Health Emergency in the 2019-2020 School Year

- A. Notwithstanding any other rule, local education agencies shall not refuse to withhold academic credit or a diploma from a student solely because the student missed instructional time due to a school closure issued by the governor.
- B. Local education agencies may issue academic credit and a diploma to a student if the student meets competency requirements pursuant to Article 3. When determining if a student meets competency requirements in a school year during which the governor issues a school closure, local education agencies may consider the educational opportunities provided to the student during the school closure. Educational opportunities, as determined by the local education agency, may include, but are not limited to the following:
 1. Independent study provided online or through printed materials; and
 2. Online instruction.
- C. If a local education agency is unable to consider or unable to provide the educational opportunities pursuant to subsection (B), the local education agency may award academic credit or a diploma if the student was on track to earn the academic credit or diploma prior to the school closure. Evidence that a student was on track to earn academic credit or a diploma, as determined by the local education agency, may include, but is not limited to, passing grades issued by the student's teacher or passing scores on locally or nationally administered assessments. It is the intent of the Board that all schools attempt, to

the extent possible, to provide educational opportunities to students during a school closure issued by the governor.

- D. Local education agencies that issue academic credit and a diploma to a student pursuant to subsections (B) and (C) shall issue transcripts and diplomas to students in the same manner as the local education agency would for students that did not miss instructional time due to a school closure caused issued by the governor.
- E. This Section applies only to the 2019-2020 school year and the graduating class of 2020.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 966, effective March 31, 2020 (Supp. 19-2).

R7-2-303. Sex Education

- A. Instruction in sex education in the public schools of Arizona, including instruction provided after hours, shall be offered only in conformity with the following requirements. Nothing in this Section shall be construed to require a school district or charter school provide sex education instruction to pupils.
 1. Common schools: Nature of instruction; approval; format.
 - a. Supplemental/elective nature of instruction. The common schools of Arizona may provide a specific elective lesson or lessons concerning sex education as a supplement to the health course of study.
 - i. This supplement may only be taken by the student at the written request of the student's parent or guardian. When the school district or charter school seeks consent pursuant to this subsection, the school district or charter school shall inform the parent or guardian of their right to review the instructional materials and activities.
 - ii. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
 - iii. School districts and charter schools may not provide sex education lessons or instruction before grade five.
 - iv. Elective sex education lessons shall not exceed the equivalent of one class period per day for 1/4 of the school year for grades five through eight.
 - b. Local governing board approval. All elective sex education lessons to be offered shall first be approved by the local governing board.
 - i. Each local governing board contemplating the offering of elective sex education shall establish an advisory committee with membership representative of district size and the racial and ethnic composition of the community to assist in the development of lessons and advise the local governing board on an ongoing basis. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public according to A.R.S. Title 38, Chapter 3, Article 3.1.
 - ii. The local governing board shall review the total instructional materials and approve all lessons

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- and curricula in the course of study to be offered in sex education.
- iii. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least 60 days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the 60-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
 - iv. The local governing board shall maintain for viewing by the public, both online and in-person according to A.R.S. § 15-102(A)(2), the total instructional materials to be used in approved elective sex education lessons within the school district or charter school at least two weeks before any instruction is offered.
- c. Format of instruction.
 - i. Lessons shall be taught to boys and girls separately.
 - ii. Lessons shall be ungraded, require no homework, and any evaluation administered for the purpose of self-analysis shall not be retained or recorded by the school or the teacher in any form.
 - iii. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
2. High schools: Course offering; approval; format.
 - a. A course in sex education may be provided in the high schools of Arizona.
 - b. This course may only be taken by the student at the written request of the student's parent or guardian.
 - c. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
 - d. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public according to A.R.S. Title 38, Chapter 3, Article 3.1.
 - e. The local governing board shall review the total instructional materials and approve all lessons and curricula in the course of study to be offered in sex education.
 - f. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least sixty days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the sixty-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
 - g. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
 - h. Local governing boards shall maintain for viewing by the public, both online and in-person according to A.R.S. § 15-102(A)(2), the total instructional materials to be used in all sex education courses to be offered in high schools within the school district or charter school at least two weeks before any instruction is offered.
3. Content of instruction: Common schools and high schools.
 - a. All sex education materials and instruction shall be age appropriate, recognize the needs of exceptional students, meet the needs of the district, recognize local community standards and sensitivities, shall not include the teaching of abnormal, deviate, or unusual sexual acts and practices, and shall include the following:
 - i. Emphasis upon the power of individuals to control their own personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control and ethical considerations such as respect for self and others; and
 - ii. Instruction on how to say "no" to unwanted sexual advances and to resist negative peer pressure. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another person.
 - b. All sex education materials and instruction which discuss sexual intercourse shall:
 - i. Stress that pupils should abstain from sexual intercourse until they are mature adults;
 - ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100 percent effective;
 - iii. Stress that sexually transmitted diseases have severe consequences and constitute a serious and widespread public health problem;
 - iv. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;
 - v. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and legal liabilities related to sexual intercourse with a minor.
- B. Certification of compliance. All districts and charter schools offering a local governing board-approved sex education course or lesson shall certify, under the notarized signature of both the president of the local governing board and the chief administrator of the school district or charter school, compliance with this Section except as specified in subsection (C). Acknowledgment of receipt of the compliance certification from the State Board of Education is required as a prerequisite to the initiation of instruction. Certification of compliance

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shall be in a format and with such particulars as shall be specified by the Department of Education.

- C. School districts and charter schools shall make any existing sex education course of study available and accessible for review both online and in person by June 30, 2021.

Historical Note

Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective June 12, 1989 (Supp. 89-2). Amended by final exempt rulemaking at 25 A.A.R. 1551, effective May 20, 2019 (Supp. 19-2). The hyphens between grades in this Section have been replaced with the word “through,” the word “rule” was corrected to “Section,” the numeral “4” was corrected to “four,” the numeral “5” was corrected to “five,” and the numeral “8” was corrected to “eight” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1107, effective June 28, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 27 A.A.R. 2340 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

R7-2-304. Extended School Year

The governing board of a common high school considering the adoption of an extended school year shall:

1. Prepare a comparative cost analysis of the extended school year program versus the cost of new facilities and sites.
2. Hold at least one public hearing, publicized a week in advance, to present the alternatives, including the results of the comparative cost analysis.
3. Determine faculty, community, and parental support prior to making a final determination.

Historical Note

Former Section R7-2-304 repealed, new Section R7-2-304 adopted effective December 4, 1978 (Supp. 78-6). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-305. Declaration of Independence

The governing board of each common school district shall adopt policies that:

1. Require pupils to recite the following passage from the Declaration of Independence for pupils in grades four through six at the commencement of the first class of the day in the schools: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness. That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed.”; and
2. Enable the pupil or the parent or legal guardian of the pupil to object to reciting the passage of the Declaration of Independence, and that specify that a pupil shall not be required to participate if the pupil or the pupil’s parent or guardian objects.

Historical Note

Repealed effective December 4, 1978 (Supp. 78-6). Adopted effective February 15, 1979 (Supp. 79-1). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 7 A.A.R. 5363,

effective November 7, 2001 (Supp. 01-4). The numeral “4” was corrected to “four,” the numeral “6” was corrected to “six” to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-306. English Language Learner Programs

- A. Definitions. All terms defined in A.R.S. § 15-751 are applicable, with the following additions:

1. “Statewide assessment” means the test prescribed by A.R.S. § 15-741 or an assessment approved by the Board pursuant to A.R.S. § 15-741.02 to administer to students instead of the statewide assessment.
2. “Arizona Academic Standards” means the standards adopted by the State Board of Education pursuant to A.R.S. §§ 15-203, 15-701, and 15-701.01.
3. “Board” means the State Board of Education.
4. “Compensatory instruction” means instruction given in addition to regular classroom instruction, such as individual or small group instruction, extended day classes, summer school or intersession school.
5. “Department” means the Department of Education.
6. “EL” means English learner.
7. “FEP” means fluent English language proficient, a student who has met the requirements for exit from an English language learner program.
8. “Federal EL grant monies” means federal grants or funds awarded to an LEA to educate ELs or to improve the LEA’s capacity to educate ELs, including but not limited to grants awarded under Title III of the Every Student Succeeds Act of 2015.
9. “IEP” means individualized education program, a written statement specifying special education services to be provided to a child with a disability.
10. “LEA” means local education agency, the school district or charter school that provides educational services.
11. “PHLOTE” means primary or home language other than English.
12. “Reassessment for reclassification” means the process of determining whether an English language learner may be reclassified as fluent English proficient (FEP).
13. “Superintendent” means the State Superintendent of Public Instruction.
14. “WICP” means written individualized compensatory plan that documents the scope and type of services provided to an EL to overcome the identified language and academic deficiencies.

- B. Identification of students to be assessed.

1. The primary or home language of all students shall be identified by the students’ parent or legal guardian on the home language survey. These documents shall inform parents that the responses to these questions will determine whether their student will be assessed for English language proficiency.
2. A student shall be considered as a PHLOTE student if the home language survey indicates that one or more of the following are true:
 - a. The primary language used in the home is a language other than English, regardless of the language spoken by the student.
 - b. The language most often spoken by the student is a language other than English.
 - c. The student’s first acquired language is a language other than English.
3. The English language proficiency of all PHLOTE students shall be assessed as provided in subsection (C).

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- C.** English language proficiency assessment.
1. PHLOTE students in kindergarten shall be administered an English language proficiency test. Students in grades one through 12 shall be administered an English language proficiency test. Students who score below the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be classified as ELs.
 2. English language proficiency assessments shall be conducted by individuals who are proficient in English and trained in language proficiency testing to administer and, when applicable, score the tests.
 3. The LEA shall assess the English language proficiency of all new PHLOTE students as prescribed above within 60 days of the beginning of the school year or within 30 school days of a student's enrollment in school, whichever is later, unless the LEA receives funds under Title III of the Every Student Succeeds Act of 2015 or another federal grant that requires assessment and parental notification within 30 calendar days from the start of the school year or within two calendar weeks of a student enrolling at a school.
- D.** Screening and assessment of students in gifted education. ELs who meet the qualifications for placement in a gifted educational program shall receive programmatic services designed to develop their specific areas of potential and academic ability and may be concurrently enrolled in gifted programs and English language learner programs.
- E.** English language learner programs.
1. All ELs shall be provided daily instruction in English language development appropriate to their level of English language proficiency and consistent with A.R.S. §§ 15-751, 15-752, and, as applicable, § 15-753. The English language instruction shall include listening and speaking skills, reading and writing skills, and cognitive and academic development in English.
 2. ELs shall be provided daily instruction in subject areas required under the minimum course of study adopted by the Board pursuant to R7-2-301 and R7-2-302 that is understandable and appropriate to the level of academic achievement of the EL and is in conformity with accepted strategies for teaching ELs. This subsection does not require an LEA to provide daily instruction in every subject area required pursuant to R7-2-301 and R7-2-302 if those subject areas are not provided daily to English proficient students.
 3. The curriculum of all English language learner programs shall incorporate the Academic Standards adopted by the Board and shall be comparable in amount, scope and quality to that provided to English language proficient students.
 4. ELs who are not progressing toward achieving proficiency of the Arizona Academic Standards adopted by the Board, as evidenced by the failure to improve scores on the statewide assessment, shall be provided compensatory instruction to assist them in achieving those Arizona Academic Standards. A WICP describing the compensatory instruction provided shall be kept in the student's academic file.
 5. On request of a parent or legal guardian of an EL the principal of the EL's school shall require a meeting with the principal or principal's designee, the parent or legal guardian and the classroom teacher to review the student's progress in achieving proficiency in the English language or in making progress toward the Arizona Academic Standards adopted by the Board, to identify any problems, to determine appropriate solutions and to identify the person or persons responsible for implementing the changes and determining their effectiveness.
- F.** Reassessment for reclassification.
1. The purpose of reassessment is to determine if an EL has developed the English language skills necessary to succeed in the English language curricula.
 2. An EL in grades one through 12 may be reassessed for reclassification during test windows established by the Department if the mid-year test requirements are met, but shall be reassessed for reclassification at least once per year. ELs that score at or above the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be reclassified as FEP.
 3. LEAs shall notify the parents or legal guardians in writing that their child has been reclassified as FEP when the student meets the criteria for such reclassification.
- G.** Evaluation of FEP students after exit from EL programs.
1. The LEA shall monitor exited students based on the criteria provided in this Section during each of the two years after being reclassified as FEP to determine whether these students are performing satisfactorily in achieving the Arizona Academic Standards adopted by the Board. Such students will be monitored in reading, writing and mathematics skills and mastery of academic content areas, including science and social studies. The criteria shall be grade-appropriate and uniform throughout the LEA, and upon request, is subject to Board review. Students who are not making satisfactory progress shall, with parent consent, be provided compensatory instruction or shall be re-enrolled in an EL program. A WICP describing the compensatory instruction provided shall be maintained in the students' EL files.
 2. The LEA shall use statewide assessment scores to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program unless no score is available. Performing satisfactorily will be measured by whether a student meets or exceeds the state standards in reading, writing, and mathematics as measured by the statewide assessment.
 3. If a statewide assessment score is not available because the test is not administered in the students' grade or to assess progress in academic subjects not assessed by the statewide assessment, the LEA shall use one or more of the following criteria in its evaluation to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program:
 - a. LEA-developed criterion-referenced tests of academic achievement that demonstrate alignment to the Arizona Academic Standards; or
 - b. Standardized tests measuring academic achievement that demonstrate alignment to the Arizona Academic Standards; or
 - c. Nationally norm-referenced test scores; or
 - d. Teacher recommendations based on classroom assessments that demonstrate alignment to the Arizona Academic Standards.
- H.** Monitoring of EL programs.
1. Each year the Department shall monitor at least 32 LEAs, as follows:

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- a. At least 12 of the 50 LEAs with the highest EL enrollment;
 - b. At least 10 LEAs with ELs that are not included in the 50 described above;
 - c. At least 10 LEAs that have reported that they have 25 or fewer EL students in their schools; and
 - d. Other LEAs upon receipt of a documented written complaint from any Arizona resident, the U.S. Department of Education, or the U.S. Office for Civil Rights, alleging that the LEA is not complying with state or federal law regarding ELs.
2. All of the 50 LEAs in subsection (H)(1)(a) shall be monitored by the Department at least once every four years.
 3. The monitoring shall be on-site monitoring and shall include classroom observations, curriculum reviews, faculty interviews, student records reviews, and review of EL programs. The Department may use personnel from other schools to assist in the monitoring.
 4. The Department shall issue a report on the results of its monitoring within 45 days after completing the monitoring. If the Department determines that an LEA is not complying with state or federal laws applicable to EL students, the LEA shall prepare and submit to the Department, within 60 days of the Department's determination, a corrective action plan that sets forth steps that the LEA will take to correct the deficiencies noted in the report.
 5. The Department shall review and return such corrective action plan to the LEA within 30 days, noting any required changes. No later than 30 days after receiving its corrective action plan back from the Department, the LEA shall begin implementing the measures set forth in the plan, including any revisions required by the Department.
 6. The Department shall conduct a follow-up evaluation of the LEA within one year after returning the corrective action plan to the LEA.
 7. If the Department finds continued non-compliance during the follow-up evaluation, the LEA shall be referred to the Board for a determination of non-compliance. If the Board determines the LEA to be out of compliance with state or federal laws applicable to EL students, it may take one or more of the following actions:
 - a. Temporarily withhold cash payments of federal EL grant monies;
 - b. Disallow (that is deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance;
 - c. Wholly or partly suspend or terminate the current award of federal EL grant monies;
 - d. Withhold further awards of federal EL grant monies for the program.
 8. The Department shall monitor all LEAs that the Board has determined to be non-compliant and which have had federal EL grant monies withheld or terminated to ensure that such LEAs do not reduce the amount of funds spent on their EL programs as the result of its loss of funds.

Historical Note

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-306 adopted effective July 10, 1979 (Supp. 79-4). Amended effective August 20, 1981 (Supp. 81-4). Former Section R7-2-306 repealed, new Section R7-2-306 adopted effective November 14, 1984 (Supp. 84-6). Amended by final rulemaking at 10 A.A.R. 353, effective March 8, 2004 (Supp. 04-1). Amended by final exempt

rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). The word "twelve" was changed to the numeral "12" for consistency in Chapter style and format (Supp. 21-2).

R7-2-307. High School Equivalency Diplomas

- A. For the purposes of this Section, the following definitions shall apply:
 1. "DANTES" means the Defense Activity for Non-Traditional Education Support.
 2. "Department" means the Adult Education Services Division of the Arizona Department of Education.
 3. "Equivalency Test" means a High School Equivalency Test approved by the State Board of Education.
 4. "High School Equivalency Testing Center" means a testing center established by the Department for the purpose of administering High School Equivalency tests and providing High School Equivalency testing services pursuant to the requirements established by a State Board approved testing provider and state jurisdictional rules.
 5. "USAFI" means the United States Armed Forces Institute.
- B. Eligibility requirements. Any individual who is 16 years of age or older and who has officially been withdrawn from school may take a High School Equivalency Test.
 1. Individuals shall be required to provide the High School Equivalency Testing Center with positive identification and proof of age, and
 2. Individuals who are at least 16 years of age and under 18 years of age shall also be required to provide:
 - a. A signed and notarized statement of consent from a parent or legal guardian, and
 - b. A letter from the last school attended verifying that the individual has officially withdrawn from the school.
- C. Issuance of a diploma. The Department shall issue a high school equivalency diploma to any individual who has not received a high school diploma or high school equivalency certificate or diploma if the individual:
 1. Meets the eligibility requirements specified in subsection (B) and has received passing scores on a High School Equivalency Test; or
 2. Is a member of the U.S. Armed Forces and has received passing scores on a High School Equivalency Test through USAFI or DANTES provided that the individual's last high school enrollment was in an Arizona high school. Individuals who have taken a High School Equivalency Test through USAFI or DANTES shall send their military permanent record and application card to DANTES with a request that the official High School Equivalency Test scores and application card be forwarded to the Department; or
 3. Has received passing scores on a High School Equivalency Test taken at an approved testing provider's site, provided that the Department receives an official transcript directly from the approved testing provider.
- D. The Department shall keep a record of test scores for each individual who has taken a High School Equivalency Test.
- E. The Arizona Department of Education may collect fees for the issuance of High School Equivalency Diplomas and Transcripts. Fees established pursuant to this Section shall not exceed \$20.
 1. The State Board of Education will deposit, pursuant to A.R.S. §§ 35-146 and 35-147, fees collected under this Section in the High School Equivalency Testing Revenue

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Account within the Arizona Department of Education budget, to be used to offset costs of providing these services.

2. If the state fee for General High School Equivalency Diplomas and/or Transcripts presents a financial hardship for the examinee, the examinee may request a fee waiver.
3. A fee waiver shall be granted if all of the following apply:
 - a. Applicant presents documented proof of Arizona residency.
 - b. Applicant submits a completed Fee Waiver Request Form, available from the State High School Equivalency Testing Office or from any official High School Equivalency Testing Center.
 - c. Applicant demonstrates sufficient need for a fee waiver. This may include, but is not limited to the following:
 - i. Proof of eligibility for public assistance and/or federally subsidized housing,
 - ii. Residence in a foster home,
 - iii. Enrollment in a program for the economically disadvantaged such as Upward Bound, or
 - iv. Participation in a free or reduced lunch program.

Historical Note

Adopted effective August 20, 1981 (Supp. 81-4). Amended subsections (A), (C), and (G) effective October 2, 1984 (Supp. 84-5). Amended effective December 22, 1997 (Supp. 97-4). Amended effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1023, effective October 24, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-308. Adult Education

- A. For the purposes of this Section the following definitions apply:
 1. "Adult Basic Education" (ABE) means instruction in reading, writing and math equivalent to grades one through eight, speaking and citizenship skills.
 2. "Adult Secondary Education" (ASE) means instruction in reading, writing, math, science and social studies equivalent to the completion of high school.
 3. "Eligible applicants" may include local educational agencies, community based organizations, volunteer literacy organizations, institutions of higher education, public or private nonprofit organizations, institutions of higher education, public or private nonprofit agencies, libraries, public housing authorities, and consortiums of any of the aforementioned entities.
 4. "English Language Acquisition for Adults" (ELAA) means a program of instruction designed to help individuals of limited English proficiency achieve competency in the English language, including reading, writing, listening and speaking.
 5. "Literacy" means an individual's ability to read, write and speak in English, compute and solve problems at levels of proficiency necessary to function on the job, in the family and in society.
 6. "Project" means the approved and funded application which is administered by the eligible applicant.
- B. Application for funding
 1. Only eligible applicants may apply for funding.

2. Contracts shall be awarded through a competitive funding process.
3. Applications shall include budgets and be submitted according to the standard procurement and grants management policies of the Department of Education for the awarding of competitive grants.

C. Board priorities and criteria for application approval

1. Priority shall be given to projects funded during the previous fiscal year which:
 - a. Adhered to all applicable state and federal rules and regulations.
 - b. Operated in an efficient and effective manner demonstrating high levels of student educational gains as measured by standardized assessments and student retention as compared with the state average for these projects.
 - c. Completed and submitted all required state and federal reports.
 - d. Utilized volunteers where possible.
2. Equal opportunity for project application approval will be given to eligible applicants who demonstrate previous comparable experience and performance in another adult literacy program.
3. Criteria for approval shall include a determination by the project review committee that the application meets state and federal rules and regulations and the policies and procedures contained in the Arizona State Plan for Adult Education.

D. Use of funds and student reporting

1. Federal and state funds shall not be co-mingled.
2. Projects shall not assess students a tuition charge for instruction or fees for books, instructional supplies, or materials used in the program.
3. Student attendance hours reported to the Adult Education Division shall not be used in securing financing from any other source. Classes taught by volunteers are not to be reported unless they are administered and supervised by the local project.

E. An adult education certificate issued by the Board shall be required to teach in the Adult Education Program.**F. Students enrolled in adult education classes must be at least 16 years of age and officially withdrawn from school.****G. Course of study**

1. Adult Basic Education (A.B.E.) students shall be functioning academically below the eighth grade level. The sequential course of study shall:
 - a. Develop and improve communication and computational skills of students.
 - b. Raise the general educational level of students.
 - c. Improve the student's ability to benefit from occupational training.
 - d. Increase opportunities for more productive and profitable employment.
 - e. Assist students to be better able to meet their adult responsibilities as parents, citizens and as co-workers.
2. Adult Secondary Education (A.S.E.) students shall be functioning below the 12th grade level. The course of study shall:
 - a. Give the students a foundation in the areas of English, social studies, literature, science and math.
 - b. Enable students, through the development of critical thinking, to utilize new learning experiences in rec-

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ognizing, evaluating and solving problems of daily life.

- c. Attempt to motivate students to continue their education through more advanced study and to become more proficient in observing and adopting new skills in a changing society.
 - d. Equip students with the knowledge prerequisite for satisfactory achievement on a High School Equivalency Test approved by the State Board of Education.
3. English Language Acquisition for Adults (ELAA) and citizenship students shall be resident aliens. The course of study shall:
- a. Develop an increasing ability to speak, understand, read, and write English.
 - b. Encourage the student to become a participating citizen and give insight into the values of such participation.
 - c. Help the student prepare for the Naturalization Test for U.S. Citizenship by developing a background in American history and government.
 - d. Create a desire for continued learning and self-realization.

H. Reports

- 1. Each project shall maintain bookkeeping records and must be able to substantiate expenditures.
- 2. A financial report shall be filed quarterly for each project with the Adult Education Division within 30 days after the close of the quarter.
- 3. Projects shall be completed by June 30. A fiscal completion report which has been reconciled with the County School Superintendent's Office, or if another agency, that agency's comparable administrative office, shall be filed with the Adult Education Division within 60 days after the project ending date.
- 4. Participation in the project reporting system designed to collect student and staff attendance, demographic information and student performance data is required. These reports shall be filed with the Adult Education Division monthly.
- 5. An annual written report on the year's activities, including internal written monitoring reports, shall be submitted to the Adult Education Division, no later than August 15.

- I. If changes in the approved program or budget are desired, an amendment shall be submitted to the Adult Education Division for review and approval prior to expending any funds for the proposed changes.

Historical Note

Adopted effective December 14, 1984 (Supp. 84-6).
Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-309. Completion of Grade 10

Completion of grade 10 is accomplished when a student has earned 10 credits which shall include:

- 1. Two credits of English.
- 2. One credit of mathematics.
- 3. One credit of science.
- 4. Six credits of additional courses prescribed by the local Governing Board.

Historical Note

Adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, governing board has been changed to lowercase to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-310. Pupil Achievement Testing

- A. The statewide assessments adopted by the Board shall be administered annually during the testing windows established by the Department. By June 1 of each year, the Department shall designate the window for testing for the next school year and all school districts and charter schools shall administer the test during the windows designated.
- B. The superintendent or head of the local education agency shall be responsible for:
 - 1. Reviewing, and attesting to have reviewed, the policies, procedures and guidance provided by the Department regarding administration of statewide assessments.
 - 2. Providing school district enrollment data to the Department annually for purposes of test material distribution.
 - 3. Verifying the count of test materials received and distributing the test materials to each public school in the local education agency.
 - 4. Securing the test materials prior to distribution to pupils or persons administering the tests at the time of testing, as well as after the time of testing. Test materials shall be kept in locked storage.
 - 5. Advising all district and school employees that the test materials are not to be reproduced in any manner.
 - 6. Familiarizing each person who will administer the test with the test publishers' directions for administering the tests, the timing of the tests and the testing schedule. This is to be accomplished through meetings which shall be held near the window for testing.
 - 7. Distributing actual test materials to persons administering the tests on the day of testing and collecting test materials at the end of the day of testing.
 - 8. Training persons administering the tests on how to properly complete the identification information and how to code the information required on the variables being collected according to A.R.S. § 15-741, et seq.
 - 9. Properly packaging all scorable and nonscorable materials which are to be returned to the scoring contractor. Packaging shall comply with instructions furnished by the scoring contractor or the Department.
 - 10. Forwarding all scorable and nonscorable materials which are to be returned to the scoring contractor per instructions. Materials for the entire local education agency should be forwarded in one shipment.
 - 11. Retaining all unused and reusable test materials, reporting them in the school's inventory, storing them in a safe and secure manner and returning the test materials at the end of the testing window per instructions.
 - 12. Immediately reporting to the Department any losses of test materials or other irregularities.
 - 13. The superintendent or head of the local education agency may designate a testing coordinator to act on their behalf.
- C. Persons designated by the superintendent or head of the local education agency to administer the test shall:
 - 1. Keep all test materials in locked storage.
 - 2. Not reproduce any test materials in any manner.
 - 3. Not disclose any actual test items to pupils prior to testing.
 - 4. Not provide answers of any test items to any pupils.

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5. Administer only sample tests which are provided by the test publishers. Previous editions of the test series being used in the statewide testing program may not be used as sample tests.
 6. Strictly observe all timed statewide assessments, if the assessments are timed. The test publishers' suggested time limits for untimed subtests shall be followed as closely as possible in order to maintain uniformity in test administration.
 7. Follow directions for administering the test explicitly. No test item may be repeated unless otherwise indicated in the directions.
 8. Not change a pupil's answer.
 9. Return all test materials to the superintendent or head of the local education agency immediately upon completion of testing.
- D.** Local education agencies shall administer the statewide assessment to all students in the grades designated by the Board. Failure to administer a statewide assessment to at least 95 percent of all students will be factored into the statewide accountability system.
- E.** All violations of this Section shall be referred by the superintendent or head of the local education agency to the State Superintendent of Public Instruction, for appropriate action.

Historical Note

Adopted effective March 13, 1986 (Supp. 86-2). Amended subsections (A) and (B) effective February 25, 1987 (Supp. 87-1). Amended effective October 22, 1991; amended effective December 20, 1991 (Supp. 91-4). The Section heading has been updated to title case, the numeral "3" has been changed to "three," the numeral "7" has been changed to "seven," the numeral "8" has been changed to "eight," and the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-311. Pupil Testing Variable Information

Persons designated by the superintendent or head of the local education agency to administer the State Board approved statewide assessments shall assure that information requested by the Department is properly completed for each pupil that is administered a statewide assessment.

Historical Note

Adopted effective June 25, 1986 (Supp. 86-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-312. Honorary High School Diploma

- A.** An honorary high school diploma shall be provided to an individual who has never obtained a high school diploma and who meets both of the following requirements:
1. Currently resides in Arizona; and
 2. Provides documented evidence from the Arizona Department of Veterans' Services that the individual enlisted in the armed forces of the United States and served in World War I, World War II, the Korean conflict or the Vietnam conflict.
- B.** All high schools shall provide for the presentation of an honorary high school diploma to an individual eligible pursuant to

subsection (A). The individual shall not be required to reside within the school boundaries. The Arizona Department of Education may issue an honorary high school diploma to an individual eligible pursuant to subsection (A).

Historical Note

Adopted effective December 15, 1989 (Supp. 89-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 9 A.A.R. 1125, effective May 10, 2003 (Supp. 03-1). Amended by final exempt rulemaking at 27 A.A.R. 241, effective January 25, 2021 (Supp. 21-1).

R7-2-313. Academic Contests Fund

The State Board of Education establishes an academic contests fund consisting of monies appropriated by the legislature or received as gifts or grants for deposit in the academic contests fund pursuant to A.R.S. § 15-1241.

1. The Superintendent of Public Instruction shall, at least annually, compile a list of national contests to be presented to the State Board of Education for approval. Contest requirements are:
 - a. Shall be sponsored by a recognized national organization.
 - b. Shall be academic in nature, motivate pupils to be creative and demonstrate excellence.
 - c. Shall be open to all pupils, regardless of race, creed, sex or national origin. Contests may separate pupils by age or grade level.
2. School districts shall submit an application for academic contest funds to the Superintendent of Public Instruction for student and chaperone expenses. Requirements are:
 - a. No other sponsoring agency is assuming the total costs.
 - b. The participation of the students shall be the result of successfully competing at the local or state level, or both, of that contest.
 - c. The governing board of the school district in which the students attend shall approve the participation and travel of the students.
 - d. The fiscal agent applying for academic contest funds shall be an authorized district representative and responsible for the disbursement of travel funds.
 - e. A school district receiving academic contest funds shall submit a completion report and return any unused portion within 90 days after completion of travel to the Department of Education.
3. Application review and approval; funding limitations.
 - a. The State Board of Education shall annually set expenditure limitations for expenses of students and chaperones. These limitations shall be based on the number of applicants, monies available and current state travel regulations.
 - b. The Superintendent of Public Instruction shall review applications for academic contest funds and shall approve applications based upon the criteria set forth in this Section and the availability of funds.

Historical Note

Adopted effective December 15, 1989 (Supp. 89-4). The Section heading has been updated to title case, the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-314. Definitions

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The following definitions apply to Sections R7-2-315 and R7-2-315.01:

1. "Board examination system" means a complete instructional system that includes all of the following components:
 - a. A coherent group of courses that collectively constitutes a core curriculum at the high school level,
 - b. A comprehensive syllabus for each course,
 - c. Appropriate instructional and teaching materials for each course,
 - d. High quality examinations that are closely aligned with the course syllabus,
 - e. Professional scoring of examinations, and
 - f. Teacher education that is designed to train teachers to properly teach those courses.
2. "Grand Canyon Diploma" means a high school diploma that is offered to any student who demonstrates readiness for college level mathematics and English according to standards prescribed by an interstate compact on board examination systems, who has passing grades on an additional set of required approved board examinations in core academic courses as determined by the State Board of Education.
3. "Readiness for college level mathematics and English" means that a student has the mathematics and English skills and knowledge needed to succeed in college level courses that count toward a degree or certificate without taking remedial or developmental coursework.

Historical Note

Adopted effective August 14, 1991 (Supp. 91-4).
 Repealed effective February 20, 1997 (Supp. 97-1). New
 Section made by exempt rulemaking at 18 A.A.R. 1025,
 effective January 24, 2011 (Supp. 12-2).

R7-2-315. Board Examination Systems; Offerings; Procedures

- A. The State Board of Education shall select board examination systems that may be used by traditional public schools and charter schools in accordance with the requirements of this Section. Board examination systems selected by the State Board of Education shall:
 1. Be approved by an interstate compact on board examination systems,
 2. Be periodically modified to reflect core standards selected by an interstate compact on board examination systems,
 3. Be aligned to State Board of Education approved academic standards,
 4. Have common passing scores that are prescribed by an interstate compact on board examination systems that are set to the level of literacy required to succeed in college-level courses offered by community colleges in this state that count toward a degree or certificate without taking remedial or developmental coursework.
- B. The State Board of Education shall contract with a private organization to act as primary administrator of approved board examination systems. The private organization shall:
 1. Identify, select and contract with a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services to develop and maintain an interstate system of approved board examination systems.
 2. Provide data and other information to a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services the national organization deems necessary to set appropriate performance standards for students in this state. The Department of Education shall provide data and other information to the private organization, as necessary.
 3. Conduct technical studies required by the State Board of Education to compare the scores on approved board examinations by the students in this state to scores on the Arizona Instrument to Measure Standards Test and other measures deemed necessary to ensure the efficacy of the approved board examinations. The private organization may contract with other entities that are selected by the State Board of Education for the purpose of conducting technical studies.
 4. In cooperation with the Superintendent of Public Instruction and the State Board of Education, solicit monies from all lawful private and public sources, including federal monies, to offset the costs of instruction provided to students pursuant to this Section.
 5. Exercise general supervision over the implementation of the approved board examination systems in this state.
 6. Prepare an annual report for the State Board of Education, which shall forward it to the legislature and the governor, on the progress made toward the goals established in A.R.S. Title 15, Chapter 7, Article 6. Participating schools and the Department of Education shall provide data to the private organization as needed in order to complete the annual report.
 7. Identify, select and represent this state on the national governing body of an interstate compact on board examination systems, as approved by the State Board of Education.
 8. Select this state's representatives in an interstate compact on board examination systems in accordance with the policies prescribed by that interstate compact.
 9. Develop the Grand Canyon Diploma to be approved and adopted by the State Board of Education.
- C. The Department of Education shall develop a system, subject to State Board of Education approval, to track the academic progress of pupils who participate in board examination systems.
- D. School districts or charter schools wishing to implement an approved board examination in one or more schools shall:
 1. Send written notice to the private organization described in this Section indicating that school district's or charter school's interest in implementing an approved board examination system,
 2. Submit an implementation plan to the private organization described in this Section that includes at least the following elements:
 - a. The specific approved board examination system the school district wishes to implement;
 - b. A proposed timeline for the implementation of an approved board examination system;
 - c. A description of the funding model that will be employed to ensure the sustainability of the approved board examination system offering;
 - d. A communication plan for students and parents that provides an overview of the selected approved board examination system, potential course offerings, a description of student support systems, and contact

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information for students and parents to obtain more detailed information regarding board examination systems and the Grand Canyon Diploma option, as defined in R7-2-315.01.

- E. Upon receipt of an implementation plan described in this Section the private organization shall work cooperatively with the applicable school district or charter school to ensure that the plan is feasible and to modify any elements of the plan deemed necessary for successful implementation of the approved board examination system.

Historical Note

Adopted effective November 17, 1994 (Supp. 94-4).
Repealed effective February 20, 1997 (Supp. 97-1). New
Section made by exempt rulemaking at 18 A.A.R. 1025,
effective January 24, 2011 (Supp. 12-2).

R7-2-315.01. Grand Canyon Diploma

- A. School districts and charter schools in this state may choose to offer a Grand Canyon Diploma beginning in the 2012 – 2013 school year. A high school student who is enrolled in a school district or charter school that offers a Grand Canyon Diploma may choose to pursue a Grand Canyon Diploma.
- B. A student may be awarded a Grand Canyon Diploma at the end of grade 10 or during or at the end of grade 11 or 12 provided that the student has passed both the mathematics and English assessments for the applicable approved board examination system, and the student has successfully completed the following subject area requirements within board examination system curriculum:
1. Two credits of English;
 2. Two credits of mathematics;
 3. Two credits of science, including lab-based science, engineering or information technologies;
 4. One credit of American History;
 5. One credit of World History;
 6. One credit of fine arts or career and technical education and vocational education; and
 7. One-half credit of economics.
- C. A student that satisfies all the criteria for issuance of a Grand Canyon Diploma is exempt from the minimum course of study requirements delineated in R7-2-302.02.
- D. Students who earn a Grand Canyon Diploma shall have multiple pathways available to them and may:
1. Enroll the following semester in a community college under the jurisdiction of a community college in this state. Students who take community college courses on high school campuses pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
 2. Remain in high school and enroll in additional advanced preparation board examination programs that are designed to prepare students for admission to high quality postsecondary institutions that offer baccalaureate degree programs. These board examination programs shall be selected from a list provided by an interstate compact for board examination systems and approved by the State Board of Education. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
 3. Enroll in a full-time career and technical education program offered on a community college campus, a high school campus or a joint technical education district campus, or any combination of these campuses. Students who

elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.

4. Return to a traditional academic program without completing the next level of board examination systems curriculum through the end of grade 12. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
- E. Students who pursue but do not earn a Grand Canyon Diploma at the end of grade 10 or 11 shall receive a customized program of assistance during the next school year that addresses the areas in which the student demonstrated deficiencies in the approved board examinations. These students may retake the board examinations at the next available examination administration. Students may choose to return to a traditional academic program without completing the board examination system curriculum.
- F. A student who remains in a board examination system curriculum through grade 12 and does not pass the board examination may graduate with a standard diploma provided that the student meets the following requirements:
1. The student has passed the Arizona Instrument to Measure Standards assessments in mathematics and English or received a sufficient score as determined by the State Board of Education on the ACT, SAT, or an approved board examination in mathematics and English.
 2. The student has earned at least 22 credits and has passed a State Board of Education approved sequence of courses within the board examination system curriculum. For the purpose of this requirement the private organization and the Department of Education shall recommend for State Board of Education approval a sequence of courses for each approved board examination system. The sequence of courses for each board examination system shall ensure that students receive instruction in all State Board of Education approved academic standards encompassed in R7-2-302.02(1)(a) through (e).
- G. A student who is enrolled in a school district or charter school that does not offer a board examination system curriculum may earn a Grand Canyon Diploma by:
1. Obtaining a passing score on the assessments of an approved board examination system in each of the subject areas delineated in R7-2-315.01(B)(1) through (6), and
 2. Completing a high school course in economics.

Historical Note

New Section made by exempt rulemaking at 18 A.A.R.
1025, effective January 24, 2011 (Supp. 12-2).

Appendix A. Repealed**Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).
Repealed effective February 20, 1997 (Supp. 97-1).

R7-2-316. Charter Schools Stimulus Fund

- A. "Start-up costs" mean those costs associated with developing or implementing the following essential components of a charter school:
1. The hiring of teachers and other essential staff members;
 2. The hiring of a chief administrative officer and other costs associated with instituting the administrative structure of the school;

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3. Curriculum development and implementation;
 4. The leasing of physical facilities or equipment and costs associated with establishment of utility services and accounts;
 5. Operational expenses incurred prior to the date on which the charter school begins operations;
 6. The development and implementation of an accounting system which complies with the uniform system of financial records requirements;
 7. Obtaining insurance, including prepayment of premiums which will effectuate insurance coverage during the first year of operation;
 8. Costs associated with licensing and compliance with other health, safety and civil rights requirements.
- B.** “Costs associated with renovating or remodeling existing buildings and structures” means those costs associated with the following essential components:
1. Modifications affecting the structural integrity of the building, including those changes needed to meet building code and zoning standards.
 2. Modifications needed to meet non-structural building code requirements, such as those related to plumbing, electrical wiring and fire safety.
 3. Modifications needed to meet state health standards, such as those related to rest rooms and food preparation and service.
 4. Adjusting the size of rooms to accommodate the number of students to be served.
 5. Construction-related finish work, such as exterior and interior replastering and painting, carpeting, flooring, baseboards and door hanging.
 6. Roofing and air conditioning/heating installation or repair required prior to operation of the school.
 7. Access requirements for persons with disabilities.
- C.** The State Board of Education shall, subject to legislative appropriation, provide an initial grant or an additional grant from the charter schools stimulus fund to applicants who have a charter or application that has been approved by a sponsor pursuant to A.R.S. § 15-183 and who meet the requirements of A.R.S. § 15-188 and this Section. The grant may be in any amount up to \$100,000 per charter school applicant or charter school.
- D.** The application for an initial grant shall include:
1. A copy of the applicant’s charter;
 2. The identity of the sponsor which approved the charter;
 3. The total amount of funding requested;
 4. An itemization of the specific start-up costs and costs associated with renovating or remodeling existing building and structures for which the funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested;
 5. The number of students to be served at the school;
 6. The dimensions of the facility in which the school is to be operated;
 7. A description of the extent to which the facility must be remodeled or renovated in order to meet applicable health and safety standards, unless this information is included in the applicant’s charter.
- E.** The application for an additional grant shall be in a format approved by the State Board of Education and shall include:
1. The date and amount of the initial grant award.
 2. A copy of any amendments or other modifications to the charter or application which formed the basis for the initial grant.
 3. The identity of the current sponsor of the charter school.
 4. An itemized accounting of the expenditures made with the initial grant monies.
 5. The total amount of additional funding requested.
 6. An itemization of the specific start-up costs associated with renovating or remodeling existing buildings and structures for which the additional funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested.
- F.** In its review of an application for a stimulus fund grant, the State Board of Education may receive information concerning the application from the Department of Education, an advisory committee, and any other source. The State Board may award a grant in an amount different from that requested by the applicant. No grant shall be awarded pursuant to this Section unless the State Board determines that:
1. Every amount requested in the applicant’s itemization of costs is for the essential component with which the amount is associated; and
 2. Based on all of the information before the State Board concerning the application, there is a rational basis for the award of funds.
- G.** No applicant or charter school shall be eligible for more than one initial grant and one additional grant, regardless of the amount awarded.
- H.** An applicant who receives an initial grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the initial 18-month period.
- I.** An applicant who receives an additional grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the applicable 18-month period and is in addition to any amounts required by subsection (H).
- J.** An applicant for a grant pursuant to this Section shall be notified of the date at which the State Board of Education shall consider the application no less than 10 days in advance thereof. Written notification of the Board’s decision concerning an application for a grant shall be mailed to the applicant within 10 days following such decision.

Historical Note

Adopted effective April 20, 1995 (Supp. 95-2). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-317. State Seal of Biliteracy Program

- A.** Definitions. For purposes of this Section, “foreign language” means any language other than English.
- B.** School districts and charter schools in this state may choose to participate in the State Seal of Biliteracy Program (Program) which recognizes students who have attained a high level of proficiency in one or more foreign languages, in addition to English. School districts and charter schools participating in the Program may award the State Seal of Biliteracy to any high school student who graduates from a school operated by the

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school district or charter school and who meets the requirements of subsections (B)(1) or (2), and subsection (B)(3).

1. **Assessment Method.** To demonstrate language proficiency through the assessment method, the student must attain the required score on a language assessment as adopted by the State Board of Education, upon recommendation by the Arizona Department of Education, for purposes of demonstrating language proficiency for the Program in the four domains of speaking, writing, listening, and reading.
2. **Alternative evidence model.** A school district or charter school may choose to award the State Seal of Biliteracy through an alternative evidence method.
 - a. An alternative evidence method may be used in any of the following circumstances:
 - i. No standardized assessment exists for the targeted foreign language;
 - ii. Evaluating the language proficiency of a student with disabilities for whom the standardized assessment is inappropriate as determined by the student's Individualized Education Program team or a student on a 504 plan as determined by the student's 504 plan committee; or
 - iii. The standardized assessment for the targeted foreign language does not assess one or more of the four domains of speaking, writing, listening and reading.
 - b. Any alternative evidence method used shall consist of a student portfolio that contains evidence of experience in the targeted foreign language, as well as work samples, test results and other accomplishments that demonstrate proficiency, as established in the guidelines developed by the Arizona Department of Education, in the targeted foreign language in the four domains of speaking, writing, listening and reading. Student portfolios shall comply with guidelines adopted by the Department.
 - c. A school district or charter school that uses an alternative evidence model must notify the Arizona Department of Education.
3. To be eligible to be awarded the State Seal of Biliteracy, each student shall also demonstrate proficiency in English by meeting the following requirements:
 - a. The student must successfully complete all English Language Arts requirements for graduation, pursuant to R7-2-302, with an overall grade point average in those classes of 2.0 or higher on a 4.0 scale, or the equivalent; and
 - b. The student receives a passing score in English Language Arts on one of the following:
 - i. The statewide assessment adopted pursuant to A.R.S. § 15-741, an assessment approved by the Board pursuant to A.R.S. § 15-741.02, or another state's statewide assessment;
 - ii. A nationally recognized college entrance exam;
 - iii. An exam that is accepted for credit or admission by at least one university under the jurisdiction of the Arizona Board of Regents; or
 - iv. An end of course exam administered as part of a dual enrollment or concurrent enrollment course.
 - c. If the student has a primary home language other than English, the student shall obtain a score of pro-

ficient based on the English language proficiency standards pursuant to A.R.S. § 15-756.

- C. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Biliteracy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Biliteracy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Biliteracy on the transcript of the student.
- D. The Arizona Department of Education shall post on its website by July 1 of each year, the list of acceptable language assessments and the score to be achieved on each, as approved by the Board, which qualifies the student as proficient in a foreign language. The Arizona Department of Education shall ensure that all approved assessments are aligned to the Arizona world and native languages standards adopted by the Board.
- E. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
 1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website.
 2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
 3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Biliteracy, the number of seals for each targeted foreign language and the method used to determine proficiency in the foreign language.
 4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- F. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

Historical Note

New Section made by final exempt rulemaking at 22 A.A.R. 3367, effective October 24, 2016 (Supp. 16-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1529, effective August 27, 2021 (Supp. 21-3).

R7-2-318. K through Three Reading Program

- A. In this Section, unless the context otherwise requires:
 1. "Intensive reading instruction" is a proactive instructional approach used to reduce the likelihood of future reading problems by addressing severe and persistent difficulties with learning to read through the use of evidence-based instruction in smaller-group settings, increased instructional time, and increased intensity that is aligned to individual student needs or deficiencies and is driven by ongoing student performance data from a valid assessment tool.
 2. "Interventions" are instructional supports provided to students with the purpose of preventing and remediating reading difficulties. These supports are organized in tiers which provide increasing instructional intensity and support with each level.

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3. "Motivational assessments" are measures of motivation or attitudes toward reading and produce information to monitor student progress.
 4. "Prevention" is instructional support provided to students before students have experienced failure in learning to read.
 5. "Remediation" is instructional support provided to students after a student has experienced significant and persistent difficulties in learning to read.
 6. "Universal screeners" are very brief measures based on established standardized benchmarks or performance targets developed through extensive research designed to improve accuracy of identifying students who will likely need additional support for meeting grade level reading standards.
- B.** Prior to the release of monies generated by the K through three reading support level weight, each school district or charter school shall submit to the Department on or before October 1, a comprehensive local education agency K through three reading program plan, using the format prescribed by the Department.
- C.** Pursuant to A.R.S. §§ 15-211, 15-701 and 15-704, the K through three reading program plan submission shall contain the following components for pupils in half-day and full-day kindergarten programs and grades one through three:
1. School literacy contacts, literacy team members and master K through three school schedules, to include all subject areas, with a clear emphasis on literacy instruction and displaying all levels of reading support;
 2. A list of the staff who reviewed and approved the individual school K through three reading program plan, including special education directors/staff and staff directly involved with reading instruction;
 3. Program expenditures for the prior school year and a budget for the current school year regarding the monies used only on instructional purposes intended to improve reading proficiency from the K through three support level weight and the K through three reading support level weight;
 4. An analysis of the effectiveness of the local education agency's K through three reading program for the previous school year and plans for improvement for the current school year, including the specific strategies being employed to support populations currently eligible for exemption from retention, such as struggling readers, English language learners, and students with disabilities;
 5. Core reading programs which teach the essential components of reading instruction including explicit and systematic phonics pursuant to A.R.S. § 15-704(H)(1), with a description of the frequency and duration of the instruction;
 6. Date of last K through three reading curriculum review for standards alignment;
 7. Tier II and Tier III intensive reading intervention programs including reading programs used for students with disabilities (separate from specially designed instruction outlined within a child with a disability's individualized education program), including frequency and duration;
 8. A sample template of a parental notification letter;
 9. Evidence-based intervention and remedial services provided to students,
 10. Evidence of ongoing teacher training based on evidence-based reading research; and
 11. Assurance that all parts of the assessment system are accessible to all students as required by federal law.
- D.** The local education agency shall submit universal screening data by October 1, winter data by February 1 and spring data by June 1 for pupils in kindergarten programs and grades one through three. Beginning with school year 2025-2026, reported data to the Arizona Department of Education will include third grade statewide ELA exam data disaggregated by subgroups.
1. Student counts of subgroups that are less than 11 are to be reviewed by the LEA, but are to be redacted for reporting purposes by the Arizona Department of Education.
 2. Subgroups:
 - a. All,
 - b. English Learners,
 - c. American Indian or Alaska Native,
 - d. Asian,
 - e. African American/Black,
 - f. Hispanic or Latino,
 - g. Multiple Races,
 - h. Native Hawaiian or Pacific Islander,
 - i. White,
 - j. Income Eligibility 1 and 2, and
 - k. Students with Disabilities.
- E.** Each school district or charter school governing body shall submit data for the prior school year on the total number of pupils that were subject to retention, the total number that were promoted, the total number actually retained and the interventions administered pursuant to A.R.S. § 15-701 to the Department no later than October 1 and prior to the release of monies generated by the K through three reading support level weight.
- F.** The State Board prescribes competency requirements for the promotion of pupils from the eighth grade and competency requirements for the promotion of pupils from the third grade incorporating the academic standards in at least the areas of reading, writing, mathematics, science and social studies. The competency requirements for the promotion of pupils from the third grade include the following:
1. A pupil shall not be promoted from the third grade if the pupil obtains a score on the reading portion of the statewide assessment that does not demonstrate sufficient reading skills as established by the state board. A pupil may not be retained pursuant to this subsection if data regarding the pupil's performance on the statewide assessment is not available before the end of the current academic year and may not be retained due to Move On When Reading more than once. A pupil who is not retained due to the unavailability of test data must receive evidence-based intervention and remedial strategies pursuant to A.R.S. § 15-701(A)(2)(c) if the third-grade assessment data subsequently does not demonstrate sufficient reading skills.
 - a. Each school district shall continue to provide targeted reading interventions and supports for students who are promoted to fourth grade due to one of the good-cause exemptions. As an example, implementing the following evidence-based practices:
 - i. Placement with a highly-effective teacher, as determined by teacher evaluations;
 - ii. Use of a valid literacy assessment to determine specific areas of struggle with reading;
 - iii. High-dose tutoring targeted to the specific areas of struggle, including:

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- (1) Continued development of phonological awareness skills;
 - (2) Continued development of decoding skills;
 - (3) Continued development of fluency skills;
 - iv. Use of a valid and reliable literacy assessment for regular progress monitoring;
 - v. Regular communication with the parents/guardians of students receiving supports to detail the reports received at school and specific strategies that parents can use to support students in the home.
 - b. Each school district or charter school governing body shall use a valid and reliable literacy assessment to collect and provide updated data on the progress of students who are promoted to fourth grade due to one of the good-cause exemptions.
 2. A school district governing board or the governing body of a charter school may promote a pupil from the third grade who does not demonstrate sufficient reading skills pursuant to subsection (F)(1) if the pupil:
 - a. Is an English learner or a limited English proficient student as defined in A.R.S. § 15-751 and has had fewer than three years of English language instruction.
 - b. Is in the process of a special education referral or evaluation for placement in special education, has been diagnosed as having a significant reading impairment, including dyslexia, or is a child with a disability as defined in A.R.S. § 15-761 if the pupil's individualized education program team and the pupil's parent or guardian agree that promotion is appropriate based on the pupil's individualized education program.
 - c. Has demonstrated or subsequently demonstrates sufficient reading skills or adequate progress toward sufficient reading skills of the third grade reading standards as evidenced through a collection of valid and reliable reading assessments approved by the State Board of Education, which includes an alternative standardized reading assessment approved by the state board. The approved alternative standardized reading assessment shall be a re-administration of the statewide third-grade English language arts exam, which shall be administered by the Arizona Department of Education, and shall use the same State Board approved K through three reading program (Move On When Reading) cut score.
 - d. Receives intervention and remedial services during the summer or a subsequent school year pursuant to A.R.S. § 15-701(A)(2)(c) and demonstrates sufficient progress based on guidelines issued in A.R.S. § 15-701(B)(7). Sufficient progress toward reading may be demonstrated by meeting the State Board of Education approved cut score for the K through three reading program (Move On When Reading) on a readministration of the statewide third-grade English language arts exam as administered by the Arizona Department of Education.
- G.** On or before December 15, the Department of Education shall submit an annual report on the K through three reading program to the governor, the president of the Senate and the speaker of the House of Representatives and shall provide a copy of this annual report to the secretary of state, the State Board of Education and the chairpersons of the education committees of the Senate and the House of Representatives. The report shall contain all of the following:
1. Information on the improvement of K through three reading in this state, including achievement data statewide and achievement data at the school district and charter school level. The information pursuant to this paragraph shall include data and information on continued proficiency on the statewide assessment in subsequent grades.
 2. A description of the activities of the department to support school districts and charter schools in improving K through three reading.
 3. Specific findings on methods by which the department may continue to improve support and assistance for school districts and charter schools in the administration of K through three reading program plans.
 4. Information and data on K through three reading program plans throughout this state and the expenditure of K through three reading monies by school districts and charter schools.
 5. Information on the progress towards reading at grade level of students who were promoted in the previous year due to a good cause exemption, including strategies used to support these students and the progress they have made towards grade-level reading.
 - a. Example Strategies:
 - i. Placement with a highly-effective teacher, as determined by teacher evaluations;
 - ii. Use of a valid literacy assessment to determine specific areas of struggle with reading;
 - iii. High-dose tutoring targeted to the specific areas of struggle, including:
 - (1) Continued development of phonological awareness skills;
 - (2) Continued development of decoding skills;
 - (3) Continued development of fluency skills;
 - iv. Use of a valid literacy assessment for regular progress monitoring;
 - v. Regular communication with the parents/guardians of students receiving supports to detail the reports received at school and specific strategies that parents can use to support students in the home.
 6. Data reported pursuant to A.R.S. § 15-701(A)(2)(d).
 1. Beginning with school year 2025/2026, the Arizona Department of Education shall disaggregate and report the data submitted by local education agencies by subgroup by grade level for each of the three data submission windows. Student counts of subgroups that are less than 11 are to be redacted for reporting purposes.
 2. Subgroups:
 - i. All,
 - ii. English Learners,
 - iii. American Indian or Alaska Native,
 - iv. Asian,
 - v. African American/Black,
 - vi. Hispanic or Latino,
 - vii. Multiple Races,
 - viii. Native Hawaiian or Pacific Islander,
 - ix. White,
 - x. Income Eligibility 1 and 2,
 - xi. Students with Disabilities;

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- (1) Autism,
- (2) Developmental delay,
- (3) Emotional disability,
- (4) Hearing impairment,
- (5) Other health impairment,
- (6) Specific learning disability,
- (7) Mild, moderate, or severe intellectual disability,
- (8) Multiple disabilities,
- (9) Multiple disabilities with severe sensory impairment,
- (10) Orthopedic impairment,
- (11) Preschool severe delay,
- (12) Speech/language impairment,
- (13) Traumatic brain injury,
- (14) Visual impairment.

Historical Note

New Section made by final exempt rulemaking at 23 A.A.R. 1637, effective May 22, 2017 (Supp. 17-2). The hyphen between “K-3” and the numeral “3” have been corrected to the words “through three” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 2532 (October 10, 2023), effective September 25, 2023 (Supp. 23-3).

R7-2-319. State Seal of Personal Finance Proficiency

A. School districts and charter schools may participate in the State Seal of Personal Finance Proficiency Program (Program), which recognizes students who have attained a high level of proficiency in personal finance. School districts and charter schools participating in the Program may award the State Seal of Personal Finance Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (A)(2) of this subsection. To be eligible to be awarded the State Seal of Personal Finance Proficiency, each student shall do each of the following:

1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent; and
2. Complete all of the following activities:
 - a. Passage of an assessment. The student shall attain the required score on one personal finance assessment as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
 - b. Completion of an approved Personal Finance Program. The student shall complete one of the personal finance programs as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
 - c. Participation in a curricular or extracurricular program. The student shall complete one personal finance curricular or extracurricular program as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency; and
 - d. Demonstrated college and/or career readiness plan. The student shall complete one college and career readiness plan as adopted by the State Board of Education, defined by the Arizona Department of Education,

for purposes of demonstrating personal finance proficiency.

- B. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Personal Finance Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Personal Finance Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Personal Finance Proficiency on the transcript of the student.
- C. The Arizona Department of Education shall post on its website by July 1 of each year:
 1. The list of acceptable personal finance assessments and the score to be achieved on each, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(a);
 2. The list of acceptable personal finance programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(b);
 3. The list of acceptable personal finance curricular or extracurricular programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(c); and
 4. The list of acceptable college and/or career readiness plans, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(d).
- D. Each school district and charter school that participates in the Program shall meet the following requirements:
 1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
 2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
 3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Personal Finance Proficiency; and
 4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

Historical Note

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1).

R7-2-320. State Seal of Civics Literacy

- A. School districts and charter schools may participate in the State Seal of Civics Literacy Program (Program), which recognizes students who have attained a high level of proficiency in Civics. School districts and charter schools participating in the Program may award the State Seal of Civics Literacy to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in (A)(1), (2) and (3) of this subsection. To be eligible, each student shall do all of the following:

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1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent;
2. Pass the Civics test prescribed in R7-2-302; and
3. Complete all of the following activities:
 - a. Civic Learning Programs. The student shall complete the required number of civic learning programs for purposes of demonstrating civic literacy.
 - i. Students graduating in school year 2019-2020 shall complete at least two approved civic learning programs.
 - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least three approved civic learning programs.
 - b. Civic Engagement Activities. The student shall complete the required number of civic engagement activities as for purposes of demonstrating civic literacy.
 - i. Students graduating in school year 2019-2020 shall complete at least one approved civic engagement activity.
 - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least two approved civic engagement activities.
 - iii. Students graduating in school year 2024-25 and thereafter shall complete at least 30 hours engaged in civic engagement activities.
 - (1) At least 10 hours shall be satisfied through approved civic engagement activities.
 - (2) Remaining hours may be satisfied through community service if the students are focused on solving a public problem. Community service hours shall be satisfied through unpaid work with a public agency or charitable organization that services the public good.
 - c. Written Reflection. The student shall complete a writing assignment as adopted by the State Board of Education for purposes of demonstrating civic literacy proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Civics Literacy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Civics Literacy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Civics Literacy on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
 1. The list of acceptable civic learning programs, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(a);
 2. The list of acceptable civic engagement activities, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b);
 3. The defined number of hours of community service for a public agency or charitable organization that serves the public good, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b); and
 4. The list of written assignments, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(c).
- D.** Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
 1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
 2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
 3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Civics Literacy; and
 4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

Historical Note

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

R7-2-321. State Seal of Arts Proficiency

- A.** School districts and charter schools in this state may choose to participate in the State Seal of Arts Proficiency Program, which recognizes students who have attained a high level of proficiency in the Arts. School districts and charter schools participating in the Program may award the State Seal of Arts Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (2). To be eligible, a student shall do both of the following:
 1. Complete all qualifying Arts and Career and Technical Education (CTE) courses with GPA of 3.0 or better on a 4.0 scale, or the equivalent.
 2. Complete the required activities from each of the following three categories:
 - a. Minimum Credit Requirements. The student shall complete one of the following credit pathways of Arts and CTE classes as follows:
 - i. A minimum of 4 credits in one artistic discipline; or
 - ii. 3 credits in one artistic discipline, and 1 qualifying creative industries CTE credit or separate artistic discipline; or
 - iii. 2 credits in one artistic discipline, and 2 credits in a qualifying creative industries CTE credits or separate artistic discipline.
 - b. Arts related extracurricular activities. The student shall complete the required number of hours engaged in arts related extracurricular activity for purposes of demonstrating arts proficiency as follows:
 - i. Students graduating in school year 2019-2020 must complete at least 30 hours engaged in arts related extracurricular activities as identified by the school district or charter school.

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- ii. Students graduating in school year 2020-2021 must complete at least 45 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
 - iii. Students graduating in school year 2021-2022 must complete at least 60 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
 - iv. Students graduating in school year 2022-2023 and beyond must complete at least 80 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
 - c. Student Capstone Project. The student shall complete a Capstone Project, as defined by the Arizona Department of Education, for purposes of demonstrating arts proficiency.
 - B. By October 1 of each year, the Arizona Department of Education shall make the State Seal of Arts Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Arts Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Arts Proficiency on the transcript of the student.
 - C. The Arizona Department of Education shall post on its website by July 1 of each year:
 1. A list of arts and CTE classes which meet the requirements of R7-2-321(A)(2)(a);
 2. A list of extracurricular arts activities which meet the requirements of R7-2-321(A)(2)(b);
 3. A list of student capstone examples which meet the requirements of R7-2-321(A)(2)(c).
 - D. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
 1. Notify the Arizona Department of Education of its intent to participate in the Program by September 15 by filling out the form provided on the Arizona Department of Education's website.
 2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
 3. Using a format prescribed by the Arizona Department of Education, submit a list of qualifying students who have met graduation and Arts Seal pathway requirements to the Arizona Department of Education by April 15 of each year.
 4. Make information available to parents and students regarding the Program and the name and contact information for the coordinator of the Program.
 - E. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.
- Historical Note**
 New Section made by final exempt rulemaking at 25
 A.A.R. 3399, effective October 28, 2019 (Supp. 19-4).
- ARTICLE 4. SPECIAL EDUCATION**
 Authority: Laws 2017, Ch. 337
- R7-2-401. Special Education Standards for Public Agencies Providing Educational Services**
- A. For the purposes of this Article, the Individuals with Disabilities Education Improvement Act (IDEA), 20 U.S.C. 1400 et seq. and its implementing regulations, 34 CFR 300.1 et seq., are incorporated herein by reference. Copies of the incorporated material can be obtained from the U.S. Government Printing Office, <https://bookstore.gpo.gov/catalog/law-regulations> or the Arizona Department of Education, Exceptional Student Services, 1535 West Jefferson Street, Phoenix, Arizona 85007.
 - B. Definitions. All terms defined in the IDEA, its implementing regulations and A.R.S. § 15-761 are applicable, with the following additions:
 1. "Accommodations" means the provisions made to allow a student to access the general education curriculum and demonstrate learning. Accommodations do not substantially change the instructional level, content or performance criteria, but are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. Accommodations shall not alter the content of the curriculum or a test, or provide inappropriate assistance to the student within the context of the test.
 2. "Administrator" means the chief administrative official or designee authorized to act on behalf of a public education agency.
 3. "Boundaries of responsibility" means for:
 - a. A school district, the geographical area within its legally designated boundaries.
 - b. A charter school, the population of students enrolled in the charter school.
 - c. A public education agency other than a school district or charter school, the population of students receiving educational services from a public education agency.
 4. "Child with a disability," has the same meaning prescribed in A.R.S. § 15-761.
 5. "Department" means the Arizona Department of Education.
 6. "Exceptional Student Services" means the Exceptional Student Services Division of the Arizona Department of Education.
 7. "Evaluator" means a person trained and knowledgeable in a field relevant to the child's disability who administers specific and individualized assessment for the purpose of special education evaluation and placement.
 8. "Full and individual evaluation" means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:
 - a. A review of existing information about the child;
 - b. A decision regarding the need for additional information;
 - c. If necessary, the collection of additional information; and
 - d. A review of all information about the child and a determination of eligibility for special education services and needs of the child.
 9. "Independent educational evaluation" means an evaluation conducted by an evaluator who is not employed by the public education agency responsible for the education of the child in question.
 10. "Informed written consent" means a person has been fully informed of all information relevant to the activity for which consent is sought, in the person's native lan-

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guage or through another mode of communication; the person understands and agrees in writing to the carrying out of the activity for which consent is sought; and the person understands that the granting of consent is voluntary and may be revoked at any time.

11. "Interpreter" means a person trained to translate orally or in sign language in matters pertaining to special education identification, evaluation, placement, the provision of free appropriate public education (FAPE), or assurance of procedural safe-guards for parents and students who converse in a language other than spoken English. Each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE.
 12. "Multidisciplinary Evaluation Team" has the same meaning prescribed in A.R.S. § 15-761.
 13. "Modifications" means substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities.
 14. "Private school" means any nonpublic educational institution where academic instruction is provided, including nonsectarian and parochial schools, that are not under the jurisdiction of the state or a public education agency.
 15. "Private special education school" means a nonpublic educational institution where instruction is provided primarily to students with disabilities. The school may also serve students without disabilities.
 16. "Public education agency" or "PEA" means a school district, charter school, accommodation school, state supported institution, or other political subdivision of the state that is responsible for providing education to children with disabilities.
 17. "Qualified professionals" means individuals who have met state approved or recognized degree, certification, licensure, registration or other requirements that apply in the areas in which the individuals are providing services such as screening, identification, evaluation, general education, special education or related services, including supplemental aids and services.
 18. "Specially designed instruction" has the same meaning prescribed in A.R.S. § 15-761.
 19. "Special education teacher" means a teacher holding a special education certificate from the Arizona Department of Education.
 20. "Suspension" has the same meaning prescribed in A.R.S. § 15-840.
- C. Public Awareness.**
1. Each public education agency shall inform the general public and all parents, within the public education agency's boundaries of responsibility, of the availability of special education services for students aged 3 through 21 years and how to access those services. This includes information regarding early intervention services for children aged birth through 2 years.
 2. School districts are responsible for public awareness in private schools located within their boundaries of responsibility.
- D. Child Identification and Referral.**
1. Each public education agency shall establish, implement, and make available, either in writing or electronically, to its school-based personnel and all parents, within the public education agency boundaries of responsibility, written procedures for the identification and referral of all children with disabilities, aged birth through 21, including children with disabilities attending private schools and home schools, regardless of the severity of their disability.
 2. Each public education agency shall require appropriate school-based personnel to review the written procedures related to child identification and referral on an annual basis. The public education agency shall maintain documentation of school-based personnel review.
 3. Procedures for child identification and referral shall meet the requirements of the IDEA and regulations, A.R.S. Title 15, Chapter 7, Article 4 and this Chapter.
 4. The public education agency responsible for child identification activities is the school district in which the parents reside unless:
 - a. The student is enrolled in a charter school or public education agency that is not a school district. In that event, the charter school or public education agency is responsible for child identification activities;
 - b. The student is enrolled in a non-profit private school. In that event, the school district within whose boundaries the private school is located is responsible for child identification activities.
 5. Identification (screening for possible disabilities) shall be completed within 45 calendar days after:
 - a. Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
 - b. Notification to the public education agency by parents of concerns regarding developmental or educational progress by their child aged 3 years through 21 years.
 6. Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures.
 7. For a student transferring into a school; the public education agency shall review enrollment data and educational performance in the prior school. If there is a history of special education for a student not currently eligible for special education, or poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
 8. If a concern about a student is identified through screening procedures or through review of records, the public education agency shall notify the parents of the student of the concern within 10 school days and inform them of the public education agency procedures to follow-up on the student's needs.
 9. Each public education agency shall maintain documentation of the identification procedures utilized, the dates of entry into school or notification by parents made pursuant to subsection (D)(5), and the dates of screening. The results shall be maintained in the student's permanent records in a location designated by the administrator. In the case of a student not enrolled, the results shall be maintained in a location designated by the administrator.
 10. If the identification process indicates a possible disability, the name of the student shall be submitted to the adminis-

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trator for consideration of the need for a referral for a full and individual evaluation or other services. A parent or a student may re-request an evaluation of the student. For parentally-placed private school students the school district within whose boundaries the non-profit private school is located is responsible for such evaluation.

11. If, after consultation with the parent, the responsible public education agency determines that a full and individual evaluation is not warranted, the public education agency shall provide prior written notice and procedural safeguards notice to the parent in a timely manner.

E. Evaluation/re-evaluation.

1. Each public education agency shall establish, implement, and make available to school-based personnel and parents within its boundaries of responsibility written procedures for the initial full and individual evaluation of students suspected of having a disability, and for the re-evaluation of students previously identified as being eligible for special education.
2. Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and its regulations, state statutes and State Board of Education rules.
3. The initial evaluation of a child being considered for special education, or the re-evaluation per a parental request of a student already receiving special education services, shall be conducted within 60 calendar days from the public education agency's receipt of the parent's informed written consent and shall conclude with the date of the Multidisciplinary Evaluation Team (MET) determination of eligibility.
4. If the parent requests the evaluation the PEA must, within a reasonable amount of time not to exceed 15 school days from the date it receives a parent's written request for an evaluation, either begin the evaluation by reviewing existing data, or provide prior written notice refusing to conduct the requested evaluation. The 60-day evaluation period shall commence upon the PEA's receipt of the parent's informed written consent.
 - a. The consent form and Prior Written Notice may also be provided in the review of data meeting after the determination has been made that additional data are needed.
 - b. Each PEA must publish and make available to parents on its website, its procedures related to requesting an evaluation for special education, including the PEA points of contact for efficient communication.
5. The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child, and the parent and PEA agree in writing to such an extension. Neither the 60-day evaluation period nor any extension shall cause a re-evaluation to exceed the timelines for a re-evaluation within three years of the previous evaluation.
6. The public education agency may accept current information about the student from another state, public agency, public education agency, or through an independent educational evaluation. In such instances, the Multidisciplinary Evaluation Team shall be responsible for reviewing and approving or supplementing an evaluation to meet the requirements identified in subsections (E)(1) through (7).

7. For the following disabilities, the full and individual initial evaluation shall include:

- a. Emotional disability: verification of a disorder by a qualified professional.
- b. Hearing impairment:
 - i. An audiological evaluation by a qualified professional, and
 - ii. An evaluation of communication/language proficiency.
- c. Other health impairment: verification of a health impairment by a qualified professional.
- d. Specific learning disability: a determination of whether the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development that meets the public education agency criteria through one of the following methods:
 - i. A discrepancy between achievement and ability;
 - ii. The child's response to scientific, research-based interventions; or
 - iii. Other alternative research-based procedures.
- e. Orthopedic impairment: verification of the physical disability by a qualified professional.
- f. Speech/language impairment: an evaluation by a qualified professional.
- g. For students whose speech impairments appear to be limited to articulation, voice, or fluency problems, the written evaluation may be limited to:
 - i. An audiometric screening within the past calendar year,
 - ii. A review of academic history and classroom functioning,
 - iii. An assessment of the speech problem by a speech therapist, or
 - iv. An assessment of the student's functional communication skills.
- h. Traumatic brain injury: verification of the injury by a qualified professional.
- i. Visual impairment: verification of a visual impairment by a qualified professional.

8. The Department shall develop a list, subject to review and approval of the State Board of Education, of qualified professionals eligible to conduct the appropriate evaluations prescribed in subsection (E)(7).

9. The Multidisciplinary Evaluation Team shall determine, in accordance with the IDEA and regulations, whether the requirements of subsections (E)(7)(a) through (i) are required for a student's re-evaluation.

F. Parental Consent.

1. A public education agency shall obtain informed written consent from the parent of the child with a disability before the initial provision of special education and related services to the child.
2. If the parent of a child fails to respond to a request for, or refuses to consent to, the initial provision of special education and related services, the public education agency may not use mediation or due process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
3. If the parent of the child refuses to consent to the initial provision of special education and related services, or the parent fails to respond to a request to provide consent for

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the initial provision of special education and related services, the public education agency:

- a. Will not be considered to be in violation of the requirement to make available FAPE to the child because of the failure to provide the child with the special education and related services for which the parent refuses to or fails to provide consent, and
 - b. Is not required to convene an IEP Team meeting or develop an IEP in accordance with these rules.
4. If, at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of special education and related services, the public education agency:
- a. May not continue to provide special education and related services to the child, but shall provide prior written notice before ceasing the provision of special education and related services;
 - b. May not use the mediation procedures or the due process procedures in order to obtain agreement or a ruling that the services may be provided to the child;
 - c. Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
 - d. Is not required to convene an IEP Team meeting or develop an IEP for the child for further provision of special education and related services.
5. If a parent revokes consent in writing for their child's receipt of special education services after the child is initially provided special education and related services, the public agency is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

G. Individualized Education Program (IEP).

1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents written procedures for the development, implementation, review, and revision of IEPs.
2. Procedures for IEPs shall meet the requirements of the IDEA and its regulations, state statutes and State Board of Education rules.
3. Procedures shall include the incorporation of Arizona academic standards as adopted by the State Board of Education into the development of each IEP and address grade-level expectations and grade-level content instruction.
4. Each IEP of a student with a disability shall be developed in accordance with IDEA and its regulations, state statutes and State Board of Education rules. If appropriate to meet the needs of a student and to ensure access to the general curriculum, an IEP team may include specially designed instruction in the IEP that may be delivered in a variety of educational settings by a general education teacher or other certificated personnel provided that certificated special education personnel are involved in the planning, progress monitoring and when appropriate, the delivery of the specially designed instruction.
 - a. Transition services. Beginning not later than the first IEP to be in effect when the child completes 9th grade or reaches age 16, whichever is first, or younger if determined appropriate by the IEP Team,

and updated annually thereafter, the IEP must include:

- i. Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
 - ii. The transition services, including courses of study, needed to assist the child in reaching those goals; and
 - iii. The estimated date of graduation for the student, including the course of study that specifically aligns to the student's individual transition plan. A school shall inform parents in writing at least one year before the anticipated high school graduation date of the child with a disability. This requirement is in addition to and not in lieu of federal requirements at 34 C.F.R. § 300.503 to provide prior written notice, typically sent immediately prior to implementing a change in placement.
- b. Transfer of rights at age of majority. Beginning not later than one year before the child reaches the age of majority under State law, the IEP must include a statement that the child has been informed of the child's rights under part B of the Act, if any that will transfer to the child on reaching the age of majority under 34 C.F.R. § 300.520.
5. Each student with a disability who has an IEP shall participate in the state assessment system. Students with disabilities can test with or without accommodations or modifications as indicated in the student's IEP. Students who are determined to have a significant cognitive disability based on the established eligibility criteria will be assessed with the state's alternate assessment as determined by the IEP team.
6. A meeting of the IEP team shall be conducted to review and revise each student's IEP at least annually, or more frequently if the student's progress substantially deviates from what was anticipated. The public education agency shall provide written notice of the meeting to the parents of the student to ensure that parents have the opportunity to participate in the meeting. After the annual review, the public education agency and parent may agree not to convene an IEP team meeting for the purposes of making changes, and instead may develop a written document to amend or modify the student's current IEP.
7. A parent or public education agency may request in writing a review of the IEP, and shall identify the basis for requesting review. Such review shall take place within 45 school days of the receipt of the request at a mutually agreed upon date and time.
- H. Least Restrictive Environment.**
1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents, written procedures to ensure the delivery of special education services in the least restrictive environment as identified by IDEA and its regulations, state statutes and State Board of Education rules.
 2. A continuum of services and supports for students with disabilities shall be available through each public education agency.
- I. Procedural Safeguards.**

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1. Each public education agency shall establish, implement, and make available to school-based personnel and parents of students with disabilities written procedures to ensure children with disabilities and their parents are afforded the procedural safeguards required by federal statute and regulation and state statute. These procedures shall include dissemination to parents information about the public education agency's and state's dispute resolution options.
 2. In accordance with the requirements of IDEA, prior written notice shall be provided to the parents of a child within a reasonable time after the PEA proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, educational placement or the provision of FAPE to the child, but before the decision is implemented.
- J. Confidentiality.**
1. Each public education agency shall establish, implement, and make available to its personnel and parents written policies and procedures to ensure the confidentiality of records and information in accordance with the IDEA and its regulations, the Family Educational Rights and Privacy Act (FERPA) and its regulations, and state statutes.
 2. Parents shall be fully informed about the requirements of the IDEA and regulations, including an annual notice of the policies and procedures that the PEA shall follow regarding storage, disclosure to a third party, retention, and destruction of personally identifiable information.
 3. The rights of parents regarding education records are transferred to the student at age 18, unless the student has been adjudicated incapacitated, or the student has executed a delegation of rights to make educational decisions pursuant to A.R.S. § 15-773.
 4. Upon receiving a written request, each public education agency shall forward special education records to any other public education agency in which a student has enrolled or is seeking to enroll. Records shall be forwarded within the time-frame specified in A.R.S. § 15-828(F). The public education agency shall also forward records to any other person or agency for which the parents have given signed consent.
- K. Preschool Programs.** Each public education agency responsible for serving preschool children with disabilities shall establish, implement, and make available to its personnel and parents, written procedures for:
1. The operation of the preschool program, in accordance with federal statute and regulation, and state statute, that provides a continuum of placements to students;
 2. The smooth and effective transition from the Arizona Early Intervention Program to a public school preschool program in accordance with the agreement between the Department of Economic Security and the Department; and
 3. The provision of a minimum of 360 minutes per week of instruction in a program that meets at least 216 hours over the minimum number of days.
- L. Children in Private Schools.** Each education agency shall establish, implement, and make available to its personnel and parents written procedures regarding the access to special education services to students enrolled in private schools by their parents as identified by the IDEA and its regulations, state statutes and State Board of Education rules.
- M. Department Responsible for General Supervision and Obligations Related to and Methods of Ensuring Services.**
1. The Department is responsible for the general supervision of services to children with disabilities aged 3 through 21 served through a public education agency.
 2. The Department shall ensure through fund allocation, monitoring, dispute resolution, and technical assistance that all eligible students receive FAPE in conformance with the IDEA and its regulations, A.R.S. Title 15, Chapter 7, Article 4, and this Chapter.
 3. In exercising its general supervision responsibilities, the Department shall ensure that when it identifies noncompliance with the requirements of the IDEA Part B, the noncompliance is corrected as soon as possible, and in no case later than one year after the Department's written notification to the PEA of its identification of the non-compliance.
- N. Procedural Requirements Relating to Public Education Agency Eligibility.**
1. Each public education agency shall establish eligibility for funding with the Department in accordance with the IDEA and its regulations, state statutes and with schedules and methods prescribed by the Department.
 2. In the event the Department determines that a public education agency does not meet eligibility for funding requirements, the public education agency has a right to a hearing before such funding is withheld.
 3. The Department may suspend payments during any time period when a public education agency has not corrected deficiencies in eligibility for federal funds as a result of fiscal requirements of monitoring, auditing, complaint and due process findings.
 4. Each public education agency shall, on an annual basis, determine the number of children within each disability category who have been identified, located, evaluated, and/or receiving special education services. This includes children residing within the boundaries of responsibility of the public education agency who have been placed by their parents in private schools or who are home schooled.
- O. Public Participation.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures to ensure that, prior to the adoption of any policies and procedures needed to comply with federal and state statutes and regulations, there are:
 - a. Public hearings;
 - b. Notice of the hearings; and
 - c. An opportunity for comment available to the general public, including individuals with disabilities and parents of children with disabilities.
 2. This requirement does not pertain to day-to-day operating procedures.
- P. Suspension and Expulsion.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures for the suspension and expulsion of students with disabilities.
 2. Each public education agency shall require all school-based staff involved in the disciplinary process to review the policies and procedures related to suspension and expulsion on an annual basis. The public education agency shall maintain documentation of staff review.
 3. Procedures for such suspensions and expulsions shall meet the requirements of the IDEA and its regulations, and state statutes.

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Historical Note

Amended effective December 11, 1974. Amended effective July 14, 1975 (Supp. 75-1). Amended effective July 1, 1977 (Supp. 77-4). Amended effective April 26, 1978 (Supp. 78-2). Former Section R7-2-401 repealed, new Section R7-2-401 adopted effective December 4, 1978 (Supp. 78-6). Amended by adding subsection (H) as an emergency effective July 20, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Amended (D)(11), (E)(5)(b) and added (H) effective December 14, 1984 (Supp. 84-6). Amended as an emergency effective June 18, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-3). Emergency expired. Amended subsection (D) by adding subsection (12) effective March 13, 1986 (Supp. 86-2). Amended subsection (G) effective July 8, 1986 (Supp. 86-4). Amended subsections (D) and (H) and added subsection (I) effective June 22, 1987 (Supp. 87-2). Amended effective August 2, 1988 (Supp. 88-3). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended to correct a manifest typographical error in subsection (D)(1) (Supp. 01-3). Subsections (D)(9), (E)(4), and (E)(6) amended under A.R.S. § 41-1011 to correct subsection cross-references (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 24 A.A.R. 140, effective October 23, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 31 A.A.R. 2980 (September 19, 2025); effective June 23, 2025, as approved by the Board (Supp. 25-3).

R7-2-402. Standards for Approval of Special Education Programs in Private Schools

- A. Definitions. All terms defined in the regulations for the Individuals with Disabilities Education Improvement Act (IDEA) Amendments, A.R.S. § 15-761, and State Board of Education Section R7-2-401 are applicable.
- B. No student may be placed by a public education agency in a private special education school program unless the facility has been approved as meeting the standards as outlined in this Section, and the public education agency is unable to provide satisfactory education and services through its own facilities and personnel.
- C. In order for a private special education school to be approved by the Department for the purpose of contracting with a public education agency, the private facility shall:
 1. Provide special education instructional programs for students with disabilities that are at least comparable to those provided by the public schools of Arizona and meet the requirements of IDEA.
 2. Provide the following documentation:
 - a. Policies and procedures based on IDEA and state statutes;
 - b. Curriculum that is aligned with the Arizona Academic Standards;
 - c. A completed application;
 - d. Copies of all teacher and related service personnel certifications and licenses; and

- e. If applicable, a copy of North Central Accreditation.
3. Provide certificated special education teachers in each classroom to implement the IEPs of those students assigned to that classroom.
4. Provide related services to meet the needs of the students as indicated on their IEPs.
5. Provide administration personnel such as head teacher, principal, or other administrator certificated in an administrative area or experienced and certificated in the appropriate area of special education.
6. Provide an education that meets the standards that apply to education provided by the public education agency.
7. Maintain student records in accordance with the statutory requirements.
8. Accept all responsibilities concerning instructional programs to the disabled student and parent or guardian that are required of the public schools of Arizona. Ultimate responsibility for any student under contract in a private special education school rests with the public education agency contracting for the students' education.
9. Administer all required statewide assessments to those students placed in the private facility by a PEA or through the educational voucher system.
10. Maintain adequate liability insurance.
11. Maintain an accounting system and budget which includes the costs of operation, maintenance, transportation, and capital outlay, and which is open to review upon request.
12. Maintain an attendance reporting system that provides public education agencies and the Department with required information.
13. Provide notification to contracting public education agencies and the Department of any changes in staff or deletion of programs within 10 school days of the change or deletion.
14. Provide notification to the contracting PEA of any intent to discontinue, suspend, or terminate services to a student for longer than 10 days. Services to the student must be continued by the private school until an IEP meeting with the PEA is convened to determine an appropriate alternative placement. The PEA must be given up to 10 school days to arrange for the transition of the student after the IEP determination.
15. Permit onsite evaluation of the program by the Department or its designees, and the representatives of the public education agencies.
16. Request approval to contract with public education agencies from the Department in accordance with the prescribed procedures.

Historical Note

Former Section R7-2-402 repealed, new Section R7-2-402 adopted effective December 4, 1978 (Supp. 78-6). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-403. Repealed**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended as an emergency effective September 26, 1979,

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pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-5). Former emergency adoption now adopted effective December 4, 1979 (Supp. 79-6). Section repealed by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

R7-2-404. Special Education Voucher Program Policies and Procedures

A. Institutional vouchers. Students residing and attending special education programs at the Arizona Schools for the Deaf and the Blind (ASDB) or the Arizona State Hospital (ASH) or students attending special education day programs provided by ASDB may be eligible for special education institutional voucher funding.

1. Eligibility criteria.
 - a. Student shall be between the ages of 3 and 22 years.
 - b. Student shall have a recognized disability as documented by a current educational evaluation. Evaluations shall be completed by the institution or the student's home school district (HSD), as determined by a multidisciplinary evaluation team (MET).
 - c. Student shall have a current individualized education program (IEP) identifying the placement as the most appropriate and least restrictive educational environment.
2. Institutional voucher application/approval.
 - a. Applications for special education institutional vouchers shall be completed by the institution and submitted to the Exceptional Student Services Division of the Department of Education. The institution shall provide all student information requested on the institutional voucher application.
 - b. Institutions shall sign a Statement of Assurance guaranteeing their maintenance of and ability to produce all supporting documentation for each application.
 - c. Institutional voucher applications shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Institutional voucher payments will not be made for student attendance prior to voucher approval date.
 - d. Voucher identification numbers shall be assigned for each new student approval, and shall be used by the institution to complete claims for payment and the special education census form.
 - e. Institutional vouchers are approved for the current year only; therefore the application process shall be repeated each school year for each student.
 - f. Institutions shall report any changes in student status, including withdrawals, transfers, current evaluation dates and changes in disability categories to the Exceptional Student Services Division of the Department of Education. Changes shall be submitted within ten days of the occurrence.
3. Institutional voucher claim for payment.
 - a. The special education institutional voucher claim for payment form shall be completed by the institution at the end of each calendar month. The claim shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
 - b. Claims for payment shall be submitted to the School Finance Division of the Department of Education.
4. Special education census.

All institutional voucher students shall be reported on the special education census in accordance with procedures established by the School Finance Division of the Department of Education.

5. Review of placement.
 - a. It is the responsibility of the HSD to review student progress at least once a semester.
 - b. The IEP may be completed by the institution but is ultimately the responsibility of the student's HSD to ensure that it is reviewed and revised annually.
 - c. It is the responsibility of the HSD to ensure that re-evaluations are conducted on a tri-annual basis or more frequently as needed.
- B.** Residential vouchers: Students placed in private residential treatment facilities (PRF) may be eligible for residential voucher funding for the educational portion of the placement.
 1. Eligibility Criteria.
 - a. Students shall be enrolled in and eligible for educational services from a Public Education Agency (PEA).
 - b. Placement shall be made by one of the State Placing Agencies. They are the Department of Economic Security (DES), the Department of Health Services (DHS), the Administrative Office of the Courts (AOC), or the Department of Juvenile Corrections (ADJC).
 - c. Residential facilities shall be licensed by the Department of Health Services or Department of Economic Security and approved by the Department of Education for the specific educational needs of each student placed there.
 - d. The following conditions invalidate eligibility.
 - i. Placement by any agency other than those noted in subsection (B)(1)(b).
 - ii. Placement in facilities not appropriately licensed by DHS or DES or approved by the Department of Education.
 - iii. Student attendance at a PEA while residing in a residential facility.
 - e. Eligible students are divided into three categories.
 - i. Non-special education (NSE): Students not eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
 - ii. Care special education (CSE): Students eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
 - iii. Residential special education (RSE): Students requiring residential placement to benefit from educational programming who are placed by an IEP team.
 2. Voucher application/approval process. The process differs depending on category.
 - a. NSE and CSE options:
 - i. When a placement decision is reached, the State Placing Agency (SPA) shall complete a SPA Application for Voucher Funding, and forward a copy to the student's Home School District (HSD) for appropriate signatures within five days of placement.
 - ii. Upon placement, copies of the completed voucher shall be provided to the PRF and the

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- Exceptional Student Services of the Department of Education (ESS).
- iii. Upon receipt and review of the application and verification of facility approval, the SPA application will be approved for the initial 60 days of placement. An approval memo is sent to the PRF and the HSD. The Exceptional Student Services shall assign a student identification number to each approved voucher student. This number shall be used by the private facility when completing the special education census form and the claim for payment form.
 - iv. The HSD shall submit the HSD Application for Education Voucher Funding packet and submit it to the Exceptional Student Services of the Department of Education. Appropriate documentation of eligibility for special education and provision of services, if applicable, shall be included.
 - v. The HSD voucher application packet shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Approvals are granted from the date of receipt through the end of the school year. An approval memo is sent to the PRF and the HSD.
 - vi. If the HSD cannot complete the requirements for the HSD application packet within the initial 60-day approval period, they shall submit an Application For Extension Of Education Voucher Funding.
- b. RSE option.
The HSD shall follow statutory requirements and procedures agreed upon by the ADE, DHS, and DES when considering placement in a PRF for educational reasons. If a need for such a placement is determined, the HSD shall complete and submit the HSD Application for Education Voucher Funding packet to the ESS. Documentation of the necessity for PRF placement, measurable exit criteria, and a reintegration plan shall be required.
3. Changes in placement/Discharge.
 - a. If a student is discharged or is absent without leave for more than ten days from the PRF, the facility shall notify the State Placing Agency, Home School District and the Exceptional Student Services Division of the Department of Education in writing within five days.
 - b. Students returning to a facility after a discharge or students transferred from one facility to another require a new SPA voucher application.
 - c. Students placed under the RSE option shall not be discharged without the consent of the IEP team.
 4. Voucher claim for payment.
 - a. A special education voucher claim for payment shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
 - b. Claim for payment shall be submitted to the School Finance Division of the Department of Education.
 5. Special education census.
A special education census form shall be completed for all voucher students in accordance with proce-

dures established by the School Finance Division of the Department of Education.

6. Review and continuation of placement.
 - a. The Home School District (HSD) shall regularly monitor the progress of students, ensure the annual review and revision of IEPs, and complete three-year re-evaluations as applicable.
 - b. Voucher approval is for one school year only. Students remaining in an PRF from the end of one school year to the beginning of the next year require new voucher applications. Prior to the beginning of the new school year, the PRF shall submit an Application for Continuing Voucher funding, signed by both the SPA and the HSD. For a student who is eligible for special education services, a current IEP shall accompany the continuing application if the IEP has been reviewed or revised after the original voucher was approved.

Historical Note

Adopted effective December 4, 1978 (Supp. 78-6).
Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

Editor's Note: The following Section was erroneously published in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3).

R7-2-405. Special Education Dispute Resolution; Due Process

- A. Definitions. The following definitions are applicable to this Section:
 1. "Due process hearing" means a fair and impartial administrative hearing conducted by the State Education Agency by an impartial hearing officer through the Arizona Office of Administrative Hearings in accordance with the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) and its implementing regulations (34 CFR 300).
 2. "Impartial hearing officer" or "hearing officer" means an Administrative Law Judge ("ALJ") of the Arizona Office of Administrative Hearings ("OAH") and who is knowledgeable in the laws governing special education and administrative hearings.
 3. "Public agency" ("PEA") has the same definition as provided in R7-2-401.
 4. "State Education Agency" ("SEA") means the Department of Education, Exceptional Student Services Section.
- B. The due process procedures specified in this Section apply to all public agencies dealing with the identification, evaluation, special education placement of, and the provision of a free appropriate public education ("FAPE") for children with disabilities.
- C. The SEA shall establish procedures concerning:
 1. Impartial due process hearings, and
 2. Confidentiality and access to student records.
- D. An impartial hearing officer shall be:
 1. Unbiased - not prejudiced for or against any party in the hearing;
 2. Disinterested - not having any personal or professional interest that would conflict with objectivity in the hearing;
 3. Independent - may not be an officer, employee, or agent of a public agency involved in the education or care of the

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child or the SEA. A person who otherwise qualifies to conduct a hearing is not an employee of the public agency or the SEA solely because the person is paid by the public agency to serve as a hearing officer;

4. Trained by the SEA as to the state and federal laws pertaining to the identification, evaluation, placement of, and the provision of FAPE for children with disabilities.

E. Hearing officer qualifications and training.

1. All hearing officers shall participate in all required training conducted by the SEA as to the state and federal laws pertaining to the identification, evaluation, educational placement, and the provision of FAPE for children with disabilities.
2. A hearing officer shall meet the requirements set forth by OAH regarding ALJs. A hearing officer shall not have represented a parent in a special education matter during the preceding 12 months, and shall not have represented a school district in any matter during the preceding 12 months.

F. Selection of hearing officers.

1. The SEA shall prepare and maintain a list of individuals who meet the qualifications specified in subsection (E) to serve as hearing officers. This list shall also include the qualifications of each hearing officer.
2. A hearing officer shall be assigned in accordance with the procedures of the Office of Administrative Hearings.

G. Request for due process hearing.

1. The due process complaint must allege a violation that occurred not more than two years before the date the parent or public education agency knew or should have known about the alleged action that forms the basis of the due process complaint.
2. A parent shall submit a written request for a due process hearing to the public education agency and the SEA. The SEA shall provide a model form that a parent may use in requesting a due process hearing. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and parents agree. If a parent requests a due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available, and provide a copy of the procedural safeguards notice. All correspondence to the parent shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent, shall be placed in the public school until the completion of all proceedings.
3. If the public education agency requests a due process hearing, such request may be made on a model form, as noted in subsection (G)(2), and a copy shall be provided to the parent and the SEA. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and the parents agree. In conjunction with its request for due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available and provide a copy of the procedural safeguards notice. All correspondence to the parent, including the due process request, shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent,

shall be placed in the public school until the completion of all proceedings.

H. An impartial due process hearing shall be conducted in accordance with the following procedures:

1. The hearing officer shall hold a pre-hearing conference, either telephonically or at a location that is reasonably convenient to the parents and the child involved, to determine if the complaint is a legitimate due process complaint, to ensure that all matters are clearly defined, to establish the proceedings that will be used for the hearing, to determine who will represent and/or advise each party, and to set the time and dates for the hearing.
2. The hearing officer shall conduct the hearing at a location that is reasonably convenient to the parents and the child involved.
3. The hearing officer shall preside at the hearing and shall conduct the proceedings in a fair and impartial manner, and shall ensure that all parties involved have an opportunity to:
 - a. Present their evidence and confront, cross-examine, and compel the attendance of witnesses;
 - b. Object to the introduction of any evidence at the hearing that has not been disclosed to all parties at least five business days before the hearing;
 - c. Produce outside expert witnesses;
 - d. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
4. The parent involved in the hearing shall be given the right to:
 - a. Have the child who is the subject of the hearing present,
 - b. Have the hearing conducted in public,
 - c. Have an interpreter provided by the public agency.
5. The hearing officer shall review all relevant facts concerning the identification, evaluation, the educational placement, and the provision of FAPE. This shall include any Independent Education Evaluation secured by the parent.
 - a. The hearing officer shall determine whether the public agency has met all requirements of federal and state law, rules, and regulations.
 - b. The hearing officer shall render findings of fact and a decision, which shall be binding on all parties unless appealed pursuant to this Section.
6. The hearing officer's findings of fact and decision shall be in writing and shall be provided to the parent, the public education agency, the SEA, and their respective representatives. The parent may choose to receive an electronic verbatim record of the hearing and electronic findings of fact and decision relative to the hearing in addition to the written findings of fact and decision. The hearing officer's findings of fact and decision shall be delivered by certified mail or by hand within 45 calendar days after notification to the hearing officer that the parties have been unable to resolve the matter in accordance with 20 U.S.C. 1415(f)(1)(B). A hearing officer may grant specific extensions of time beyond the 45 calendar days for good cause shown at the request of either party.
7. The findings of fact and decision of the hearing officer shall be final at the administrative level. The notification of the findings of fact and decision shall contain notice to the parties that they have a right to judicial review.

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8. Any party to the proceeding has the right to appeal a final administrative decision to a court of competent jurisdiction within 35 calendar days after receipt of the decision.
 9. The SEA, after deleting any personally identifiable information, shall make such written findings of fact and decision available to the public.
- I. Expedited hearing.**
1. An expedited hearing regarding disciplinary matters may be requested in accordance with federal law as set forth in 20 U.S.C. 1415(k).
 2. Hearing officers for an expedited hearing shall be assigned by the Office of Administrative Hearings.
 3. The expedited hearing shall be conducted within 20 school days of the date the hearing is requested and shall result in a determination within 10 school days after the hearing.

Historical Note

Adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (V) effective May 1, 1987 (Supp. 87-2). Amended effective July 20, 1990 (Supp. 90-3). Emergency amendment adopted effective November 21, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendment readopted effective March 21, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective November 17, 1994 (Supp. 94-4). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Supp. 04-2 Historical Note entry is in error. R7-2-405 was erroneously included in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3). Amended by exempt rulemaking at 15 A.A.R. 1732, effective January 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). The word "rule" has been replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-1).

R7-2-405.01. Special Education Dispute Resolution; State Administrative Complaints

- A.** Notwithstanding any other provision of law, a state administrative complaint filed with the Department regarding any alleged violations of Part B of the federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) or its implementing regulations (34 CFR 300) shall be investigated in accordance with the Code of Federal Regulations Title 34.
1. The party filing the complaint shall forward a copy of the state administrative complaint to the public education agency serving the child at the same time the party files the complaint with the Department.
 2. A written decision shall be issued to the complainant and the public education agency that is the subject of the state administrative complaint in accordance with the 60-day time limit specified in the Code of Federal Regulations Title 34.
- B.** The Department shall accept and investigate state administrative complaints that allege a violation that occurred not more

than one year prior to the date that the complaint is received by the Department.

- C.** The state administrative complaint shall include all of the following:
1. A statement that a public education agency has violated a requirement of Part B of the IDEA or its implementing regulations.
 2. The facts on which the statement is based.
 3. The signature and contact information for the complainant.
 4. If alleging violations with respect to a specific child, all of the following:
 - a. The name and address of the child.
 - b. The name of the school the child is attending.
 - c. In the case of a homeless child or youth (within the meaning of Section 725(2) of the McKinney-Vento Homeless Assistance Act (20 U.S.C. 11434a(2))), available contact information for the child, and the name of the school the child is attending.
 - d. A description of the nature of the problem of the child, including facts relating to the problem.
 - e. A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.
 5. The Department shall develop a model form to assist parents and public agencies in filing a state administrative complaint under this Section.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1).

R7-2-405.02. Special Education Dispute Resolution; Mediation

In accordance with the Individuals with Disabilities Education Act, the Department shall provide parents of students with disabilities and public education agencies the opportunity to resolve disputes involving any matter under IDEA, including matters arising prior to the filing of a request for due process, through a mediation process.

1. The mediation process shall:
 - a. Be voluntary on the part of both parties,
 - b. Not be used to deny or delay a parent's right to a due process hearing or any other rights afforded under Part B of the IDEA,
 - c. Be conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
2. The Department shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
3. The Department shall select mediators on a random or rotational basis.
4. The Department shall bear the cost of the mediation process.
5. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to both the parent and the public education agency.
6. If the parties resolve a dispute through the mediation process, the parties shall execute a legally binding agreement that:
 - a. States that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings,

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- b. Is signed by both the parent and a representative of the public education agency who has the authority to bind the agency, and
- c. Is enforceable in any state court of competent jurisdiction or in a district court of the United States.
- 7. Whether or not the dispute is resolved through mediation, discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings of any federal court or state court.
- 8. Impartiality of the Mediator. An individual who serves as a mediator:
 - a. May not be an employee of the Department or of the public education agency that is involved in the education or care of the student.
 - b. Shall not have a personal or professional interest that conflicts with the person's objectivity.
 - c. Is not an employee of the Department or of a public education agency solely because the mediator is paid by the Department of Education to serve as a mediator.
- iv. Written criteria of the LEA for referral, screening, selection and placement.
- b. Each LEA shall develop policies and procedures which ensure that parents or legal guardians are:
 - i. Given the opportunity to have their children tested;
 - ii. Given advance notice of the week that their children are to be tested;
 - iii. Given the opportunity to withhold permission for testing;
- c. Each LEA shall:
 - i. Make testing available for students K through 12 on a periodic basis but not less than three times per year;
 - ii. Inform parents or legal guardians of the results of the district-administered test within 30 school days of determining the test results;
 - iii. Upon request, explain test results to parents or legal guardians.
- 4. The scope and sequence shall be a written program description which demonstrates articulation across all grades and schools to ensure opportunities for continuous progress and shall include:
 - a. Statement of purpose;
 - b. General population description;
 - c. Identification process and placement criteria including provisions for special populations;
 - d. Goals and objectives;
 - e. Curriculum, differentiated instruction, and supplemental services;
 - f. Program models;
 - g. Time allocations for services;
 - h. Procedures and criteria for evaluation of student and program outcomes.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1).

R7-2-406. Gifted Education Programs and Services**A.** Governing boards shall adopt policies for the education of gifted students which shall include:

- 1. Procedures for identification and placement of students to be placed in gifted programs.
 - a. Students shall be served who score at or above the 97th percentile on national norms in any one of three areas - verbal, nonverbal, or quantitative reasoning - on any test from the State Board-approved list. Students who score below the 97th percentile also may be served.
 - b. Local educational agencies (LEAs) shall accept, as valid for placement, scores at or above the 97th percentile on any State Board-approved test submitted by other LEAs or by qualified professionals.
 - c. LEAs shall place transfer students as soon as they have verified eligibility.
- 2. Curriculum, differentiated instruction, and supplemental services for gifted students.
 - a. Expanded academic course offerings may include, for example, one or more of the following: acceleration, enrichment, flexible pacing, interdisciplinary curriculum, and seminars.
 - b. Differentiated instruction, which emphasizes the development of higher order thinking, may include critical thinking, creative thinking, and problem solving skills.
 - c. Supplemental services, which may be offered to meet the individual needs of each gifted student, may include, for example, guidance and counseling, mentorships, independent study, correspondence courses, and concurrent enrollment.
- 3. Parent involvement.
 - a. Each LEA shall provide the following information to all parents or legal guardians:
 - i. Definition of a gifted child;
 - ii. Services mandated for gifted students by the state of Arizona;
 - iii. Services available from the LEA;

- B.** The Arizona Department of Education shall develop and make available model policies for the development, implementation, and evaluation of services for gifted students.

Historical Note

Adopted effective December 12, 1990 (Supp. 90-4). The hyphen between "K-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2).

R7-2-407. Special Education Standards and Assistance for Providing Educational Services and Materials for Visually Impaired Students

- A.** All requirements in this Section are in addition to the general special education standards in R7-2-401 for public education agencies providing special education.
- B.** For the purposes of this Section, the following definitions apply:
 - 1. "Accessible Electronic File" means, until the effective date of a nationally adopted file format, a digital file in a mutually agreed upon electronic file format that has been prepared using a markup language that maintains the structural integrity of the information and can be processed by Braille conversion software. Upon the effective date of a nationally adopted file format, such as the Instructional Materials Accessibility Standard (IMAS), "Accessible Electronic File" shall mean an electronic file conforming to the specifications of the nationally adopted file format, including future technical revisions and versions of this nationally adopted file format.

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2. "Individualized Braille literacy assessment" means the Learning Media Assessment or other standardized or individualized assessments that pertain to the child's reading medium.
 3. "Non-printed instructional materials" means non-printed textbooks and related core materials, including those that require the availability of electronic equipment in order to be used as a learning resource, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. These materials shall be available to the extent technologically available, and may include software programs, CD-ROMs and internet-based materials.
 4. "Printed instructional materials" means textbooks and related printed core materials, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. This may include workbooks, practice tests, and tests.
 5. "Publisher" means an individual, firm, partnership or corporation that publishes or manufactures printed instructional materials for students attending public schools in Arizona, including an on-line service, a software developer, or a distributor of an electronic textbook.
 6. "Specialized format" means Braille, audio or digital text which is exclusively for use by blind or other persons with disabilities.
 7. "Structural integrity" means the structure of all parts of the printed instructional material will be kept intact to the extent feasible and as mutually agreed upon by the publisher and the local educational agency. This may include appropriate representation of graphic illustrations.
- C. Upon determination of a student having a visual impairment as assessed by a full and initial evaluation defined in R7-2-401(E)(6)(i), a visually impaired student who is determined to be blind as defined by A.R.S. § 15-214(B) shall receive an individualized Braille literacy assessment.
- D. Individualized Education Programs (IEP) for blind students. In addition to the requirements for establishing and implementing an IEP consistent with R7-2-401(F) for a student determined to have a disability, each IEP for a student determined to be "blind" as assessed by R7-2-401(E)(6)(i) and defined by A.R.S. § 15-214(B), shall presume that proficiency in Braille is essential in achieving academic success unless otherwise determined by the IEP team established consistent with the regulations for the most recent reauthorization of the Individuals with Disabilities Education Act (IDEA) and in the manner provided by the most recent reauthorization of the IDEA Act for developing an IEP. An IEP developed under this Section for a student determined to be blind shall include all required provisions of A.R.S. § 15-214(A)(3), including the following:
1. The results of the individualized Braille literacy assessment.
 2. The date on which Braille instruction will begin, the methods to be used and the frequency and duration of the Braille instruction.
 3. The level of competency expected to be achieved within specified time-frames and the objective measures to be used for evaluation.
 4. The Braille materials and equipment necessary to achieve the stated expected competency gains, including ordering instructional materials to achieve the IEP-stated goals.
 5. The rationale for not providing Braille instruction if Braille is not determined to be an appropriate medium by the IEP team and is not included in the IEP.
- E. The Arizona Department of Education shall designate a central repository for publishers to, upon request, provide accessible electronic files for instructional materials used by public schools in Arizona as defined in subsection (B)(1). The central repository shall be responsible for maintaining a complete list of available accessible electronic files for instructional materials and instructional materials in specialized formats, processing requests from PEAs for instructional materials in specialized formats and providing access to these materials in specialized formats to schools throughout Arizona that are providing services to blind or other students with disabilities.
1. Upon receipt of a written request certifying to the requirements set forth in subsections (E)(1)(a) through (c) publishers shall deliver to the repository, at no additional cost and consistent with the time-frame for providing materials for students without disabilities, accessible electronic files for printed instructional materials and non-printed instructional materials. Certification shall include all of the following:
 - a. The PEA purchased a copy of the printed instructional material or non-printed instructional material for use by a student who is blind or has a visual impairment in a course that the student is attending or registered to attend;
 - b. The student who will utilize the instructional materials in a specialized format has an IEP stating that such materials and/or equipment are necessary for the student to achieve stated expected competency gains; and
 - c. The instructional materials are for use by the student in connection with a course in which he or she is enrolled, as verified by the person overseeing the education of students who are blind or visually impaired.
 2. A PEA may access the materials maintained by the central repository, upon written request, for instructional use with a student with a visual impairment, as identified by R7-2-401(E)(6)(i), who requires the use of instructional materials in a specialized format pursuant to the student's IEP.
 3. Nothing in this Section shall be construed to prohibit the central repository from assisting a student with a disability by using the electronic format version of instructional material provided pursuant to this Section solely to transcribe or arrange for the transcription of the printed instructional material into Braille or large print. In the event a Braille transcription is made, the central repository has the right to share the Braille copy of the printed instructional material with other eligible students with disabilities. The PEA will be required to return the specialized format version of the instructional material to the central repository when the student no longer needs the instructional material. The central repository may share the copies of the specialized format of the instructional material with other PEAs who have met the requirements of subsections (B) and (D) to provide services to students who require such services pursuant to R7-2-401(F)(5).

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Historical Note

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). The word “rule” has been changed to “Section,” and “of this Section” was removed to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-408. Extended School Year Programs for Children with Disabilities

- A. “Extended school year” (ESY) shall be as defined in A.R.S. § 15-881.
- B. Eligibility. Eligibility shall be determined by the Individualized Education Program (IEP) Team. Criteria for determining eligibility in an extended school year program shall be as defined in A.R.S. § 15-881.
- C. For a student with a disability currently enrolled in special education, eligibility for ESY services shall be determined no later than 45 calendar days prior to the last day of the school year.
- D. The availability of an extended school year program is required for all students for whom the IEP team has determined that it is necessary in order to ensure a free appropriate public education. Student participation in an ESY program is not compulsory. ESY services are not required for all students with a disability.
- E. Factors that are inappropriate for consideration. Eligibility for participation shall not be based on need or desire for any of the following:
 1. A day care or respite care service for students with a disability;
 2. A program to maximize the academic potential of a student with a disability; and
 3. A summer recreation program for students with a disability.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

ARTICLE 5. CAREER AND VOCATIONAL EDUCATION**R7-2-501. Repealed****Historical Note**

Not in original publication, correction, Section R7-2-501. Adopted effective July 2, 1974. Amended effective November 8, 1974. Amended effective August 11, 1975 (Supp. 75-1). Former Section R7-2-501 repealed, new Section R7-2-501 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 20, 1997 (Supp. 97-1).

R7-2-502. Vocational Education Provisions and Standards

All eligible recipients receiving federal or state monies or services in support of vocational and technical education programs, courses, or classes shall comply with the applicable provisions and standards of the following plans, which are filed with the Secretary of State, which plans are incorporated herein by reference.

1. 1986-1988 Arizona State Plan for Vocational Education for Federal Funding as required by A.R.S. § 15-784; and
2. Arizona State Plan for Vocational Education for State Funding approved April 22, 1985, as required by A.R.S. § 15-787(C).

Historical Note

Adopted (FY 76) effective July 14, 1975 (Supp. 75-1). Adopted (FY 77) effective June 25, 1976 (Supp. 76-3). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2)

R7-2-503. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-504. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-505. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-506. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-507. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-508. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-509. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-510. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-511. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-512. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-513. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-514. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-515. Repealed

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Historical Note

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-516. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-517. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-518. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-519. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

R7-2-520. Repealed**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

ARTICLE 6. CERTIFICATION**R7-2-601. Definitions**

In this Article, the following definitions apply unless the context otherwise requires:

1. "Accredited institution" means a postsecondary institution that has accreditation that is recognized by the U.S. Department of Education. An institution based outside the United States shall be considered accredited if a Department-approved foreign document evaluation firm verifies that it has accreditation in the foreign country that is comparable to accreditation that is recognized by the U.S. Department of Education.
2. "Accredited training" means training provided by an organization that has accreditation from an association approved by the Board.
3. "Appropriately certified" means holding the certificate, endorsement and approved area that is required for a teaching assignment.
4. "Approved area" means a subject area denoted on a teaching certificate that is taught in Arizona public schools.
5. "Board" means the State Board of Education.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting that may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "CTE" means Career and Technical Education.
8. "Department" means the Arizona Department of Education.
9. "Practicum" means a period of structured observation and practice of the skills being learned, supervised by an individual trained in that area. The commonly used terms "student teaching," "internship," "residency," or "observation course" are included in this definition.
10. "Professional development" means training to increase skills related to the occupation of education.
11. "Self-contained classroom" means a classroom in which the teacher teaches multiple subjects to one class of students.

12. "Single subject classroom" means a classroom in which the teacher teaches one subject to one class of students.
13. "Teaching experience" means full-time employment which included full responsibility for the planning and delivery of instruction and evaluation of student learning. Except for meeting the capstone experience requirement when applying for a standard teaching certificate, substitute teaching is not considered full-time teaching experience.

Historical Note

Former Section R7-2-601 repealed, new Section R7-2-601 adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (C) effective May 31, 1983 (Supp. 83-3). Amended subsection (I) effective September 12, 1989 (Supp. 89-3). Amended effective August 14, 1991 (Supp. 91-3). Amended effective July 30, 1992 (Supp. 92-3). Section repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective July 25, 1994 (Supp. 94-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (A) (Supp. 97-3). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-602. Professional Teaching Standards

- A. The standards presented in this Section shall be the basis for approved teacher preparation programs, described in R7-2-604, and the Arizona Teacher Proficiency Assessment, described in R7-2-606.
- B. Standard 1. Learner Development: The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences. The teacher:
 1. Regularly assesses individual and group performance in order to design and modify instruction to meet learners' needs in each area of development (cognitive, linguistic, social, emotional, and physical) and scaffolds the next level of development.
 2. Creates developmentally appropriate instruction that takes into account individual learners' strengths, interests, and needs and that enables each learner to advance and accelerate his/her learning.
 3. Collaborates with families, communities, colleagues, and other professionals to promote learner growth and development.
 4. Understands how learning occurs – how learners construct knowledge, acquire skills, and develop disciplined thinking processes – and knows how to use instructional strategies that promote student learning.
 5. Understands that each learner's cognitive, linguistic, social, emotional, and physical development influences learning and knows how to make instructional decisions that build on learners' strengths and needs.
 6. Identifies readiness for learning, and understands how development in any one area may affect performance in others.
 7. Understands the role of language and culture in learning and, consistent with Arizona law, knows how to modify

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- instruction to make language comprehensible and instruction relevant, accessible, and challenging.
8. Respects learners' differing strengths and needs and is committed to using this information to further each learner's development.
 9. Is committed to using learners' strengths as a basis for growth, and their misconceptions as opportunities for learning.
 10. Takes responsibility for promoting learners' growth and development.
- C. Standard 2. Learning Differences: The teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that enable each learner to meet high standards. The teacher:
1. Designs, adapts, and delivers instruction to address each student's diverse learning strengths and needs and creates opportunities for students to demonstrate their learning in different ways.
 2. Makes appropriate and timely provisions (e.g., pacing for individual rates of growth, task demands, communication, assessment, and response modes) for individual students with particular learning differences or needs.
 3. Designs instruction to build on learners' prior knowledge and experiences, allowing learners to accelerate as they demonstrate their understandings.
 4. Brings multiple perspectives to the discussion of content, including attention to learners' personal, family, and community experiences and cultural norms.
 5. Incorporates tools of language development into planning and instruction, including strategies for making content accessible to English language learners and for evaluating and supporting their development of English proficiency.
 6. Accesses resources, supports, and specialized assistance and services to meet particular learning differences or needs.
 7. Understands and identifies differences in approaches to learning and performance and knows how to design instruction that uses each learner's strengths to promote growth.
 8. Understands students with exceptional needs, including those associated with disabilities and giftedness, and knows how to use strategies and resources to address these needs.
 9. Knows about second language acquisition processes and knows how to incorporate instructional strategies and resources to support language acquisition.
 10. Understands that learners bring assets for learning based on their individual experiences, abilities, talents, prior learning, and peer and social group interactions, as well as language, culture, family, and community values.
 11. Knows how to access information about the values of diverse cultures and communities and how to incorporate learners' experiences, cultures, and community resources into instruction.
 12. Believes that all learners can achieve at high levels and persists in helping each learner reach his/her full potential.
 13. Respects learners as individuals with differing personal and family backgrounds and various skills, abilities, perspectives, talents, and interests.
 14. Makes learners feel valued and helps them learn to value each other.
15. Values diverse languages and dialects and seeks to integrate them into his/her instructional practice to engage students in learning.
- D. Standard 3. Learning Environments: The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self motivation. The teacher:
1. Collaborates with learners, families, and colleagues to build a safe, positive learning climate of openness, mutual respect, support, and inquiry.
 2. Develops learning experiences that engage learners in collaborative and self-directed learning and that extend learner interaction with ideas and people locally and globally.
 3. Collaborates with learners and colleagues to develop shared values and expectations for respectful interactions, rigorous academic discussions, and individual and group responsibility for quality work.
 4. Manages the learning environment to actively and equitably engage learners by organizing, allocating, and coordinating the resources of time, space, and learners' attention.
 5. Uses a variety of methods to engage learners in evaluating the learning environment and collaborates with learners to make appropriate adjustments.
 6. Communicates verbally and nonverbally in ways that demonstrate respect for and responsiveness to the cultural backgrounds and differing perspectives learners bring to the learning environment.
 7. Promotes responsible learner use of interactive technologies to extend the possibilities for learning locally and globally.
 8. Intentionally builds learner capacity to collaborate in face-to-face and virtual environments through applying effective interpersonal communication skills.
 9. Understands the relationship between motivation and engagement and knows how to design learning experiences using strategies that build learner self-direction and ownership of learning.
 10. Knows how to help learners work productively and cooperatively with each other to achieve learning goals.
 11. Knows how to collaborate with learners to establish and monitor elements of a safe and productive learning environment including norms, expectations, routines, and organizational structures.
 12. Understands how learner diversity can affect communication and knows how to communicate effectively in differing environments.
 13. Knows how to use technologies and how to guide learners to apply them in appropriate, safe, and effective ways.
 14. Is committed to working with learners, colleagues, families, and communities to establish positive and supportive learning environments.
 15. Values the role of learners in promoting each other's learning and recognizes the importance of peer relationships in establishing a climate of learning.
 16. Is committed to supporting learners as they participate in decision making, engage in exploration and invention, work collaboratively and independently, and engage in purposeful learning.
 17. Seeks to foster respectful communication among all members of the learning community.
 18. Is a thoughtful and responsive listener and observer.

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- E. Standard 4. Content Knowledge: The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and creates learning experiences that make these aspects of the discipline accessible and meaningful for learners to assure mastery of the content. The teacher:
1. Effectively uses multiple representations and explanations that capture key ideas in the discipline, guide learners through learning progressions, and promote each learner's achievement of content standards.
 2. Engages students in learning experiences in the discipline(s) that encourage learners to understand, question, and analyze ideas from diverse perspectives so that they master the content.
 3. Engages learners in applying methods of inquiry and standards of evidence used in the discipline.
 4. Stimulates learner reflection on prior content knowledge, links new concepts to familiar concepts, and makes connections to learners' experiences.
 5. Recognizes learner misconceptions in a discipline that interfere with learning, and creates experiences to build accurate conceptual understanding.
 6. Evaluates and modifies instructional resources and curriculum materials for their comprehensiveness, accuracy for representing particular concepts in the discipline, and appropriateness for his or her learners.
 7. Uses supplementary resources and technologies effectively to ensure accessibility and relevance for all learners.
 8. Creates opportunities for students to learn, practice, and master academic language in their content.
 9. Accesses school and/or district-based resources to evaluate the learner's content knowledge in his or her primary language.
 10. Understands major concepts, assumptions, debates, processes of inquiry, and ways of knowing that are central to the discipline(s) he or she teaches.
 11. Understands common misconceptions in learning the discipline and how to guide learners to accurate conceptual understanding.
 12. Knows and uses the academic language of the discipline and knows how to make it accessible to learners.
 13. Knows how to integrate culturally relevant content to build on learners' background knowledge.
 14. Has a deep knowledge of student content standards and learning progressions in the discipline(s) he or she teaches.
 15. Realizes that content knowledge is not a fixed body of facts but is complex, culturally situated, and ever evolving. The teacher keeps abreast of new ideas and understandings in the field, and ensures instruction is consistent with Arizona's adopted academic standards.
 16. Appreciates multiple perspectives within the discipline and facilitates learners' critical analysis of these perspectives.
 17. Recognizes the potential of bias in his or her representation of the discipline and seeks to appropriately address problems of bias.
 18. Commits to work toward each learner's mastery of disciplinary content and skills.
- F. Standard 5. Application of Content: The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues. The teacher:
1. Develops and implements projects that guide learners in analyzing the complexities of an issue or question using perspectives from varied disciplines and cross-disciplinary skills (e.g., a water quality study that draws upon biology and chemistry to look at factual information and social studies to examine policy implications).
 2. Engages learners in applying content knowledge to real world problems through the lens of interdisciplinary themes (e.g., financial literacy, environmental literacy).
 3. Facilitates learners' use of current tools and resources to maximize content learning in varied contexts.
 4. Engages learners in questioning and challenging assumptions and approaches in order to foster innovation and problem solving in local and global contexts.
 5. Develops learners' communication skills in disciplinary and interdisciplinary contexts by creating meaningful opportunities to employ a variety of forms of communication that address varied audiences and purposes.
 6. Engages learners in generating and evaluating new ideas and novel approaches, seeking inventive solutions to problems, and developing original work.
 7. Facilitates learners' ability to develop diverse social and cultural perspectives that expand their understanding of local and global issues and create novel approaches to solving problems.
 8. Develops and implements supports for learner literacy development across content areas.
 9. Understands the ways of knowing in his/her discipline, how it relates to other disciplinary approaches to inquiry, and the strengths and limitations of each approach in addressing problems, issues, and concerns.
 10. Understands how current interdisciplinary themes (e.g., civic literacy, health literacy, global awareness) connect to the core subjects and knows how to weave those themes into meaningful learning experiences.
 11. Understands the demands of accessing and managing information as well as how to evaluate issues of ethics and quality related to information and its use.
 12. Understands how to use digital and interactive technologies for efficiently and effectively achieving specific learning goals.
 13. Understands critical thinking processes and knows how to help learners develop high level questioning skills to promote their independent learning.
 14. Understands communication modes and skills as vehicles for learning (e.g., information gathering and processing) across disciplines as well as vehicles for expressing learning.
 15. Understands creative thinking processes and how to engage learners in producing original work.
 16. Knows where and how to access resources to build global awareness and understanding, and how to integrate them into the curriculum.
 17. Is constantly exploring how to use disciplinary knowledge as a lens to address local and global issues.
 18. Values knowledge outside his/her own content area and how such knowledge enhances student learning.
 19. Values flexible learning environments that encourage learner exploration, discovery, and expression across content areas.
- G. Standard 6. Assessment: The teacher understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher's and learner's decision making. The teacher:

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1. Balances the use of formative and summative assessment as appropriate to support, verify, and document learning.
 2. Designs assessments that match learning objectives with assessment methods and minimizes sources of bias that can distort assessment results.
 3. Works independently and collaboratively to examine test and other performance data to understand each learner's progress and to guide planning.
 4. Engages learners in understanding and identifying quality work and provides them with effective descriptive feedback to guide their progress toward that work.
 5. Engages learners in multiple ways of demonstrating knowledge and skill as part of the assessment process.
 6. Models and structures processes that guide learners in examining their own thinking and learning as well as the performance of others.
 7. Effectively uses multiple and appropriate types of assessment data to identify each student's learning needs and to develop differentiated learning experiences.
 8. Prepares all learners for the demands of particular assessment formats and makes appropriate accommodations in assessments or testing conditions, especially for learners with disabilities and language learning needs.
 9. Continually seeks appropriate ways to employ technology to support assessment practice both to engage learners more fully and to assess and address learner needs.
 10. Understands the differences between formative and summative applications of assessment and knows how and when to use each.
 11. Understands the range of types and multiple purposes of assessment and how to design, adapt, or select appropriate assessments to address specific learning goals and individual differences, and to minimize sources of bias.
 12. Knows how to analyze assessment data to understand patterns and gaps in learning, to guide planning and instruction, and to provide meaningful feedback to all learners.
 13. Knows when and how to engage learners in analyzing their own assessment results and in helping to set goals for their own learning.
 14. Understands the positive impact of effective descriptive feedback for learners and knows a variety of strategies for communicating this feedback.
 15. Knows when and how to evaluate and report learner progress against standards.
 16. Understands how to prepare learners for assessments and how to make accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
 17. Is committed to engaging learners actively in assessment processes and to developing each learner's capacity to review and communicate about their own progress and learning.
 18. Takes responsibility for aligning instruction and assessment with learning goals.
 19. Is committed to providing timely and effective descriptive feedback to learners on their progress.
 20. Is committed to using multiple types of assessment processes to support, verify, and document learning.
 21. Is committed to making accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
 22. Is committed to the ethical use of various assessments and assessment data to identify learner strengths and needs to promote learner growth.
- H. Standard 7. Planning for Instruction:** The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context. The teacher:
1. Individually and collaboratively selects and creates learning experiences that are appropriate for curriculum goals and content standards, and are relevant to learners.
 2. Plans how to achieve each student's learning goals, choosing appropriate strategies and accommodations, resources, and materials to differentiate instruction for individuals and groups of learners.
 3. Develops appropriate sequencing of learning experiences and provides multiple ways to demonstrate knowledge and skill.
 4. Plans for instruction based on formative and summative assessment data, prior learner knowledge, and learner interest.
 5. Plans collaboratively with professionals who have specialized expertise (e.g., special educators, related service providers, language learning specialists, librarians, media specialists) to design and jointly deliver as appropriate learning experiences to meet unique learning needs.
 6. Evaluates plans in relation to short- and long-range goals and systematically adjusts plans to meet each student's learning needs and enhance learning.
 7. Understands content and content standards and how these are organized in the curriculum.
 8. Understands how integrating cross-disciplinary skills in instruction engages learners purposefully in applying content knowledge.
 9. Understands learning theory, human development, cultural diversity, and individual differences and how these impact ongoing planning.
 10. Understands the strengths and needs of individual learners and how to plan instruction that is responsive to these strengths and needs.
 11. Knows a range of evidence-based instructional strategies, resources, and technological tools and how to use them effectively to plan instruction that meets diverse learning needs.
 12. Knows when and how to adjust plans based on assessment information and learner responses.
 13. Knows when and how to access resources and collaborate with others to support student learning (e.g., special educators, related service providers, language learner specialists, librarians, media specialists, community organizations).
 14. Respects learners' diverse strengths and needs and is committed to using this information to plan effective instruction.
 15. Values planning as a collegial activity that takes into consideration the input of learners, colleagues, families, and the larger community.
 16. Takes professional responsibility to use short- and long-term planning as a means of assuring student learning.
 17. Believes that plans must always be open to adjustment and revision based on learner needs and changing circumstances.
- I. Standard 8. Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways. The teacher:

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1. Uses appropriate strategies and resources to adapt instruction to the needs of individuals and groups of learners.
 2. Continuously monitors student learning, engages learners in assessing their progress, and adjusts instruction in response to student learning needs.
 3. Collaborates with learners to design and implement relevant learning experiences, identify their strengths, and access family and community resources to develop their areas of interest.
 4. Varies his/her role in the instructional process (e.g., instructor, facilitator, coach, audience) in relation to the content and purposes of instruction and the needs of learners.
 5. Provides multiple models and representations of concepts and skills with opportunities for learners to demonstrate their knowledge through a variety of products and performances.
 6. Engages all learners in developing higher order questioning skills and metacognitive processes.
 7. Engages learners in using a range of learning skills and technology tools to access, interpret, evaluate, and apply information.
 8. Uses a variety of instructional strategies to support and expand learners' communication through speaking, listening, reading, writing, and other modes.
 9. Asks questions to stimulate discussion that serves different purposes (e.g., probing for learner understanding, helping learners articulate their ideas and thinking processes, stimulating curiosity, and helping learners to question).
 10. Understands the cognitive processes associated with various kinds of learning (e.g., critical and creative thinking, problem framing and problem solving, invention, memorization and recall) and how these processes can be stimulated.
 11. Knows how to apply a range of developmentally, culturally, and linguistically appropriate instructional strategies to achieve learning goals.
 12. Knows when and how to use appropriate strategies to differentiate instruction and engage all learners in complex thinking and meaningful tasks.
 13. Understands how multiple forms of communication (oral, written, nonverbal, digital, visual) convey ideas, foster self expression, and build relationships.
 14. Knows how to use a wide variety of resources, including human and technological, to engage students in learning.
 15. Understands how content and skill development can be supported by media and technology and knows how to evaluate these resources for quality, accuracy, and effectiveness.
 16. Is committed to deepening awareness and understanding the strengths and needs of diverse learners when planning and adjusting instruction.
 17. Values the variety of ways people communicate and encourages learners to develop and use multiple forms of communication.
 18. Is committed to exploring how the use of new and emerging technologies can support and promote student learning.
 19. Values flexibility and reciprocity in the teaching process as necessary for adapting instruction to learner responses, ideas, and needs.
- J. Standard 9. Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning and uses evidence to continually evaluate his/her practice, particularly the effects of his/her choices and actions on others (learners, families, other professionals, and the community), and adapts practice to meet the needs of each learner. The teacher:
1. Engages in ongoing learning opportunities to develop knowledge and skills in order to provide all learners with engaging curriculum and learning experiences based on local and state standards.
 2. Engages in meaningful and appropriate professional learning experiences aligned with his/her own needs and the needs of the learners, school, and system.
 3. Independently and in collaboration with colleagues, uses a variety of data (e.g., systematic observation, information about learners, research) to evaluate the outcomes of teaching and learning and to adapt planning and practice.
 4. Actively seeks professional, community, and technological resources, within and outside the school, as supports for analysis, reflection, and problem-solving.
 5. Reflects on his/her personal biases and accesses resources to deepen his/her own understanding of cultural, ethnic, gender, and learning differences to build stronger relationships and create more relevant learning experiences.
 6. Advocates, models, and teaches safe, legal, and ethical use of information and technology including appropriate documentation of sources and respect for others in the use of social media.
 7. Understands and knows how to use a variety of self-assessment and problem-solving strategies to analyze and reflect on his/her practice and to plan for adaptations/adjustments.
 8. Knows how to use learner data to analyze practice and differentiate instruction accordingly.
 9. Understands how personal identity, worldview, and prior experience affect perceptions and expectations, and recognizes how they may bias behaviors and interactions with others.
 10. Understands and adheres to laws related to learners' rights and teacher responsibilities (e.g., for educational equity, appropriate education for learners with disabilities, confidentiality, privacy, appropriate treatment of learners, reporting in situations related to possible child abuse).
 11. Knows how to build and implement a plan for professional growth directly aligned with his/her needs as a growing professional using feedback from teacher evaluations and observations, data on learner performance, and school- and system-wide priorities.
 12. Takes responsibility for student learning and uses ongoing analysis and reflection to improve planning and practice.
 13. Is committed to deepening understanding of his/her own frames of reference (e.g., culture, gender, language, abilities, ways of knowing), the potential biases in these frames, and their impact on expectations for and relationships with learners and their families.
 14. Sees him/herself as a learner, continuously seeking opportunities to draw upon current education policy and research as sources of analysis and reflection to improve practice.
 15. Understands the expectations of the profession including codes of ethics, professional standards of practice, and relevant law and policy.

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K. Standard 10. Leadership and Collaboration: The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession. The teacher:

1. Takes an active role on the instructional team, giving and receiving feedback on practice, examining learner work, analyzing data from multiple sources, and sharing responsibility for decision making and accountability for each student's learning.
2. Works with other school professionals to plan and jointly facilitate learning on how to meet diverse needs of learners.
3. Engages collaboratively in the schoolwide effort to build a shared vision and supportive culture, identify common goals, and monitor and evaluate progress toward those goals.
4. Works collaboratively with learners and their families to establish mutual expectations and ongoing communication to support learner development and achievement.
5. Working with school colleagues, builds ongoing connections with community resources to enhance student learning and well being.
6. Engages in professional learning, contributes to the knowledge and skill of others, and works collaboratively to advance professional practice.
7. Uses technological tools and a variety of communication strategies to build local and global learning communities that engage learners, families, and colleagues.
8. Uses and generates meaningful research on education issues and policies.
9. Seeks appropriate opportunities to model effective practice for colleagues, to lead professional learning activities, and to serve in other leadership roles.
10. Strives to meet the needs of learners and to strengthen the learning environment.
11. Takes on leadership roles at the school, district, state, and/or national levels.
12. Understands schools as organizations within a historical, cultural, political, and social context and knows how to work with others across the system to support learners.
13. Understands that alignment of family, school, and community spheres of influence enhances student learning and that discontinuity in these spheres of influence interferes with learning.
14. Knows how to work with other adults and has developed skills in collaborative interaction appropriate for both face-to-face and virtual contexts.
15. Knows how to contribute to a common culture that supports high expectations for student learning.
16. Actively shares responsibility for shaping and supporting the mission of his/her school as one of advocacy for learners and accountability for their success.
17. Respects families' beliefs, norms, and expectations and seeks to work collaboratively with learners and families in setting and meeting challenging goals.
18. Takes initiative to grow and develop with colleagues through interactions that enhance practice and support student learning.
19. Takes responsibility for contributing to and advancing the profession.
20. Embraces the challenge of continuous improvement and change.

Historical Note

Former Section R7-2-602 repealed, new Section R7-2-602 adopted effective December 4, 1978 (Supp. 78-6).

Amended by adding a new subsection (B) effective August 29, 1988 (Supp. 88-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective July 10, 1992 (Supp. 92-3). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2).

R7-2-602.01. Induction Program Standards for New Teachers

- A.** For the purposes of this Section, the following definitions apply:
1. "Induction" and "mentoring and retention programming" means a program of regular, job-embedded, in-person, one-on-one feedback that is focused on instruction and ensuring new classroom teacher quality, success and retention.
 2. "New classroom teacher" means a classroom teacher who is in the first, second, or third year of teaching.
- B.** The Arizona Teacher Induction Standards, and substantially similar programs developed by local education agencies, shall serve as the form and format of mentoring and retention programming for school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds established pursuant to A.R.S. § 15-1281(D)(3). The standards and programs developed by local education agencies shall require that the equivalent of one full-time mentor may be assigned to not more than 15 new classroom teachers employed by the school district or charter school.
- C.** The Department shall:
1. Develop the induction program standards in consultation with state educators and experts in instruction and educator quality, success, and retention.
 2. Present the induction program standards and the development process to the Board for review and approval.
- D.** The Board shall adopt the Arizona Teacher Induction Standards in a meeting following the presentation of the standards to the Board.

Historical Note

New Section made by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).

R7-2-602.02. Teacher Leader Professional Standards

- A.** For the purposes of this Section, the following definition applies: "Teacher leadership" means practices and professional capacities in which teachers act or fulfill duties and roles that support school-system faculty, staff, and administrators to improve instruction and teaching practices to improve educator and student development and performance.
- B.** The Arizona Teacher Leader Professional Standards are established. Teacher leader professional roles and professional learning programs developed by Arizona school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds pursuant to A.R.S. § 15-1281(D)(3) may use the Arizona Teacher Leader Professional Standards to establish and align professional duties, plans, pathways, and development programs.
- C.** The Board shall adopt Arizona Teacher Leader Professional Standards as follows:

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1. The Department shall develop teacher leader professional standards and guidance and resources in consultation with state educators and experts in instruction, educator quality, educator workforce development, success, leadership and retention;
2. The Department shall present the teacher leader standards and the development process to the Board at a regularly scheduled Board meeting; and
3. The Board shall adopt the Arizona Teacher Leader Professional Standards at a subsequent meeting.

Historical Note

New Section made by final exempt rulemaking at 29 A.A.R. 1401 (June 23, 2023), effective May 22, 2023 (Supp. 23-2).

R7-2-603. Professional Administrative Standards

- A. The standards presented in this Section shall be the basis for approved administrative preparation programs, described in R7-2-604. The Arizona Administrator Proficiency Assessment shall assess proficiency in the standards as a requirement for certification of supervisors, principals, and superintendents, as set forth in R7-2-616.
- B. Standard 1: Effective educational leaders develop, advocate, and enact a shared mission, vision, and core values of high-quality education and academic success and well-being of each student. Effective leaders:
 1. Develop an educational mission for the school to promote the academic success and well-being of each student.
 2. In collaboration with members of the school and the community and using relevant data, develop and promote a vision for the school on the successful learning and development of each child and on instructional and organizational practices that promote such success.
 3. Articulate, advocate, and cultivate core values that define the school's culture and stress the imperative of child-centered education; high expectations and student support; equity, inclusiveness, and social justice; openness, caring, and trust; and continuous improvement.
 4. Strategically develop, implement, and evaluate actions to achieve the vision for the school.
 5. Review the school's mission and vision and adjust them to changing expectations and opportunities for the school, and changing needs and situations of students.
 6. Develop shared understanding of and commitment to mission, vision, and core values within the school and the community.
 7. Model and pursue the school's mission, vision, and core values in all aspects of leadership.
- C. Standard 2: Effective educational leaders act ethically and according to professional norms to promote each student's academic success and well-being. Effective leaders:
 1. Act ethically and professionally in personal conduct, relationships with others, decision-making, stewardship of the school's resources, and all aspects of school leadership.
 2. Act according to and promote the professional norms of integrity, fairness, transparency, trust, collaboration, perseverance, learning, and continuous improvement.
 3. Place children at the center of education and accept responsibility for each student's academic success and well-being.
 4. Safeguard and promote the values of democracy, individual freedom and responsibility, equity, social justice, community, and diversity.
 5. Lead with interpersonal and communication skill, social-emotional insight, and understanding of all students' and staff members' backgrounds and cultures.
 6. Provide moral direction for the school and promote ethical and professional behavior among faculty and staff.
- D. Standard 3: Effective educational leaders strive for equity of educational opportunity and culturally responsive practices to promote each student's academic success and well-being. Effective leaders:
 1. Ensure that each student is treated fairly, respectfully, and with an understanding of each student's culture and context.
 2. Recognize, respect, and employ each student's strengths, diversity, and culture as assets for teaching and learning.
 3. Ensure that each student has equitable access to effective teachers, learning opportunities, academic and social support, and other resources necessary for success.
 4. Develop student policies and address student misconduct in a positive, fair, and unbiased manner.
 5. Confront and alter institutional biases of student marginalization, deficit-based schooling, and low expectations associated with race, class, culture and language, gender and sexual orientation, and disability or special status.
 6. Promote the preparation of students to live productively in and contribute to the diverse cultural contexts of a global society.
 7. Act with cultural competence and responsiveness in their interactions, decision making, and practice.
 8. Address matters of equity and cultural responsiveness in all aspects of leadership.
- E. Standard 4: Effective educational leaders develop and support intellectually rigorous and coherent systems of curriculum, instruction, and assessment to promote each student's academic success and well-being. Effective leaders:
 1. Implement coherent systems of curriculum, instruction, and assessment that promote the mission, vision, and core values of the school, embody high expectations for student learning, align with academic standards, and are culturally responsive.
 2. Align and focus systems of curriculum, instruction, and assessment within and across grade levels to promote student academic success, love of learning, the identities and habits of learners, and healthy sense of self.
 3. Promote instructional practice that is consistent with knowledge of child learning and development, effective pedagogy, and the needs of each student.
 4. Ensure instructional practice that is intellectually challenging, authentic to student experiences, recognizes student strengths, and is differentiated and personalized.
 5. Promote the effective use of technology in the service of teaching and learning.
 6. Employ valid assessments that are consistent with knowledge of child learning and development and technical standards of measurement.
 7. Use assessment data appropriately and within technical limitations to monitor student progress and improve instruction.
- F. Standard 5: Effective educational leaders cultivate an inclusive, caring, and supportive school community that promotes the academic success and well-being of each student. Effective leaders:
 1. Build and maintain a safe, caring, and healthy school environment that meets that the academic, social, emotional, and physical needs of each student.

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2. Create and sustain a school environment in which each student is known, accepted and valued, trusted and respected, cared for, and encouraged to be an active and responsible member of the school community.
 3. Provide coherent systems of academic and social supports, services, extracurricular activities, and accommodations to meet the range of learning needs of each student.
 4. Promote adult-student, student-peer, and school-community relationships that value and support academic learning and positive social and emotional development.
 5. Cultivate and reinforce student engagement in school and positive student conduct.
 6. Infuse the school's learning environment with the cultures and languages of the school's community.
- G. Standard 6:** Effective educational leaders develop the professional capacity and practice of school personnel to promote each student's academic success and well-being. Effective leaders:
1. Recruit, hire, support, develop, and retain effective and caring teachers and other professional staff and form them into an educationally effective faculty.
 2. Plan for and manage staff turnover and succession, providing opportunities for effective induction and mentoring of new personnel.
 3. Develop teachers' and staff members' professional knowledge, skills, and practice through differentiated opportunities for learning and growth, guided by understanding of professional and adult learning and development.
 4. Foster continuous improvement of individual and collective instructional capacity to achieve outcomes envisioned for each student.
 5. Deliver actionable feedback about instruction and other professional practice through valid, research-anchored systems of supervision and evaluation to support the development of teachers' and staff members' knowledge, skills, and practice.
 6. Empower and motivate teachers and staff to the highest levels of professional practice and to continuous learning and improvement.
 7. Develop the capacity, opportunities, and support for teacher leadership and leadership from other members of the school community.
 8. Promote the personal and professional health, well-being, and work-life balance of faculty and staff.
 9. Tend to their own learning and effectiveness through reflection, study, and improvement, maintaining a healthy work-life balance.
- H. Standard 7:** Effective educational leaders foster a professional community of teachers and other professional staff to promote each student's academic success and well-being. Effective leaders:
1. Develop workplace conditions for teachers and other professional staff that promote effective professional development, practice, and student learning.
 2. Empower and entrust teachers and staff with collective responsibility for meeting the academic, social, emotional, and physical needs of each student, pursuant to the mission, vision, and core values of the school.
 3. Establish and sustain a professional culture of engagement and commitment to shared vision, goals, and objectives pertaining to the education of the whole child; high expectations for professional work; ethical and equitable practice; trust and open communication; collaboration, collective efficacy, and continuous individual and organizational learning and improvement.
4. Promote mutual accountability among teachers and other professional staff for each student's success and the effectiveness of the school as a whole.
 5. Develop and support open, productive, caring, and trusting working relationships among leaders, faculty, and staff to promote professional capacity and the improvement of practice.
 6. Design and implement job-embedded and other opportunities for professional learning collaboratively with faculty and staff.
 7. Provide opportunities for collaborative examination of practice, collegial feedback, and collective learning.
 8. Encourage faculty-initiated improvement of programs and practices.
- I. Standard 8:** Effective educational leaders engage families and the community in meaningful, reciprocal, and mutually beneficial ways to promote each student's academic success and well-being. Effective leaders:
1. Are approachable, accessible, and welcoming to families and members of the community.
 2. Create and sustain positive, collaborative, and productive relationships with families and the community for the benefit of students.
 3. Engage in regular and open two-way communication with families and the community about the school, students, needs, problems, and accomplishments.
 4. Maintain a presence in the community to understand its strengths and needs, develop productive relationships, and engage its resources for the school.
 5. Create means for the school community to partner with families to support student learning in and out of school.
 6. Understand, value, and employ the community's cultural, social, intellectual, and political resources to promote student learning and school improvement.
 7. Develop and provide the school as a resource for families and the community.
 8. Advocate for the school and district, and for the importance of education and student needs and priorities to families and the community.
 9. Advocate publicly for the needs and priorities of students, families, and the community.
 10. Build and sustain productive partnerships with public and private sectors to promote school improvement and student learning.
- J. Standard 9:** Effective educational leaders manage school operations and resources to promote each student's academic success and well-being. Effective leaders:
1. Institute, manage, and monitor operations and administrative systems that promote the mission and vision of the school.
 2. Strategically manage staff resources, assigning and scheduling teachers and staff to roles and responsibilities that optimize their professional capacity to address each student's learning needs.
 3. Seek, acquire, and manage fiscal, physical, and other resources to support curriculum, instruction, and assessment; student learning community; professional capacity and community; and family and community engagement.
 4. Are responsible, ethical, and accountable stewards of the school's monetary and non-monetary resources, engaging in effective budgeting and accounting practices.

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5. Protect teachers' and other staff members' work and learning from disruption.
 6. Employ technology to improve the quality and efficiency of operations and management.
 7. Develop and maintain data and communication systems to deliver actionable information for classroom and school improvement.
 8. Know, comply with, and help the school community understand local, state, and federal laws, rights, policies, and regulations so as to promote student success.
 9. Develop and manage relationships with feeder and connecting schools for enrollment management and curricular and instructional articulation.
 10. Develop and manage productive relationships with the central office and school board.
 11. Develop and administer systems for fair and equitable management of conflict among students, faculty and staff, leaders, families, and community.
 12. Manage governance processes and internal and external politics toward achieving the school's mission and vision.
- K. Standard 10: Effective educational leaders act as agents of continuous improvement to promote each student's academic success and well-being. Effective leaders:**
1. Seek to make school more effective for each student, teachers and staff, families, and the community.
 2. Use methods of continuous improvement to achieve the vision, fulfill the mission, and promote the core values of the school.
 3. Prepare the school and the community for improvement, promoting readiness, an imperative for improvement, instilling mutual commitment and accountability, and developing the knowledge, skills, and motivation to succeed in improvement.
 4. Engage others in an ongoing process of evidence-based inquiry, learning, strategic goal setting, planning, implementation, and evaluation for continuous school and classroom improvement.
 5. Employ situationally-appropriate strategies for improvement, including transformational and incremental, adaptive approaches and attention to different phases of implementation.
 6. Assess and develop the capacity of staff to assess the value and applicability of emerging educational trends and the findings of research for the school and its improvement.
 7. Develop technically appropriate systems of data collection, management, analysis, and use, connecting as needed to the district office and external partners for support in planning, implementation, monitoring, feedback, and evaluation.
 8. Adopt a systems perspective and promote coherence among improvement efforts and all aspects of school organization, programs, and services.
 9. Manage uncertainty, risk, competing initiatives, and politics of change with courage and perseverance, providing support and encouragement, and openly communicating the need for, process for, and outcomes of improvement efforts.
 10. Develop and promote leadership among teachers and staff for inquiry, experimentation and innovation, and initiating and implementing improvement.

Historical Note

Former Section R7-2-603 repealed, new Section R7-2-603 adopted effective December 4, 1978 (Supp. 78-6).

Amended effective July 21, 1980 (Supp. 80-4). Amended subsection (J) effective August 20, 1981 (Supp. 81-4).

Amended subsections (D) and (E) effective April 10, 1984 (Supp. 84-2). Amended subsection (J)(8) and (9) effective October 10, 1984 (Supp. 84-5). Amended subsection (G) effective December 13, 1985. Amended subsection (J)(6), (7), (8) and (9) effective December 18, 1985 (Supp. 85-6). Editorial correction, amendment to subsections (D) and (E) shown effective April 10, 1984 should read Amended subsections (D) and (E) effective October 1, 1985. Amended by adding subsection (G)(9) and (10) effective January 31, 1986 (Supp. 86-1).

Amended by adding subsection (R) effective April 24, 1986 (Supp. 86-2). Amended subsection (G), filed May 5, 1986, effective July 1, 1987 (Supp. 86-3). Amended by adding subsection (J)(10) and (11) effective July 2, 1986; amended by adding subsection (J)(12), (13) and (14), filed August 7, 1986, effective July 1, 1987 (Supp. 86-4).

Amended subsection (H) effective September 16, 1987 (Supp. 87-3). Correction: subsection (G)(3), "Provisional" is corrected to read: "Principal" as certified effective December 3, 1985; amended subsection (B) effective

July 13, 1988; amended subsection (J)(2) effective August 10, 1988; amended subsection (R)(2)(b) effective August 15, 1988 (Supp. 88-3). Amended effective August 9, 1989, and amended effective September 12, 1989 (Supp. 89-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4).

Amended effective March 21, 1991 (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective October 22, 1991 (Supp. 91-4). Section

repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective December 19, 1996 (Supp. 96-4). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (J) (Supp. 97-4). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24,

2010 (Supp. 10-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 22 A.A.R. 3369, effective October 24, 2016 (Supp. 16-4).

R7-2-604. Definitions

In R7-2-604 through R7-2-604.05, unless the context otherwise requires:

1. "Accreditation" means a professional preparation institution's recognition by a national or regional agency or organization acknowledged for meeting identified standards or criteria.
2. "Alternative educator preparation program" means a program designed for individuals who are working as a PreK through 12 teacher or administrator while certified under an alternative teaching certificate or interim administrative certificate. Alternative educator preparation programs may have substantially different program sequences, designs, and/or formats than that of a traditional education preparation program.
3. "Biennial report" means a report submitted every two years to the Department by all Arizona State Board approved professional preparation institutions for each approved educator preparation program.
4. "Biennial status letter" means correspondence issued by the Department to the professional preparation institution

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within 30 days upon completion of the review of the biennial report, indicating the status of the educator preparation program(s).

5. "Board approved program" means a course of study that is approved by the Board and meets all relevant standards for teachers, administrators, school guidance counselors, or school psychologists.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting. This experience may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "Classroom-based educator preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.05.
8. "Educator preparation program" means a traditional or alternative educator preparation program that prepares PreK through 12 teachers, administrators, school counselors, and school psychologists for an institutional recommendation for an Arizona certificate.
9. "Field experience" means scheduled, directed, structured, supervised, frequent experiences in a PreK through 12 setting that occurs prior to the capstone experience. Field experiences must assist educator candidates in developing the knowledge, skills, and dispositions necessary to ensure all students learn, and provide evidence in meeting standards described in the Board approved professional teaching standards or professional administrative standards, and relevant Board approved academic standards.
10. "Institutional recommendation" means a form developed by the Department and issued by a professional preparation institution, that indicates an individual has completed a Board approved educator preparation program.
11. "Internship" means significant opportunities for candidates to practice and develop the skills identified in relevant state and national standards as measured by substantial and sustained work in real settings, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor.
12. "Locally based school leadership preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.06.
13. "National standards" means written expectations for meeting a specified level of performance that are established by, but not limited to, the following organizations: Council for Accreditation of Counseling and Related Education Program (CACREP), Council for the Accreditation of Educator Preparation (CAEP), Council for Exceptional Children. (CEC), The National Educational Leadership Preparation (NELP), Interstate New Teacher Assessment and Support Consortium (InTASC), Professional Standards for Educational Leadership (PSEL), International Society for Technology in Education (ISTE), National Association for the Education of Young Children (NAEYC), National Association of School Psychologists (NASP), National Council for Accreditation of Teacher Education (NCATE) or Teacher Education Accreditation Council (TEAC).
14. "Probationary educator preparation program" means a program with at least one deficiency identified in the biennial status letter issued by the Department, as a result of a Department review of the biennial report. Programs with the same deficiency(s) in two consecutive biennial status letters are subject to revocation of Board approval. A deficiency may include, but is not limited to, stakeholder surveys, completer data and student achievement data.
15. "Professional preparation institutions" means organizations that include, but are not limited to, universities and colleges, school districts, not for profit organizations, professional organizations, private businesses, charter schools, and regional training centers that oversee one or more educator preparation programs.
16. "Program completer" means a student who has met all the professional program institution's requirements of a Board approved educator preparation program necessary to obtain an institutional recommendation.
17. "Program supervisor" means an educator from the professional preparation institution under whose supervision the candidate for licensure practices during a capstone experience. The program supervisor's professional work experiences must be relevant to the license the candidate is seeking. Program supervisors must also have adequate training from the professional preparation institution.
18. "Review Team" means a committee that reviews educator preparation programs seeking Board approval that consists of representatives from the Department and at least three of the following entities: institutions under the jurisdiction of the Arizona Board of Regents, Arizona private institutions of higher education, Arizona community colleges, other organizations with a Board approved educator preparation program, professional educator associations, PreK through 12 administrators from local education agencies, National Board Certified Teachers, and a graduate or representative from an Arizona educator preparation program. For alternative educator preparation program applications, the review team shall include at least one graduate or representative from an Arizona alternative educator preparation program.
19. "Student teaching" means a minimum of 12 weeks of rigorous field-based experiences, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor. The student teaching placement must be appropriate for the certification that the applicant is seeking.
20. "Supervising practitioner" means a standard certified educator, currently employed by a local education agency, private agency or other PreK through 12 setting who supervises the candidate during a capstone experience. Supervising practitioners must have:
 - a. A minimum of three full years of experience relevant to the license the candidate is seeking.
 - b. A current classification of highly effective or effective pursuant to A.R.S. §§ 15-341(A)(41), 15-189.06, when applicable.
 - c. Adequate training from the professional preparation institution.
21. "Traditional educator preparation program" means a program that includes courses, field experiences, and a capstone experience that is designed to prepare preservice PreK through 12 teachers, administrators, school counselors, and school psychologists."

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended

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by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The word “twelve” has been changed to the numeral “12,” the hyphen between “PreK-12” has been changed to the word “through” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-604.01. Educator Preparation Programs

- A. Professional preparation institutions shall include evidence that the educator preparation program is aligned to standards described in the Board approved professional teaching standards or professional administrative standards and relevant national standards, and provides field experiences, and a capstone experience.
- B. Educator preparation programs of professional preparation institutions requesting Board approval shall be reviewed by the Department, and the Department shall recommend Board action. Upon the recommendation of the Department, the Board shall evaluate and may approve an educator preparation program. The Board may grant program approval for a period not to exceed six years.
- C. All educator preparation programs that lead to an Arizona certification must be approved by the Board pursuant to these rules. Board approval of educator preparation programs may be granted following the successful evaluation of the program. Board rules in effect at the time of the submission of a program for evaluation shall be the rules upon which the educator preparation program is evaluated.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). This Section was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).

R7-2-604.02. Educator Preparation Program Approval Procedures

- A. Professional preparation institutions with no Board approved educator preparation programs, seeking initial approval for an educator preparation program shall submit to the Department the information necessary to conduct a readiness review of the professional preparation institution. The Department shall prescribe forms to assist professional preparation institutions with providing all information required as part of the readiness review process. The required information, includes the following:
 1. An institutional profile demonstrating program and financial stability, a description of the educator preparation program seeking approval, a listing of national or regional accreditations the institution’s governance and administrative structures and student demographic data.
 2. A description of the professional preparation institution’s vision, mission, philosophy and goals, and a description of how this information is shared with students, relevant staff and other relevant stakeholders.

3. Data regarding the professional preparation institution’s relevant staff, including the following:
 - a. Demographic data relating to the relevant staff for each educator preparation program seeking approval, including, at a minimum, educational degrees, staff to student ratio, experience teaching in a PreK through 12 setting, and, if available, ethnicity and gender data.
 - b. Definitions of titles and clarification of roles of individuals responsible for courses, seminars, or modules of study; field experiences; capstone experiences; and administration.
 - c. A description of the professional preparation institution’s employment policies, including procedures for determining staff assignments, evaluation procedures and professional development opportunities and requirements.
- B. The Department shall provide professional preparation institutions written notification, within 60 days of receiving readiness review materials, either indicating readiness to submit educator preparation programs for review or specifying any deficiencies. The institution has 30 days from receipt of the notice to supply the Department with all required information regarding identified deficiencies.
- C. The Department shall initiate a review of the specific educator preparation programs being considered for Board approval. The Department shall prescribe forms to assist institutions with providing all information required as part of the educator preparation programs review. Professional Preparation Institutions with accreditation may submit accreditation documentation to be considered as part of the review process. To facilitate this review, institutions shall provide the Department with the following:
 1. A description of the educator preparation programs being considered for Board approval. This shall include, at a minimum, the criteria for student entry into the program; a summary of the program courses, seminars, or modules of study; field experiences; and capstone experiences. The professional preparation institution must verify that it requires courses, seminars, or modules of study necessary to obtain a full Structured English Immersion endorsement if required for the certificate the candidate is seeking.
 2. A description of the field experience and capstone experience policies for the educator preparation programs being considered for Board approval. The review team shall verify that the field experience and capstone experience includes evidence of engagement in the application of relevant standards as articulated in the Board approved professional teaching standards or professional administrative standards and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with applicable national standards.
 3. Evidence that candidates are provided instruction and practice in how to gather, evaluate, and synthesize multiple data sources and how to effectively use data in educational and classroom instructional decisions.
 4. Provide the Department with evidence that candidates are provided instruction and practice in how to appropriately integrate technology when working with students.
 5. A description of the assessment plan for measuring each candidate’s competencies as they progress through

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courses, seminars, or modules of study and field experiences to ensure readiness for a capstone experience. The plan shall require, at a minimum, that candidates demonstrate competencies as articulated in the Board approved professional teaching standards or professional administrative standards, relevant Board approved academic standards, and relevant national standards. The plan shall also describe processes for utilizing performance-based assessments and for providing candidates with necessary remediation. Programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.

6. A description of the procedures used to monitor and evaluate the operation, scope and quality of the educator preparation program being considered for approval. This shall include the use of internal and external evaluations, and may include stakeholder surveys, program completer employment information, and PreK through 12 student achievement data.
 7. An educator preparation program matrices demonstrating that program course, seminar, or module assessments, field experiences and capstone experiences measure candidates' success in meeting the Board approved professional teaching standards or professional administrative standards, and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.
 8. A plan for how the education preparation program will notify and assist program participants and partner schools if the educator preparation program closes.
- D.** The Department may schedule and conduct an onsite visit upon completion of the educator preparation programs review for professional preparation institutions seeking initial approval. The onsite visit may include a tour of the professional preparation institution; a review of documentation and related evidence; and interviews of relevant staff, educator candidates, and local education agency, private agency or other PreK through 12 administrators who employ program completers.
- E.** Upon completion of the review, and onsite review if applicable, the Department shall, within 90 days, provide the professional preparation institution with a program report of the Department's findings. This report shall cite any evidence showing deviation from each relevant standard Board approved professional teaching standard, professional administrative standard, and relevant national standard that applies to the educator preparation program. The professional preparation institution shall have 30 days from receipt of the Department's program report to submit a response addressing any identified deficiencies.
- F.** Based upon the Department's program report, the Department shall recommend to the Board that the educator preparation program be approved or denied.
- G.** The Board may grant educator preparation program approval for a period not to exceed six years or deny program approval.
- H.** Within 60 days of the Board's action, a professional preparation institution may request reconsideration of the Board's decision to deny an educator preparation program.
- I.** Professional preparation institutions with Board approval shall make available to the public a statement indicating the valid

period for which the educator preparation program has been approved.

- J.** Professional preparation institutions with Board approved educator preparation programs shall comply with the reporting requirements established by Title II of the Higher Education Act (P.L. 110-315).
- K.** Each approved professional preparation institution shall submit a biennial report with the Department documenting educator preparation program activities for the previous two years. The biennial report shall include the following:
1. A description of any substantive changes in courses, seminars, modules, assessments, field experiences or capstone experiences in Board approved educator preparation programs;
 2. Electronic access to relevant educator preparation program information;
 3. The name, title and original signature of the certification officer for the professional preparation institution;
 4. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of initial or continuing program approval.
- L.** The Department shall provide annual updates to the Board and make publicly available information summarizing the biennial reports to include, but not limited to, program status, deficiencies, and commendations.
- M.** Board approved educator preparation programs shall provide their program completers with an institutional recommendation for issuance of the appropriate Arizona certification within 45 days.
- N.** To maintain Board educator preparation program approval, the professional preparation institution shall be in continuous operation and training candidates in accordance with its mission and program objectives, fulfill all reporting requirements, and maintain compliance with all applicable local, state, tribal and federal requirements.
- O.** The Department shall provide a timeline for professional preparation institutions to submit educator preparation programs for approval.
- P.** Professional preparation Institutions seeking renewal of educator preparation program approval shall submit the required preliminary documents for review at least six month prior to the program expiration date.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). The hyphen between "PreK-12" was replaced with the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-604.03. Alternative Educator Preparation Program Approval Process

- A.** An organization that includes, but is not limited to, universities under the jurisdiction of the Arizona Board of Regents, community colleges in this state, private postsecondary institutions licensed by this state, school districts, charter schools, professional organizations, nonprofit organizations, private entities and regional training centers that oversee one or more educator preparation program which wishes to offer a program for an

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alternative route for the certification of teachers and administrators in this State shall apply to the Department of Education for review to become an approved provider of such a program. The Department of Education shall convene a review team to review the application, using a rubric approved by the Board, and submit a recommendation to the Board. The application shall include:

1. The name and location of the applicant;
 2. The name of the program;
 3. If the applicant is accredited, the name of the regional accrediting body and the accreditation status of the applicant;
 4. If the applicant is a private postsecondary educational institution, evidence that the applicant is licensed to operate by the State Board of Private Postsecondary Education pursuant to A.R.S. § 32-3021;
 5. A description of the budget of the program;
 6. A list of all staff members responsible for the administration of the program, the roles and responsibilities of each person and his or her credentials;
 7. The areas of certification for which the applicant will offer the program;
 8. A description of the program, which shall include:
 - a. The way in which the elements of the program will comply with the requirements of this Section and R7-2-602, R7-2-603 as applicable and A.R.S. § 15-501.01;
 - b. The application and review process for persons to enroll in the program, including a copy of all forms that will be used in the process;
 - c. A summary of the program courses, seminars, or modules of study; and
 - d. The supervised, school-based experiences the applicant will provide, including:
 - i. The name of each school and school district that will participate in the supervised, school-based experience, evidenced by a letter or other communication from the school or school district that demonstrates interest in participating;
 - ii. The length of time for which a candidate will be required to participate in the supervised, school-based experience, including any orientation that the candidate must complete;
 - iii. The manner by which candidates will be mentored by an effective or highly effective teacher and evaluated during the supervised, school-based experience;
 - iv. How the supervised, school-based experience will promote the effectiveness of teachers and administrators, as appropriate; and
 - v. A copy of all forms that will be used for the supervised, school-based experience process;
 9. If available, data on the efficacy of its preparation program which may include stakeholder surveys, completer data, and student achievement data;
 10. A statement of the estimated time it will take a candidate enrolled in the program to complete the program, which shall allow for completion of the program within one year but not more than three years;
 11. A description of the manner by which the applicant will evaluate the success or failure of each candidate enrolled in the program and track the progress of each such candidate, including a copy of all forms that will be used for the evaluation and tracking;
 12. A description of how the applicant will evaluate the success of the program, which must include the information required for the evaluation pursuant to R7-2-604.02(K)(4);
 13. A plan for how the education preparation program will notify and assist program participants and partner schools if the educator preparation program closes.
- B.** Upon receipt of an application for approval as an approved provider pursuant to subsection (A), the Department of Education shall convene a review team that shall:
1. Examine the application;
 2. Determine whether to recommend that the State Board of Education grant its approval of the application based upon the requirements of this Section and the Board-approved rubric without any additional requirements; and
 3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial. The State Board of Education may grant provisional approval to an applicant pursuant to subsection (D). If the State Board of Education denies an application, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- D.** If the State Board of Education grants an applicant provisional approval, the applicant may offer the program for an alternative route to certification described in the application for the period prescribed by the State Board of Education. The applicant must remove all the provisions under which the approval was issued before the expiration of the provisional approval. If the applicant removes the provisions within the prescribed time, the State Board of Education will grant nonprovisional approval to the applicant as an approved provider. Provisional approval is valid for two years after the date on which the State Board of Education granted provisional approval. If an applicant does not remove all the provisions within the prescribed time, the provisional approval is automatically revoked.
- E.** Except as otherwise provided in subsection (D), if an applicant is approved as an approved provider pursuant to this Section, the approval is valid for six years after the date of approval. To continue the approval, the qualified provider must submit an application for renewal before the expiration of the approval to the Department of Education. If the application for renewal is approved by the State Board of Education, the renewal is valid for six years after the date of the approval.
- F.** If an approved provider intends to offer a program for an alternative route to certification for an area of certification that is different from the area of certification for which the qualified provider has been approved, the qualified provider must submit a new application pursuant to subsection (A) to offer a program for an alternative route to certification for that area of certification.
- G.** An approved provider shall provide its program completers with an institutional recommendation for issuance of the appropriate Arizona alternative path certification within 45 days. An approved provider seeking renewal of its program approval shall submit the required renewal application for review at least 90 days prior to the program expiration date.
- H.** Each qualified provider must submit a report once every two years which includes:

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1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved educator preparation programs;
 2. The name, title and original signature of the certification officer for the professional preparation institution; and
 3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- I.** The Department shall:
1. Present the results of the report to the State Board of Education; and
 2. After the results have been presented to the State Board of Education, post the report on the Department's website.
- J.** Each qualified provider shall cooperate with the State Board of Education and the Department in the evaluation of the effectiveness of this Section.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 25 A.A.R. 965, effective March 25, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-604.04. Revocation of Approval of Qualified Provider: Notification of Intent; Requirements of Exit Plan

- A.** The State Board of Education may revoke its approval of an approved provider if the Board determines that the program for an alternative route to certification offered by the qualified provider does not meet the applicable requirements of R7-2-604.03.
- B.** Before the Board revokes its approval of an approved provider, the Board will notify the qualified provider of its intent to revoke approval. The notice must include the specific reasons upon which the Board is basing its decision. Not later than 30 days after the date on which the qualified provider receives the notice, the qualified provider may submit a written response to the Board which sets forth the reasons why approval should not be revoked. The Board will review the notice and any response submitted by the qualified provider and will determine whether to:
1. Revoke the approval of the qualified provider;
 2. Allow the qualified provider to continue providing the program for an alternative route to certification if certain enumerated conditions are met; or
 3. Allow the continued approval of the qualified provider without conditions.
- C.** If the Board revokes its approval of an approved provider, the qualified provider must provide an exit plan which includes a description of how the qualified provider will assist candidates enrolled in the program for an alternative route to certification in completing another program with a different qualified provider at no cost to the candidate.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

R7-2-604.05. Classroom-Based Alternative Preparation Program Approval Process

- A.** A school district or charter school may apply to the Board for approval as a classroom-based alternative preparation program provider. The Department shall facilitate the Board approval process and prescribe an application form that shall include the following:
1. The name of the program and the school district or charter school applying;
 2. The areas of certification for which the applicant will offer the program;
 3. Verification that individuals enrolled in the program will have a bachelor's degree from an accredited institution, or will meet all of the following criteria:
 - a. Will be currently enrolled in an accredited public or private postsecondary institution's bachelor's degree program;
 - b. Will not be a contracted or permanent full-time teacher or teacher of record for any classroom of students, except those enrollees may be employed by the school district or charter school; and
 - c. Will not regularly instruct students without the presence of a full-time teacher, certificated teacher, instructional coach or instructional mentor unless the individual possesses other means of certification.
 4. Verification that individuals to be enrolled in the program will meet the background requirements and have a valid fingerprint card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 15-534;
 5. Data supporting the efficacy of its teacher preparation program, which may include stakeholder surveys, completer data and student achievement data. The school district or charter school may contract with a third party provider to provide the classroom-based alternative preparation program and may use that program's efficacy data to meet this requirement.
 6. A list of all staff members responsible for administering the program and the roles and responsibilities of each person;
 7. A description of the program, which shall include the following:
 - a. A program sequence or training schedule; and
 - b. Information regarding the mentoring and coaching of teacher candidates.
 8. The school district or charter school may provide information on professional expectations, professional requirements, or student achievement requirements that exceed expectations and requirements of this Section, including requiring candidates to complete specified coursework or trainings.
 9. A plan for how the program will notify and assist program participants if the program or school closes.
- B.** Upon receipt of an application for approval as a classroom-based preparation program provider, the Department shall convene a review team that shall:
1. Examine the application;

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2. Determine whether to recommend that the Board grant its approval of the application based upon the requirements of this Section and a Board-approved rubric; and
 3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial.
- D.** If the Board denies an applicant for program approval, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- E.** If the Board approves an applicant as a classroom-based preparation program provider, the approval is valid for six years after the date of approval. To continue as a program provider, the school district or charter school shall apply for renewal before the expiration of its current approval. If the application for renewal is approved by the Board, the renewal is valid for six years after the date of the approval.
- F.** Approved classroom-based alternative preparation program providers shall submit a new application pursuant to subsection (A) to offer a program in an additional certification area.
- G.** Each qualified provider shall submit a report once every two years that includes:
1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved classroom-based preparation programs;
 2. The name, title and original signature of the certification officer for the approved program provider;
 3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- H.** Classroom-based preparation program providers shall provide program completers with an institutional recommendation for the appropriate Classroom-Based Standard Teaching Certificate within 45 days of program completion.

Historical Note

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-604.06. Locally Based School Leadership Preparation Program Approval Process

- A.** A school district or charter school may apply to the Board for approval as a locally based school leadership preparation program provider. The Department shall administer the Board approval process and prescribe an application form, which shall include the following:
1. The name of the program and the school district or charter school applying;
 2. A list of all staff members responsible for administering the program and the roles and responsibilities of each person;
 3. The areas of certification for which the applicant will offer the program;

4. A description of the program, which shall include the following:
 - a. A program sequence or training schedule; and
 - b. Information regarding the learning experiences, mentoring and coaching of school leader candidates.
 5. Evidence supporting the efficacy of the school district's or charter school's preparation program. A school district or charter school may contract with a third party provider to provide or assist in the preparation in the preparation program and may use that program's efficacy evidence to meet this requirement.
 6. Verification that individuals enrolled in the program will have a bachelor's degree from an accredited institution;
 7. Verification that individuals enrolled in the program will meet the background requirements and have a valid fingerprint card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 15-534.
 8. A plan for how the program will notify and assist program participants if the program or school closes.
- B.** Upon receipt of an application for approval as a locally-based school leadership preparation program provider, the Department shall convene a review team that shall:
1. Examine the application;
 2. Determine whether to recommend that the Board grant its approval of the application based upon the requirements of this Section and a Board-approved rubric; and
 3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial.
- D.** If the Board denies an applicant for program approval, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- E.** If the Board approves an applicant as a locally based school leadership preparation program provider, the approval is valid for six years after the date of approval. To continue as a locally based school leadership program provider, the school district or charter school shall apply for renewal before the expiration of its current approval. If the application for renewal is approved by the Board, the renewal is valid for six years after the date of the approval.
- G.** Locally based leadership program providers shall provide program completers with an institutional recommendation for the appropriate locally based pathway standard administrative certificate within 45 days of program completion.

Historical Note

New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-605. Certification Responsibility

The Superintendent of Public Instruction or the Superintendent's designee shall be responsible for the issuance and evaluation of the appropriate certificates based on the applicant's compliance with the statutes and rules.

Historical Note

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-605 adopted effective April 10, 1984 (Supp. 84-2). Editorial correction, new Section R7-2-605

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shown adopted effective April 10, 1984 should read new Section R7-2-605 adopted effective October 1, 1985.

Amended by adding a new subsection (B) effective December 18, 1985 (Supp. 85-6). Amended by adding subsection (C), filed May 5, 1986, effective July 1, 1987; amended by adding subsection (D) effective June 30, 1986 (Supp. 86-3). Correction to Historical Note dated June 30, 1986, second part should have read: "...amended by adding subsections (D), (E), (F), (G) and (H) effective June 30, 1986"; amended subsection (A) effective August 10, 1988 (Supp. 88-3). Amended effective September 12, 1989 (Supp. 89-3). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4). Amended effective March 10, 1994 (Supp. 94-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

R7-2-606. Proficiency Assessments

- A. The Arizona Teacher Proficiency Assessment is adopted as the proficiency assessment for applicants for teaching certificates. The Arizona Administrator Proficiency Assessment is adopted as the proficiency assessment for applicants for administrative certificates.
- B. The subject knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's knowledge of the certification subject area or areas.
- C. The professional knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's pedagogical knowledge.
- D. The Arizona Administrator Proficiency Assessment shall assess professional knowledge as described in R7-2-603 as a requirement for certification of administrators, supervisors, principals, and superintendents.
- E. The passing score for each assessment shall be determined by the Board using the results of validity and reliability studies. The passing score for each assessment shall be reviewed by the Board at least every three years.
- F. The proficiency assessments for professional knowledge and subject knowledge for a certificate, endorsement, or approved area shall be approved by the Board.

Historical Note

Repealed effective December 4, 1978 (Supp. 78-6). New Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). Emergency Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 for a period of 180 days (Supp. 02-4). August 5, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-

- 4). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2).

R7-2-607. General Certification Provisions

- A. The evaluation to determine qualification for certification shall not begin until an institutional recommendation or application for certification and official transcripts, and the appropriate fees have been received by the Department. Course descriptions, verification of employment, and other documents may also be required for the evaluation.
- B. Unless otherwise specified, a standard certificate shall be issued for 12 years and may be issued with deficiencies. Applicants may receive a standard certificate with the following deficiencies of requirements to be completed within three years: research-based phonics; reading instruction including for students with dyslexia; professionalism and ethics; and U.S. and Arizona Constitutions. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
- C. The effective date of a new certificate shall be the date the evaluation is completed by the Department. The effective date of a renewed certificate shall be the date the evaluation for renewal is completed by the Department.
- D. Unless otherwise specified, all certificates and provisional endorsements issued for three years or less shall expire on the date of issuance in the year of expiration. All certificates issued for more than three years shall expire on the holder's birth date in the year of expiration.
- E. Only those degrees awarded by an accredited institution shall be considered to satisfy the requirements for certification.
- F. Professional preparation programs, courses, practica, and examinations required for certification shall be taken at an accredited institution or a Board-approved teacher preparation program.
- G. Only those courses in which the applicant received a passing grade or credit shall be considered to satisfy the requirements for certification.
- H. All certificates issued by the Department are considered to have been issued in conformance with these rules, except on a finding that an applicant submitted falsified or misrepresented documents, records, or facts in an application for certification or on a finding that a certificate was issued in error due to an error by the verifying authority or issuing authority. If the Department makes a finding pursuant to this subsection, the Department shall provide notice to the applicant of the finding. Within 60 days of the date of the notice, the applicant shall submit proof to the Department that the applicant meets the requirements for the certification. If the applicant is unable to provide proof they meet the requirements within 60 days of receipt of notice, the Department shall reclaim the certificate. Reclaiming a certificate pursuant to this subsection is not considered a disciplinary action but the Department shall refer the case for investigation pursuant to R7-2-1308 for findings that an applicant submitted falsified or misrepresented documents, records, or facts.
- I. The Department shall issue a comparable standard Arizona certificate described in R7-2-608, R7-2-609, R7-2-610, R7-2-611, R7-2-612 or R7-2-613 to an applicant who holds a valid certification from the National Board for Professional Teaching Standards, possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety, and holds a bach-

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elor's, master's or doctoral degree from an accredited institution. These applicants are exempt from all portions of the Arizona Teacher Proficiency Assessment.

- J. An applicant is not required to take any portion of the Arizona Teacher Proficiency Assessment if the applicant has at least three years of full-time teaching experience in any state, including this state, in the comparable area of certification or endorsement in which the person is applying for certification, regardless of whether the applicant was certified or uncertified. An applicant is not required to take any portion of the Arizona Administrator Proficiency Assessment if the person has at least three years of full-time experience in a school leadership position in any state, including this state, regardless of whether the applicant was certified or uncertified.
- K. An applicant is exempt from the testing requirements for Arizona certificates if the applicant passed corresponding portions of a professional or subject knowledge examinations, or administrator examination adopted by a state agency in another state that are similar to the Arizona Teacher Proficiency Assessments or the Arizona Administrator Proficiency Assessment.
- L. An applicant is exempt from the subject knowledge portion of the Arizona Teacher Proficiency Assessment if:
 1. The applicant provides verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
 2. The applicant obtained a bachelor's, master's or doctoral degree from an accredited institution in a relevant subject area; or
 3. The applicant provides verification of a minimum of five years of work experience that is relevant to a subject area of certification.
- M. Unless otherwise specified, individuals who hold a valid Arizona elementary, middle grades or secondary certificate, or a special education certificate that includes grades six through 12, may add an approved area to their certificate by passing the appropriate subject area portion of the Arizona Teacher Proficiency Assessment or as provided in subsections (J), (K) and (L). Any approved area shall be specified on the certificate. If a proficiency assessment is not offered in a subject area, an approved area shall consist of a minimum of 24 semester hours of courses in the subject.
- N. If a language assessment is not offered through the Arizona Teacher Proficiency Assessment, a passing score on a nationally accredited test of a foreign language approved by the Board may demonstrate proficiency of that foreign language in lieu of the 24 semester hours of courses in that subject.
- O. A teacher's language proficiency in a Native American language shall be verified by a person, persons, or entity designated by the appropriate tribe in lieu of the 24 semester hours of courses in that subject.
- P. Teachers of homebound students shall hold the same certificate that is required of a classroom teacher.
- Q. Fingerprint clearance cards shall be issued by the Arizona Department of Public Safety.
- R. A person who surrenders their teaching certificate for any reason shall not submit an application for certification with the Board for a period of five years. A person re-applying after the five-year ban must apply under the current rules at the time of re-application.
- S. Notwithstanding any other provision, an individual with a deficiency in the Arizona and U.S. Constitutions who teaches an academic course that focuses primarily on history, government, social studies, citizenship, law or civics shall be issued a standard certificate subject to suspension in one year if that deficiency is not removed. The suspension is not considered a disciplinary action and the individual shall be allowed to correct that deficiency within the remaining time of the standard certification.
- T. As used in this Article, unless otherwise provided, "work experience" means paid or unpaid work, including teaching experience as a certificated or noncertificated educator at a public or private school, which demonstrates knowledge or skill relevant to a subject area. Work experience, and its relevance to a subject area, shall be verified with one of the following:
 1. A letter from a superintendent or personnel director that the applicant demonstrates knowledge or skill in the subject area that is comparable to holding a bachelor's degree, master's degree, or doctoral degree in that subject area, as identified in a resume;
 2. A letter from a public or private school superintendent or personnel director, in this state or in another state, that the applicant has the requisite experience teaching the most advanced Arizona academic standards, or comparable out-of-state standards, in the subject area sought; or
 3. If an applicant is unable to obtain a letter described in subsections (T)(1) or (2), the applicant may submit a letter from a current or former supervisor verifying that the applicant demonstrates knowledge or skill in the subject area that is comparable to holding a bachelor's degree, master's degree, or doctoral degree in that subject area, as determined by the Department.
- U. Single subject classroom teachers in grades six through 12 are required to be appropriately certified for the subject they teach for the greater part of their instructional schedule. If a teacher is assigned to two or more subjects for equal parts of their instructional schedule, the teacher is required to be appropriately certified in each subject.
- V. The requirements to be considered appropriately certified for a self-contained, single subject, or other classroom shall be established in the Certification Guidelines for Teaching Assignments, which shall be approved by the Board and on file with the Department.

Historical Note

Adopted effective December 5, 1977 (Supp. 77-6).
 Repealed effective December 4, 1978 (Supp. 78-6). New Section adopted effective May 3, 1993 (Supp. 93-2).
 Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1).
 Amended by exempt rulemaking at 16 A.A.R. 102, effective May 1, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 160, effective October 26, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 324, effective January 25, 2010 (Supp. 10-3).
 Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2054, effective December 8, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 648, effective January 25, 2016 (Supp. 16-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

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Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-607.01 Subject Areas – Waiver

Notwithstanding any other provision in this Article, any individual with a valid Elementary or Secondary certificate, or a Special Education certificate that includes grades six through 12, issued prior to August 1, 2016 may add one or more approved areas to the certificate prior to August 1, 2017 without any additional requirements provided the individual received an evaluation in the top two levels of performance on the most recent teacher evaluation related to one or more of the subject areas and meets one of the following requirements:

1. The individual was teaching in one or more subject areas based on a verified Arizona High, Objective, Uniform, State Standard of Evaluation (HOUSSE) rubric as highly qualified to teach the subject area(s) as defined under the No Child Left Behind Act; or
2. The individual has completed of a minimum of 24 semester hours of courses in the subject area(s).

Historical Note

New Section made by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

R7-2-608. Early Childhood Education Teaching Certificate

- A. The Standard Professional Early Childhood Education Certificate authorizes the holder to teach students in a birth through grade three classroom. An individual who holds a Standard Professional Early Childhood Education certificate described in this Section in combination with an Arizona cross categorical, specialized special education, mild/moderate disabilities, or moderate/severe disabilities special education certificate described in R7-2-611 is also authorized to teach early childhood special education, birth-age eight or grade three.
- B. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- C. Standard Professional Early Childhood Education Certificate – birth through grade three.
 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in early childhood education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
 - i. At least 45 classroom hours of Department-approved training or three college-level credit hours, or the equivalent, in research-based science of reading, including systematic phonics;
 - ii. At least 45 classroom hours of Department-approved training or three college-level credit hours, or the equivalent, in research-based reading instruction, including training on assessments, instructional practices and interventions to improve student reading proficiency. The instruction provided must meet the requirements for dyslexia training prescribed in A.R.S. § 15-219;
 - iii. Foundations of early childhood education;
 - iv. Teaching students with exceptionalities;

- v. Child guidance and classroom management, including characteristics and quality practices for typical and atypical behaviors of young children;
 - vi. Child growth and development, including health, safety and nutrition;
 - vii. Child, family, cultural and community relationships;
 - viii. Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
 - ix. Assessing, monitoring and reporting progress of young children;
 - x. Instructional design and lesson planning, including modifications and accommodations;
 - xi. Professional responsibility and ethical conduct; and
 - xii. Twelve-week capstone experience as described in R7-2-604 in a preschool through grade three classroom, which may be completed during the valid period of an alternative teaching or student teaching intern certificate. One year of verified full-time teaching experience in preschool through grade three may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A valid Fingerprint Clearance Card issued by the Arizona Department of Public Safety;
 - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
 - e. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge examination pursuant to the provisions in R7-2-607.

2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Early Childhood Education certificate that includes evidence of two years of verified full-time teaching experience serving children birth through grade three, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (x).

Historical Note

Adopted effective May 20, 1994 (Supp. 94-2). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-608 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former Section R7-2-608 recodified to R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). New Section

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R7-2-608 made by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

R7-2-609. Elementary Teaching Certificate

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard Professional Elementary Certificate – grades kindergarten through eight.
 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in elementary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. At least forty-five classroom hours of Department-approved training or three semester hours of college-level coursework, or the equivalent, in research-based science of reading systematic phonics;
 - ii. At least forty-five classroom hours of Department-approved training or three semester hours of college coursework, or the equivalent, in research-based reading instruction, including training on assessments, instructional practices and interventions to improve student reading proficiency. Instruction provided must meet the requirements for dyslexia training prescribed in A.R.S. § 15-219;
 - iii. Developmentally appropriate instructional delivery, facilitation and methodologies for teaching language, math, science, social studies and the arts;
 - iv. Instructional design and lesson planning, including modifications, and accommodations;
 - v. The learning environment, including classroom management;
 - vi. Assessing, monitoring and reporting progress;
 - vii. Teaching students with exceptionalities;
 - viii. Professional responsibility and ethical conduct; and
 - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades kindergarten through eight, which may be completed during the valid period of an alternative teaching or student teaching intern certificate. One year of verified full-time teaching experience in grades kindergarten through eight may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;

- d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant qualifies for a waiver of the subject knowledge assessment pursuant to the general certification provisions in R7-2-607; and
 - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Elementary certificate that includes evidence of two years of verified full-time teaching experience in grades kindergarten through eight, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-609 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former R7-2-609 recodified to R7-2-610; new R7-2-609 recodified from R7-2-608 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-609 "Pre-kindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

R7-2-609.01. Middle Grades Teaching Certificate

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard Professional Middle Grades Certificate – grades five through nine
 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in middle grades education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Early adolescent psychology;
 - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - iii. Instructional design and lesson planning, including modifications and accommodations;

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- iv. The learning environment, including classroom management;
- v. Developmentally appropriate instructional delivery, facilitation and methodologies;
- vi. Assessing, monitoring and reporting progress;
- vii. Teaching students with exceptionalities;
- viii. Professional responsibility and ethical conduct; and
- ix. Twelve weeks of capstone experience as described in R7-2-604 in grades five through nine, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades five through nine may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
- d. A passing score on at least one subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in the relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
- e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- 2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Middle Grades certificate that includes evidence of two years of verified full-time teaching experience in grades five through nine, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

Historical Note

New Section by final exempt rulemaking at 24 A.A.R. 791, effective March 26, 2018 (Supp. 18-1).

R7-2-610. Secondary Teaching Certificates

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Secondary Certificate – grades six through 12. The requirements are:
 - 1. A bachelor's degree;
 - 2. One of the following:
 - a. Completion of a teacher preparation program in secondary education from an accredited institution or a Board-approved teacher preparation program, described in R7-2-604; or
 - b. Thirty semester hours of education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of practicum in grades six through 12. Two years of verified teaching experience in grades six through postsecondary may substitute for the eight semester hours of practicum; or
 - c. A valid secondary certificate from another state.
 - 3. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
 - 4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
 - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional Secondary Certificate – grades six through 12 for applications received on and after August 1, 2018.
 - 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in secondary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - ii. Instructional design and lesson planning, including modifications and accommodations;
 - iii. The learning environment, including classroom management;
 - iv. Developmentally appropriate instructional delivery, facilitation and methodologies;
 - v. Assessing, monitoring and reporting progress;
 - vi. Teaching students with exceptionalities;
 - vii. Professional responsibility and ethical conduct;
 - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades six through postsecondary, which may be completed during the valid period of a teaching intern or student teaching intern certificate; one year of verified full-time teaching experience in grades six through postsecondary may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
 - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
 - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - 2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Secondary certificate that includes evidence of two years of verified full-time teaching experience in grades six through postsecondary, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades six

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through postsecondary may be substituted for the capstone experience.

- D.** Notwithstanding any other provision, individuals seeking a secondary certificate with an approved area in science, technology, engineering or mathematics are exempted from the requirements of a passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment based on:

1. Verified work experience of five or more years in science, technology, engineering or mathematics; and
2. Demonstrated adequate knowledge of science, technology, engineering or mathematics by:
 - a. A master's or a doctoral degree in an academic subject that is specific to science, technology, engineering or mathematics; or
 - b. Twenty-four semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-610 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Former R7-2-610 recodified to R7-2-611; new R7-2-610 recodified from R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2054, effective December 8, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

R7-2-610.01. Specialized Secondary Teaching Certificates

Specialized Secondary Certificate – Science, Technology, Engineering or Mathematics – grades six through 12

- A.** The requirements are:

1. One of the following:
 - a. Demonstrate expertise in the subject matter knowledge through:
 - i. A bachelor's, master's or a doctoral degree and 24 semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics; or
 - ii. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in science, technology, engineering or mathematics
2. Verified work experience of five or more years in science, technology, engineering or mathematics
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

- B.** An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, and the professional knowledge and the subject knowledge portions of the Arizona Teacher Proficiency Assessments.

Historical Note

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

R7-2-610.02. Subject Matter Expert Standard Teaching Certificate

Subject Matter Expert Standard Teaching Certificate – grades six through 12

- A.** The requirements are:

1. A bachelor's degree and one of the following:
 - a. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in the relevant subject area of certification. An individual seeking certification pursuant to this subdivision is exempt from passing the professional knowledge portion of the Arizona Teacher Proficiency Assessment; or
 - b. A bachelor's, master's or doctoral degree from an accredited postsecondary institution in the specific subject area of certification that is directly relevant to a content area or subject matter taught in public schools; or
 - c. Verification of expertise through work experience of a minimum of five years in the relevant area of certification.
2. A passing score on the professional knowledge Arizona Teacher Proficiency Assessment within two years except as provided by subsection (A)(1)(a). If an applicant fails to meet this requirement within two years, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
4. Verification that the applicant has reviewed and attests to reviewing the best practices for social media and cellular telephone use between students and school personnel adopted by the Board.
5. Completion of Board-approved training in professionalism and ethics within two years. If an applicant fails to meet this requirement within two years, the Department or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

- B.** An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions and the subject knowledge portion of the Arizona Teacher Proficiency Assessment.

Historical Note

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective Septem-

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ber 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-611. Special Education Teaching Certificates

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood endorsement as described in R7-2-615 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood Teaching Certificate as described in R7-2-608 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section.
- B.** Terms used in this Section are defined in A.R.S. § 15-761.
- C.** Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12.
1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
 2. The requirements are:
 - a. A bachelor's degree;
 - b. One of the following:
 - i. Completion of a teacher preparation program in special education from an accredited institution which included courses in the instruction and behavior management of students with mild/moderate disabilities; or
 - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with mild/moderate disabilities. Special education courses shall include foundations of special education, legal aspects, effective collaboration and communication practices, research-based instruction in mathematics, research-based instruction in English language arts, classroom management and behavior analysis, assessment and eligibility, language development and disorders, and electives. Two years of verified teaching experience in mild/moderate special education, grades K through 12 may substitute for the eight semester hours of practicum.
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in mild/moderate special education or otherwise qualifies for a waiver of the subject knowledge examination, and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

- D.** Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12 for applications received on or after August 1, 2018.

1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
2. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in mild/moderate disabilities special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
 - i. Research-based systematic phonics;
 - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - iii. Instructional design and lesson planning, including specially designed instruction;
 - iv. The learning environment, including classroom and behavioral management;
 - v. Instructional delivery, facilitation and methodologies;
 - vi. Legal aspects of special education, including individualized education programs and transition planning;
 - vii. Effective collaboration and communication practices, including modifications and accommodations;
 - viii. Research-based instruction in math;
 - ix. Research-based instruction in English language arts;
 - x. Assessment and eligibility, including monitoring and reporting requirements;
 - xi. Language development and disorders;
 - xii. Professional responsibility and ethical conduct;
 - xiii. Twelve weeks of capstone experience as described in R7-2-604 in mild/moderate special education in grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified teaching experience in mild/moderate special education in grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
3. Applicants may meet the requirements in subsection (D)(2)(b) with the submission of an application for the Standard Professional Mild/Moderate Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in mild/

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moderate disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(2)(b)(i) through (xii).

4. Board approved educator preparation programs leading to dual certification in mild/moderate disabilities and elementary, middle school, or secondary education may exempt a student from the mild/moderate special education capstone experience upon the completion of the following:
 - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in mild/moderate special education classrooms for the two years preceding commencement of the capstone experience in elementary, middle school, or secondary education;
 - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
 - c. Completion of the capstone experience in elementary, middle school or secondary education and demonstration of all of the following competencies during the dual certification educator preparation program:
 - i. Participation on a multi-disciplinary evaluation team;
 - ii. Participation in and drafting of an acceptable individualized education program; and
 - iii. Planning and delivery of specially designed instruction for a class of students.
- E. Provisional Specialized Special Education Certificate – grades K through 12.
 1. The certificate is valid for three years and is not renewable.
 2. No new applications for a Provisional Specialized Education Certificate will be accepted after December 31, 2015.
 3. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
- F. Standard Professional Specialized Special Education Certificate – grades K through 12.
 1. The certificate is valid for 12 years and may be renewed.
 2. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
 3. The requirements are:
 - a. A valid Arizona Provisional Specialized Special Education certificate, or a Provisional Specialized Special Education certificate which has not expired for more than one year;
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- G. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12.
 1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
2. The requirements are:
 - a. A bachelor's degree;
 - b. One of the following:
 - i. Completion of a teacher preparation program in moderate/severe disabilities education from an accredited institution; or
 - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with moderate/severe disabilities. Special education courses shall include foundations of low incidence disabilities, legal aspects, effective collaboration and communication practices, adaptive communication, instructional strategies across the curriculum, classroom management and behavior analysis, assessment and eligibility, and electives. Two years of verified special education teaching experience in with students with moderate/severe disabilities, grades K through 12 may substitute for the eight semester hours of practicum.
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination; and
 - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- H. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12 for applications received on or after August 1, 2018.
 1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
 2. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in moderate/severe disabilities education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
 - i. Research-based systematic phonics;
 - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - iii. Instructional design and lesson planning, including specially designed instruction;
 - iv. The learning environment, including classroom and individual behavioral management;

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- v. Instructional delivery, facilitation and methodologies for teaching research-based instruction in math and English language arts;
 - vi. Legal aspects of special education, including individualized education programs and transition planning;
 - vii. Effective collaboration and communication practices, including modifications and accommodations;
 - viii. Adaptive communication, including language development and disorders;
 - ix. Assessment and eligibility, including monitoring and reporting requirements;
 - x. Professional responsibility and ethical conduct;
 - xi. Twelve weeks of capstone experience as described in R7-2-604 in special education in moderate/severe disabilities grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in special education in moderate/severe disabilities grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
 - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
 - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
3. Applicants may meet the requirements in subsection (H)(2)(b) with the submission of an application for the Standard Professional Moderate/Severe Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in moderate/severe disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(2)(b)(i) through (x).
- I.** Standard Professional Hearing Impaired Certificate – birth through grade 12. The requirements are:
- 1. A bachelor's degree,
 - 2. One of the following:
 - a. Completion of a teacher preparation program in hearing impaired education from an accredited institution; or
 - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the hearing impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with hearing impairment, foundations of instruction of students with hearing impairment, and diagnostic and assessment procedures for the hearing impaired. Two years of verified teaching experience in the area of hearing impaired in grade PreK through 12 may be substituted for the eight semester hours of practicum.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination, and
5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J.** Standard Professional Hearing Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.
- 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in hearing impaired education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
 - i. Research-based systematic phonics;
 - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - iii. Survey of exceptional students;
 - iv. Teaching methodologies for students with hearing impairment;
 - v. Foundations of instruction of students with hearing impairment;
 - vi. Diagnostic and assessment procedures for the hearing impaired;
 - vii. Professional responsibility and ethical conduct;
 - viii. Twelve weeks of capstone experience as described in R7-2-604 in hearing impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of hearing impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (J)(1)(b) with the submission of an application for the

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Standard Professional Hearing Impaired Certificate – birth through grade 12 that includes evidence of receipt of two years of verified full-time teaching experience in hearing impaired special education birth through grade 12 and training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (J)(1)(b)(i) through (vii).

K. Standard Professional Visually Impaired Certificate – birth through grade 12. The requirements are:

1. A bachelor's degree,
2. One of the following:
 - a. Completion of a teacher preparation program in visual impairment from an accredited institution; or
 - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the visually impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with visual impairment, foundations of instruction of students with visual impairment, and diagnostic and assessment procedures for the visually impaired. Two years of verified teaching experience in the area of visually impaired in grades PreK through 12 may be substituted for the eight semester hours of practicum.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, and
5. Demonstration of competency in Braille through one of the following:
 - a. A passing score on the original version of the National Library of Congress certification exam, or
 - b. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
 - c. A passing score on a Braille exam administered by another state, or
 - d. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
6. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

L. Standard Professional Visually Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.

1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in visual impairment from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
 - i. Research-based systematic phonics;
 - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - iii. Survey of exceptional students;

- iv. Teaching methodologies for students with visual impairment;
- v. Foundations of instruction of students with visual impairment;
- vi. Diagnostic and assessment procedures for the visually impaired;
- vii. Professional responsibility and ethical conduct;
- viii. Twelve weeks of capstone experience as described in R7-2-604 in visually impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of visually impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
- d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment,
- e. Demonstration of competency in Braille through one of the following:
 - i. A passing score on the original version of the National Library of Congress certification exam, or
 - ii. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
 - iii. A passing score on a Braille exam administered by another state, or
 - iv. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
- f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

2. Applicants may meet the requirements in subsection (L)(1)(b) with the submission of an application for the Standard Professional Visually Impaired Certificate – birth through grade 12 that includes evidence of two years of verified full-time teaching experience in visually impaired special education birth through grade 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (L)(1)(b)(i) through (vii).

M. Standard Professional Early Childhood Special Education Certificate – Birth through age 8 or grade three.

1. The requirements are:
 - a. A bachelor's degree,
 - b. Completion of a teacher preparation program in early childhood special education from an accredited institution,
 - c. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination,

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- d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (M)(1)(b) with completion of the following:
- a. Thirty-seven semester hours of early childhood education which teach the standards described in R7-2-602 which include the following areas of study:
 - i. Foundations early childhood education and special education;
 - ii. Behavioral interventions for children with and without disabilities;
 - iii. Characteristics and quality practices for typical and atypical behaviors of young children;
 - iv. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
 - v. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
 - vi. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, and the arts;
 - vii. Diagnosis and remediation of learning difficulties;
 - viii. Early language and literacy development including communication methods in early childhood education/special education;
 - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
 - x. A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children with identified special needs birth through preschool or one year of full-time teaching experience with children identified with special needs birth through preschool; and
 - xi. A minimum of four semester hours in a supervised student teaching setting serving children with identified special needs in kindergarten through grade three or one year of full time teaching experience with children identified with special needs kindergarten through grade three.
- N. Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three for applications received on or after August 1, 2018.
- 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in early childhood special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
 - i. Research-based systematic phonics;
 - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
 - 2. Applicants may meet the requirements in subsection (N)(1)(b) with the submission of an application for the Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three that includes two years of verified full-time teaching experience in early childhood special education serving children birth through prekindergarten and kindergarten through grade three and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (N)(1)(b)(i) through (xi).
- iii. Teaching students with exceptionalities;
 - iv. Characteristics and quality practices for typical and atypical behaviors of young children, including behavioral interventions for children with and without disabilities;
 - v. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
 - vi. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
 - vii. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, the arts and diagnosis and remediation of learning difficulties;
 - viii. Early language and literacy development including communication methods in early childhood education/special education;
 - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
 - x. Substantial experience in practicum as described in R7-2-604 serving children with exceptionalities birth through preschool and kindergarten through grade three;
 - xi. Professional responsibility and ethical conduct; and
 - xii. Twelve weeks of capstone experience as described in R7-2-604 serving children with exceptionalities in birth through grade three, which may be completed during the valid period of a teaching intern certificate. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination, and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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3. Board approved educator preparation programs leading to dual certification in early childhood special education and early childhood teaching may exempt a student from the early childhood special education capstone experience upon completion of the following:
 - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in early childhood special education for two years preceding commencement of the early childhood teaching capstone experience;
 - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
 - c. Completion of the capstone experience in early childhood education and demonstration of all of the following competencies during the dual certification educator preparation program:
 - i. Participation on a multi-disciplinary evaluation team;
 - ii. Participation in and drafting of an acceptable individualized education program; and
 - iii. Planning and delivery of specially designed instruction for a class of students.
- O. Provisional Cross-Categorical Special Education Certificate – grades K through 12**
 1. No new applications for the Provisional Cross-Categorical Special Education certificate are accepted as of December 31, 2015.
 2. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate are qualified to teach students with mild to moderate autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
 3. The Provisional certificate may not be renewed or extended. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate, or a Provisional Cross-Categorical Special Education certificate which has not expired for more than one year, may apply for a Standard Professional Cross-Categorical Special Education certificate.
- P. Standard Professional Cross-Categorical Special Education Certificate – grades K through 12.**
 1. The Standard Professional Cross-Categorical is valid for 12 years and may be renewed.
 2. Individuals who hold a valid Standard Professional Cross-Categorical Special Education certificate are qualified to teach students with autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
 3. The requirements are:
 - a. An Arizona Provisional Cross-Categorical Special Education Certificate that is either valid or has not expired for more than one year.
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4).
Amended by final rulemaking at 6 A.A.R. 1132, effective

March 10, 2000 (Supp. 00-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-611 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Former R7-2-611 recodified to R7-2-612; new R7-2-611 recodified from R7-2-610 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-611 “Prekindergarten” corrected to “PreK” at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2056, effective December 2, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2). The word “kindergarten” has been changed to the letter “K,” the term, “grade 3” has been changed to “grade three,” the word “twelve” has been changed to the numeral “12,” and “age eight” has been changed to “age 8” for consistency in this Section at the request of the Board (Supp. 21-2).

R7-2-612. Career and Technical Education Teaching Certificates

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607, and the renewal requirements in R7-2-619.
- B.** For purposes of this Section, the following definitions apply:
 1. “Career and Technical Education means a field of study in any area relating to a CTE program approved by the Arizona Department of Education as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
 2. “Occupational Area” means employment in any area relating to a CTE program approved by the Department as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
 3. “Verified Work Experience” means written documentation from a current or former supervisor for paid or unpaid work, a current school superintendent, or the Department of Education Career and Technical Education Programmatic State Supervisor indicating that an applicant for a career and technical education certificate performed work in a business or industry setting related to an approved CTE program occupational area.
- C. Standard Career and Technical Education (CTE) Certificate – CTE Field of Study – grades K through 12**
 1. The requirements include all of the following:
 - a. Within three years, obtain a passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment or qualification for a waiver of this assessment.
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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- c. At least one of the following options:
- i. Option A – Bachelor’s degree in the specified CTE field of study – requirements include all of the following:
 - (1) A bachelor’s or more advanced degree in the specified CTE field of study from an accredited institution.
 - (2) Thirty semester hours of courses in the specified CTE field of study.
 - (3) Two hundred forty clock hours of verified work experience in the specified CTE occupational area. Hours may have been accumulated before obtaining a certification.
 - (4) Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education, to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional technology, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Hours may be obtained prior to issuance of the standard career and technical education certificate in the specified CTE field of study. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour.
 - ii. Option B – Valid non-CTE Arizona Provisional or Standard teaching certificate or an Arizona CTE teaching certificate in another CTE field of study – requirements include all of the following:
 - (1) A valid Arizona provisional or standard teaching certificate for teachers in birth through grade 12 issued pursuant to this Article.
 - (2) One year of the most recent teacher evaluation(s) approved by a certificated administrator, or the administrator’s designee, in a grades PreK through 12 school setting and issued during the term of the Arizona teaching certificate exhibiting satisfactory performance in the classroom.
 - (3) Three semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies for career and technical education, or instructional technology. Three semester hours may be obtained through Department or Board-CTE approved professional development.
 - iii. Option C – Business and industry professional - requirements include 6,000 clock hours of verified work experience in an occupational area. Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, instructional technology, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour; and
 - iv. Option D – Bachelor’s degree in the specified CTE field of study teacher preparation program – requirements include both of the following:
 - (1) A bachelor’s or more advanced degree that included completion of a Board approved teacher preparation program in the CTE field of study or from an accredited institution offering substantially similar training, addressing the following topics in career and technical education and any others as required by law: Principles/philosophy of career and technical education, instructional design and lesson planning, including modifications and accommodations; the learning environment, including classroom management; developmentally appropriate instructional delivery, facilitation and methodologies; assessing, monitoring and reporting progress; teaching students with exceptionalities; professional responsibility and ethical conduct; and
 - (2) Two hundred forty clock hours of verified work experience in the specified occupational area. Hours shall have been accumulated before obtaining a certification.
2. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

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Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-612 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1893, effective September 25, 2006 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 2086, effective May 19, 2008 (Supp. 09-3). Former R7-2-612 recodified to R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). New Section made by exempt rulemaking at 15 A.A.R. 2143, effective August 25, 2008 (Supp. 09-4). Former R7-2-612 recodified to R7-2-613; new R7-2-612 recodified from R7-2-611 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 102, effective May 1, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 21 A.A.R. 2063, effective August 26, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The word "fifteen" has been changed to the numeral "15," the words "six thousand" have been changed to the numeral "6,000," and the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-612.01. Standard Specialized Career and Technical Education (CTE) Certificates – grades K through 12

- A. Standard Specialized CTE certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. The holder is qualified to teach in an area that is specified on the certificate relating to a CTE program approved by the Arizona Department of Education as described in Guidance on CTE Teacher Certification which is on file with the Arizona Department of Education.
- C. The requirements are:
 1. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 2. Demonstration of expertise in the specified CTE area through one of the following:
 - a. A Bachelor's, master's or doctoral degree in the specified CTE area; or
 - b. A Bachelor's or more advanced degree and completion of 24 semester hours of coursework in the specified CTE area; or
 - c. An Associate's degree in the specified CTE area; or
 - d. An industry certification, license, or credential in the specified CTE area approved by the appropriate Department of Education Career and Technical Education Program Specialist or Career and Technical Education Program Services Director; or
 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment. If a proficiency assessment is not offered in a subject area, an

- e. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in a subject that is specific to the CTE course being taught.
3. Verification of five years of work experience in the specified CTE occupational area.
4. An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, the professional knowledge and subject knowledge portions of the Arizona Teacher Proficiency Assessments, and structured English immersion endorsement requirements.

Historical Note

New Section made by final exempt rulemaking at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The term "twenty-four" has been changed to the numeral "24," the hyphen between "PreK-12" has been replaced with the word "through" in the Section heading for consistency in Chapter style and format (Supp. 21-1).

R7-2-613. PreK through 12 Teaching Certificates

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional PreK through 12 Arts Education Certificate: art, dance, dramatic arts or music. The requirements are:
 1. A bachelor's degree.
 2. One of the following:
 - a. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from a Board-approved teacher preparation program, described in R7-2-604; or
 - b. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from an institution accredited by the National Association of Schools of Art and Design, National Association of Schools of Dance, National Association of Schools of Theatre, the National Association of Schools of Music, or National Council for Accreditation of Teacher Education; or
 - c. Thirty semester hours of education or arts education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of elementary and secondary methods in the certificate area and 12 semester hours of practicum in the certificate area grades PreK through 12. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
 - d. A valid PreK through 12 arts education certificate from another state.
 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment. If a proficiency assessment is not offered in a subject area, an

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approved area shall consist of a minimum of 24 semester hours of courses in the subject.

4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional PreK through 12 Arts Education Certificate** for applications received on or after August 1, 2018.
1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in PreK through 12 arts education from a Board-approved teacher educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Studio art;
 - ii. Art history and analysis;
 - iii. Advanced work in studio or art application areas;
 - iv. Technical processes;
 - v. Instructional design and lesson planning, including modifications, and accommodations;
 - vi. The learning environment, including classroom management;
 - vii. Assessing, monitoring and reporting progress;
 - viii. Professional responsibility and ethical conduct;
 - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 arts education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 arts education may substitute for the capstone experience requirement;
 - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
 - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Arts Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 arts education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 arts education may be substituted for the capstone experience.
- D. Standard Professional PreK through 12 Dance Education Certificate**
1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in PreK through 12 dance education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Performance;
 - ii. Choreography;
 - iii. Theoretical and historical studies of dance;
 - iv. Technical processes;
 - v. Instructional design and lesson planning, including modifications, and accommodations;
 - vi. The learning environment, including classroom management;
 - vii. Assessing, monitoring and reporting progress;
 - viii. Professional responsibility and ethical conduct; and
 - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 dance education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 dance education may substitute for the capstone experience requirement;
 - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
 - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 2. Applicants may meet the requirements in subsection (D)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Dance Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 dance education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 dance education may be substituted for the capstone experience.
- E. Standard Professional PreK through 12 Theatre Education Certificate**
1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in PreK through 12 theatre education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Foundations of production;
 - ii. Aesthetics, theatre history, literature, theory and criticism;
 - iii. Advanced work in theatre performance;
 - iv. Instructional design and lesson planning, including modifications, and accommodations;
 - v. The learning environment, including classroom management;
 - vi. Assessing, monitoring and reporting progress;

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- vii. Professional responsibility and ethical conduct and;
 - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 theatre education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 theatre education may substitute for the capstone experience requirement; and
 - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
 - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (E)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Theatre Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 theatre education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (E)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 theatre education may be substituted for the capstone experience.
- F. Standard Professional PreK through 12 Music Education Certificate**
- 1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in PreK through 12 music education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Performance;
 - ii. Musicianship skills and analysis;
 - iii. Composition and improvisation;
 - iv. Music history and repertoire;
 - v. Instructional design and lesson planning, including modifications, and accommodations;
 - vi. The learning environment, including classroom management;
 - vii. Assessing, monitoring and reporting progress;
 - viii. Professional responsibility and ethical conduct; and
 - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 music education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 music education may substitute for the capstone experience requirement; and
- G. Standard Professional PreK through 12 Physical Education Certificate. The requirements are:**
- 1. A bachelor's degree.
 - 2. One of the following:
 - a. Completion of a teacher preparation program in PreK through 12 physical education, including 12 semester practicum hours evenly split between elementary and secondary physical education from an accredited institution or a Board-approved teacher preparation program; or
 - b. Thirty-three semester hours of education or physical education courses, including:
 - i. At least nine semester hours of elementary, secondary and adaptive physical education methods;
 - ii. Foundational coursework in the areas of Growth and Motor Development, Movement Activities, Lifelong Physical Fitness and Comprehensive School Physical Activity Programming; and
 - iii. Twelve semester hours of practicum in physical education in PreK through 12 grades, evenly split between elementary and secondary physical education, and supervised by a licensed or certified physical education teacher. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
 - c. A valid PreK through 12 physical education certificate from another state.
 - 3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
 - 4. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
 - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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H. Standard Professional PreK through 12 Physical Education Certificate for applications received on or after August 1, 2018.

1. The requirements include all of the following:
 - a. A bachelor's degree;
 - b. Completion of a teacher preparation program in PreK through 12 physical education a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
 - i. Elementary, secondary and adaptive physical education methods;
 - ii. Foundational coursework in the areas of Growth and Motor Development;
 - iii. Movement Activities;
 - iv. Lifelong Physical Fitness;
 - v. Instructional design and lesson planning, including modifications, and accommodations;
 - vi. The learning environment, including classroom management;
 - vii. Assessing, monitoring and reporting progress;
 - viii. Professional responsibility and ethical conduct and;
 - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 physical education, serving students in elementary and secondary physical education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 physical education may substitute for the capstone experience requirement;
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
 - d. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (H)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Physical Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 physical education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 physical education may be substituted for the capstone experience.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 4581, effective December 18, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1).

Amended by exempt rulemaking at 15 A.A.R. 1259, effective March 26, 2007 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1298, effective July 18, 2007 (Supp. 09-3). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 0273, effective June 22, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). The hyphen between "PreK-12" has been changed to the word "through" in the Section heading and subsections for consistency in Chapter style and format (Supp. 21-1).

R7-2-614. Other Teaching Certificates

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B.** Substitute Certificate - PreK through 12
 1. The certificate is valid for six years and renewable by reapplication.
 2. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only a substitute certificate shall not be assigned a contract teaching position.
 3. An individual who holds a valid teaching or administrator certificate shall not be required to hold a substitute certificate to be employed as a substitute teacher.
 4. The requirements for issuance are:
 - a. A bachelor's degree, and
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 5. Substitute certificates previously issued as valid for life under this Section shall remain valid for life.
- C.** Emergency Substitute Certificate - PreK through 12
 1. The certificate is valid for two school years or part thereof. The expiration date shall be July 1 in the year of expiration.
 2. The certificate entitles the holder to substitute only in the district that has a verified emergency employment situation.
 3. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only an emergency substitute certificate shall not be assigned a contract teaching position.
 4. The holder of an emergency substitute certificate shall be limited to 120 days of substitute teaching in the same school each school year. A person holding an emergency substitute certificate may be exempt from the limit on teaching 120 days in the same school each school year if the school district superintendent provides verification to the Department that the position has been continuously advertised on a statewide basis at a minimum of three sites with at least one being a higher education institution and that an employable candidate was not found. An exemption from teaching 120 days shall not be granted to the same individual more than three times.
 5. The requirements for initial issuance are:
 - a. A high school diploma, General Education diploma, or associate's degree;

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- b. Verification from the school district superintendent that an emergency employment situation exists; and
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 6. The requirements for each reissuance are:
 - a. Two semester hours of academic courses completed since the last issuance of the Emergency Substitute Certificate. District in-service programs designed for professional development may substitute for academic courses. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director. Academic courses and in-service programs completed pursuant to this Section may include classroom management and professionalism and ethics. Individuals who have earned 30 or more semester hours are exempt from this requirement,
 - b. Verification from the school district superintendent that an emergency employment situation exists, and
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Emergency Teaching Certificate - birth through grade 12**
 - 1. The emergency teaching certificate is valid one school year or part thereof. The expiration date shall be the following July 1. Excluding an emergency teaching certificate issued under subsection (D)(6), an emergency teaching certificate shall not be issued more than three times to an individual.
 - 2. The emergency teaching certificate entitles the holder to enter into a teaching contract.
 - 3. Emergency teaching certificates shall be issued for early childhood, elementary and secondary certificates required by A.R.S. § 15-502(B) and required endorsements.
 - 4. The emergency teaching certificate entitles the holder to teach only in the district or charter school that verifies that an emergency employment situation exists.
 - 5. The requirements for initial issuance are:
 - a. A bachelor's degree,
 - b. Verification from the school district superintendent or charter school administrator that an emergency employment situation exists, and
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - 6. Notwithstanding this subsection, an emergency teaching certificate entitling the holder to teach in any Arizona school district or charter school may be issued for early childhood, elementary, middle grades, secondary, special education, and PreK through 12 teaching certificates for applicants who meet the following requirements:
 - a. A bachelor's degree,
 - b. Completion of a teacher preparation program in the certification area, as described in R7-2-608, R7-2-609, R7-2-609.01, R7-2-610, R7-2-611 and R7-2-613, from a Board-approved educator preparation program or from an accredited institution offering substantially similar training,
 - c. Verification that the applicant was unable to take one or all portions of the proficiency assessments required for the requested certificate as the result of a public health emergency declared by the governor or a public health official, and
 - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 7. Emergency teaching certificates issued pursuant to subsection (D)(6) shall not be renewed or re-issued.
- E. Alternative Teaching Certificate - PreK through 12**
 - 1. The certificate is valid for two years from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (E)(5) are met.
 - 2. The alternative teaching certificate entitles the holder to enter into a teaching contract while completing the requirements for an Arizona teaching certificate. During the valid period of the alternative teaching certificate the holder may teach in a Structured English Immersion classroom, or in any subject area in which the holder has passed the appropriate Arizona Teacher Proficiency Assessment. Alternative Teaching certificate holders who teach in a Structured English Immersion classroom shall hold a valid Provisional or full Structured English Immersion Endorsement, an English as a Second Language Endorsement, or a Bilingual Endorsement, if applicable. The candidate shall be enrolled in a Board authorized alternative path to certification program or a Board approved teacher educator preparation program.
 - 3. An individual is not eligible to hold the alternative teaching certificate more than once in a five year period.
 - 4. The requirements for initial issuance of the alternative teaching certificate are:
 - a. A bachelor's degree or higher from an accredited institution;
 - b. Verification of enrollment in a Board approved alternative path to certification program, or a Board approved educator preparation program; and
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - 5. The requirements for the extension of the alternative teaching certificate are:
 - a. The alternative teaching certificate outlined in subsection (E)(4),
 - b. Verification from the educator preparation program in which the alternative teaching certificate holder is enrolled, that the certificate holder has made adequate progress toward completion of the program,
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - 6. The holder of the alternative teaching certificate may apply for a Standard teaching certificate upon completion of the following:
 - a. Successful completion of a Board authorized alternative path to certification program or a Board-approved educator preparation program.
 - b. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment as applicable;
 - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment that corresponds to the Board approved alternative path to certification program in which the applicant is enrolled, unless the applicant has a bachelor's, master's or doctoral degree in the corresponding content area;
 - d. The submission of an application for a Standard teaching certificate to the Department;
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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7. Placement decisions of alternative teaching certificate holders shall only be based on agreements between the educator preparation provider, the provider's partner organizations and the local education agency except as otherwise provided in this subsection.
- F. Standard Adult Education Certificate**
1. The holder is qualified to teach Adult Basic Education, Adult Secondary Education, English Language Acquisition for Adults, or Citizenship.
 2. The requirements are:
 - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
 - b. A bachelor's degree.
 3. The renewal requirements are completion of a professional development program, described in R7-2-619.
- G. Junior Reserve Officer Training Corps Teaching Certificate - grades nine through 12**
1. The standard certificate is valid at any local education agency which conducts an approved Junior Reserve Officer Training Corps program of the Air Force, Army, Navy, or Marine Corps.
 2. The requirements are:
 - a. Verification by the district of an approved Junior Reserve Officer Training Corps program of instruction in which the applicant will be teaching,
 - b. Verification by the district that the applicant meets the work experience required by the respective military service, and
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Athletic coaching certificate - grades seven through 12**
1. The standard certificate entitles the holder to perform coaching duties in interscholastic and extracurricular athletic activities. It is not required for teachers who hold a valid elementary, secondary or special education certificate.
 2. The requirements are:
 - a. Valid certification in first aid and Coronary and Pulmonary Resuscitation (CPR);
 - b. Completion of courses, Board-approved or accredited seminars or modules of study which shall include the following:
 - i. Methods of coaching,
 - ii. Anatomy and physiology,
 - iii. Sports psychology,
 - iv. Adolescent psychology,
 - v. The prevention and treatment of athletic injuries; and
 - vi. Signs of physical abuse, emotional abuse, sexual abuse, neglect, bullying, hazing and cyberbullying.
 - c. Two hundred fifty hours of verified coaching experience in the sport to be coached. Coaching experience may include experience as a head coach or assistant coach in a school program or in an organized athletic league; and
 - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 4. Renewal requirements are:
 - a. Completion of a professional development program described in R7-2-619,
 - b. Valid certification in first aid and CPR.
- I. International Teaching Certificate**
1. The International Teaching certificate is issued to teachers from foreign countries who are contracted through the foreign teacher program as authorized by federal statutes enacted by the Congress of the United States or other foreign teacher recruitment programs approved by the United States Department of State or the United States Citizenship and Immigration Services.
 2. This certificate is valid for the length of the certificate holder's visa, not to exceed 12 years.
 3. The requirements are:
 - a. Verification that the applicant has completed teacher preparation in the home country or country of legal residence that is comparable to the requirements to qualify for an Arizona teaching certificate as provided in R7-2-608, R7-2-609, R7-2-610, R7-2-610.01, R7-2-610.02, R7-2-611 and R7-2-613.
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - c. A valid non-immigrating visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers.
 - d. Verification that the applicant has been contracted by an Arizona school through a foreign teacher program.
 4. An individual with an international teaching certificate may qualify for a certificate to instruct students in a language other than English with submission of a letter from a department chair or dean of an accredited institution in another country or in the United States verifying that the applicant is proficient in the language.
 5. The international teaching certificate may be extended with the following:
 - a. Verification of an extended visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers. The certificate may be extended to the new expiration date of the visa not to exceed 12 years.
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. Native American Language Certificate**
1. The standard certificate is optional and issued to individuals to teach only a Native American language in grades PreK through 12.
 2. The requirements are:
 - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - b. Language proficiency in a Native American Language. Proficiency shall be verified on official letterhead by a person, persons, or entity designated by the appropriate tribe.
 3. The certificate may be renewed upon completion of professional development, as prescribed in R7-2-619.
- K. Student Teaching Intern Certificate - PreK through 12**
1. The student teaching intern certificate is optional and is not a requirement for participation in a student teaching capstone experience.
 2. The certificate entitles the holder to perform teaching duties under the supervision of a program supervisor as defined in R7-2-604(14) and is only valid in the school district or charter school requesting the certificate.
 3. The certificate is valid for one year from date of initial issuance and may be extended for one year at no cost to

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the applicant if the provisions in subsection (K)(4) are met.

4. The requirements are:
 - a. Verification of enrollment in the culminating student teaching capstone experience of a Board approved educator preparation program pursuant to R7-2-604.01,
 - b. Verification documenting completed coursework with a minimum GPA of 3.0 on a 4.0 scale or the equivalent,
 - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
 - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
 - e. A request for issuance of the student teaching intern certificate from the district superintendent or charter school superintendent and the educator preparation program.
 - f. Verification from the educator preparation provider that a written supervision plan, approved by the Board, includes the following:
 - i. The educator preparation provider's roles and responsibilities for the Program Supervisor, and
 - ii. The onsite mentorship and induction provided by the Local Education Agency.
 - g. A valid fingerprint card issued by the Arizona Department of Public Safety.
5. Placement decisions of student teaching intern certificate holders shall only be based on collaborative agreements between the Board approved educator preparation provider and the local education agency. Notwithstanding any other provision, a student teaching intern certificate holder may not teach in a special education classroom unless the certificate holder has a bachelor's degree.
6. The holder of the student teaching certificate may apply for an Arizona Teaching Certificate upon completion of the following:
 - a. Successful completion of a Board approved educator preparation program.
 - b. The submission of an application, and all required documentation including an institutional recommendation, for the Arizona teaching certificate to the Department.

L. Classroom-Based Standard Teaching Certificate

1. The requirements are:
 - a. A bachelor's degree;
 - b. Successful completion of a Board-approved Classroom-Based Alternative Preparation Program;
 - c. Verification of satisfactory progress and achievement with students;
 - d. Demonstration of subject knowledge proficiency with:
 - i. Verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
 - ii. A bachelor's, master's or doctoral degree from an accredited institution in the applicable subject area; or

- iii. Verification of a minimum of five years of work experience in the applicable subject area of certification; or
- iv. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
- v. A passing score on the applicable subject knowledge portion of the Arizona Teacher Proficiency Assessment;
- e. Demonstration of professional knowledge proficiency with:
 - i. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
 - ii. A passing score on the applicable professional knowledge portion of the Arizona Teacher Proficiency Assessment;
- f. An individual seeking certification who was teaching courses or subjects tested by the statewide assessment must also provide:
 - i. Verified evidence of two years of full-time teaching; and
 - ii. Verified evidence that the individual's students performed at grade level; or
 - iii. Verified evidence that the individual's students achieved at least one year of academic growth at a rate equivalent to the state average for the students' associated peer groups;
- g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-614 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 15 A.A.R. 1304, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1898, effective April 28, 2008 (Supp. 09-2). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 63, effective June 22, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). R7-2-614(J) amended by final exempt rulemaking at 21 A.A.R. 2073, effective August 27, 2012; R7-2-614(I) amended by final exempt rulemaking at 21 A.A.R. 2073, effective June 24, 2013; R7-2-614(B)(C)(E) amended by final exempt rulemaking at 21 A.A.R. 2073, effective January 26, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 667, effective January 25, 2016; filed in the Office March 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking

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at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The hyphen between “PreK-12” has been changed to the word “through,” and the word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 366 (February 11, 2022), with an immediate effective date of January 24, 2022 (Supp. 22-1).

R7-2-615. Endorsements

- A.** An endorsement is an attachment to an educator certificate that provides an additional qualification and shall be automatically renewed with the certificate on which it is posted.
- B.** Except as noted, the following provisions apply to this Section:
 - 1. Endorsements are subject to the general certification provisions in R7-2-607 and the reciprocity provisions in R7-2-621;
 - 2. Unless otherwise indicated, “teaching certificate” means a valid Arizona Standard Professional teaching certificate, Classroom-Based Standard Teaching Certificate, or International Teaching certificate;
 - 3. Provisional endorsements are valid for three years and shall not be renewed or extended. An individual shall not be issued the same provisional endorsement more than once in a five-year timeframe.
- C.** Endorsements which are optional as specified herein may be required by local governing boards.
- D.** Special subject endorsements, grades PreK through 12
 - 1. Special subject endorsements shall be issued in the area of art, computer science, dance, dramatic arts, music, or physical education.
 - 2. Special subject endorsements authorize the holder to teach the subject area indicated in a single subject, preschool through grade 12 classroom.
 - 3. The requirements are:
 - a. An Arizona early childhood, elementary, middle grades, secondary, or special education teaching certificate;
 - b. One course in the methods of teaching the subject at the elementary level and one course in the methods of teaching the subject at the secondary level; and
 - c. One of the following:
 - i. Thirty semester hours of courses in the subject area which may include the courses listed in subsection (D)(3)(b);
 - ii. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment in the appropriate area, if an assessment has been adopted by the Board.
- E.** Mathematics Specialist, K through eight Endorsement
 - 1. The mathematics specialist, K through eight endorsement is optional, but recommended for an individual in the position of mathematics specialist, mathematics education consultant, mathematics interventionist, or mathematics coach in a kindergarten through grade eight setting. Nothing in this Section prevents school districts from requiring certified staff to obtain a mathematics

endorsement as a condition of employment. The mathematics endorsement does not waive the requirements set forth in R7-2-607.

- 2. The requirements are:
 - a. A valid early childhood, elementary, middle grades, or special education teaching certificate;
 - b. Verification of three years of full-time teaching experience in grades K through eight; and
 - c. Eighteen semester hours of mathematics coursework to include:
 - i. Three semester hours of data analysis, probability, and discrete mathematics;
 - ii. Three semester hours of geometry and measurement;
 - iii. Six semester hours of patterns, algebra, and functions; and
 - iv. Six semester hours of number and operations.
 - d. Six semester hours of mathematics coursework to include:
 - i. Three semester hours of mathematics classroom assessment;
 - ii. Three semester hours of research-based practices, pedagogy, and instructional leadership in mathematics.
- 3. A passing score on the middle grades mathematics or secondary mathematics portion of the Arizona Teacher Proficiency Assessment may be substituted for the mathematics coursework described in subsection (2)(c).
- F.** Reading Specialist, K through eight Endorsement
 - 1. The Reading Specialist, K through eight endorsement authorizes the holder for the positions of reading specialist, reading coach, reading interventionist, or a similar role in kindergarten through grade eight.
 - 2. The requirements are:
 - a. A valid Arizona early childhood, elementary, special education, middle grades, or secondary teaching certificate;
 - b. Verification of three years of full-time teaching experience in preschool through grade 12;
 - c. Three semester hours of elementary practicum in reading that includes experience with children in kindergarten through grade five;
 - d. Fifteen semester hours of reading courses to include all of the following:
 - i. Three semester hours in the essential elements of elementary reading and writing instruction for students in kindergarten through grade eight;
 - ii. Three semester hours in elementary content area reading and writing for students in kindergarten through grade eight;
 - iii. Three semester hours in reading assessment systems;
 - iv. Three semester hours in the administration and supervision of a reading program at the elementary level;
 - v. Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading to elementary students, such as children’s literature or teaching reading to English language learners.
 - e. Three semester hours in the science of reading instruction, including systematic phonics instruction;

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- f. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia;
 - 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment may substitute for the fifteen semester hours of courses described in subsection (F)(2)(d)(i) through (v).
 - 4. Completion of Department-approved training may substitute for the semester hours required in subsections (F)(2)(e) and (F)(2)(f). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
- G. Reading Specialist, six through 12 Endorsement**
- 1. The Reading Specialist, six through 12 endorsement authorizes the holder for the positions of reading specialist, reading interventionist, reading coach, or a similar role in grades six through 12.
 - 2. The requirements are:
 - a. A valid Arizona early childhood, elementary, special education, middle grades, or secondary teaching certificate;
 - b. Verification of three years of full-time teaching experience in preschool through grade 12;
 - c. Three semester hours of secondary practicum in reading completed in grades six through 12;
 - d. Fifteen semester hours of reading courses to include all of the following:
 - i. Three semester hours in the essential elements of reading and writing instruction for students in grades six through 12;
 - ii. Three semester hours in content area reading and writing for students in grades six through 12;
 - iii. Three semester hours in reading assessment systems;
 - iv. Three semester hours in the administration and supervision of a reading program at the secondary level;
 - v. Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading to students in grades six through 12, such as adolescent literature or teaching reading to English language learners.
 - e. Three semester hours in the science of reading instruction, including systematic phonics instruction;
 - f. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia. For applications received on or after October 1, 2027, the course must include a focus on improving reading proficiency for struggling readers in grades six through 12.
 - 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment may substitute for the fifteen semester hours of courses described in subsection (G)(2)(d)(i) through (v).
 - 4. Completion of Department-approved training may substitute for the semester hours required in subsections (G)(2)(e) and (G)(2)(f). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
- H. Reading Specialist, K through 12 Endorsement**
- 1. The Reading Specialist, K through 12 endorsement authorizes the holder for the positions of reading specialist, reading interventionist, reading coach, or a similar role in kindergarten through grade 12.
 - 2. The requirements are:
 - a. A valid Arizona early childhood, elementary, special education, middle grades, or secondary teaching certificate;
 - b. Verification of three years of full-time teaching experience in preschool through grade 12;
 - c. Three semester hours of elementary reading practicum completed in kindergarten through grade five;
 - d. Three semester hours of secondary reading practicum completed in grades six through 12;
 - e. Eighteen semester hours of reading courses to include all of the following:
 - i. Three semester hours in the essential elements of elementary reading and writing instruction for students in kindergarten through grade eight;
 - ii. Three semester hours in elementary content area reading and writing for students in kindergarten through grade eight;
 - iii. Three semester hours in the essential elements of reading and writing instruction for students in grades six through 12;
 - iv. Three semester hours in content area reading and writing for students in grades six through 12;
 - v. Three semester hours in reading assessment systems;
 - vi. Three semester hours in the administration and supervision of a kindergarten through grade 12 reading program.
 - f. Three semester hours in the science of reading instruction, including systematic phonics instruction;
 - g. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia.
 - 3. A passing score on the appropriate subject knowledge portions of the Arizona Teacher Proficiency Assessment required for the Reading Specialist K through eight and Reading Specialist, six through 12 endorsements may substitute for the eighteen semester hours of courses described in subsection (H)(2)(e)(i) through (vi).
 - 4. Completion of Department-approved training may substitute for the semester hours required in subsections (H)(2)(f) and (H)(2)(g). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
- I. Elementary World Language, K through eight Endorsement**
- 1. The elementary world language, K through 8 endorsement authorizes a holder to teach a world language other than English to students in kindergarten through grade eight.
 - 2. The requirements are:

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- a. An Arizona early childhood, elementary, middle grades, secondary or special education teaching certificate.
 - b. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English. If an Arizona subject knowledge assessment in the language has not been adopted by the Board, one of the following is required:
 - i. A minimum of 24 semester hours of courses in the world language other than English; or
 - ii. A passing score on a nationally accredited test of a foreign language approved by the Board; or
 - iii. Verification of proficiency in a Native American language from a person, persons, or entity designated by the appropriate tribe.
 - c. Three semester hours of courses in the methods of teaching a foreign language at the elementary level.
- J. Bilingual Endorsements, PreK through 12**
1. The Bilingual endorsements authorize the holder for the positions of bilingual classroom teacher, bilingual resource teacher, bilingual specialist, or otherwise responsible for providing bilingual instruction. The holder of a full Bilingual endorsement is also authorized to teach English learners within the authorized subjects and grade levels of the prerequisite certificate.
 2. The Provisional Bilingual, PreK through 12 endorsement is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate; and
 - b. Proficiency in a world language other than English, verified by one of the following:
 - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
 - ii. A passing score on a subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English; or
 - iii. A passing score on a nationally accredited test of a foreign language approved by the Board;
 - iv. Proficiency in a Native American language shall be verified by an official designated by the appropriate tribe;
 3. The requirements for the full Bilingual, PreK through 12 endorsement are:
 - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate;
 - b. Completion of a bilingual education program from an accredited institution or the following courses:
 - i. Three semester hours of foundations of instruction for non-English-language-background students;
 - ii. Three semester hours of bilingual methods including, but not limited to, bilingual materials and curriculum;
 - iii. Three semester hours of English as a Second Language for bilingual settings;
 - iv. Three semester hours of courses in assessment of limited-English-proficient students, and methods of teaching reading and writing in a bilingual classroom;
 - v. Three semester hours of linguistics to include psycholinguistics, sociolinguistics, first language acquisition, and second language acquisition for language minority students, or American Indian language linguistics;
 - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students; and
 - vii. Three semester hours of courses in methods of teaching and evaluating children with disabilities from non-English-language backgrounds. These semester hours are only required for bilingual endorsements on special education certificates.
- K. English as a Second Language (ESL) Endorsements, grades PreK through 12**
1. The English as a Second Language (ESL) endorsements authorize the holder to teach English learners within the authorized subjects and grade levels of the prerequisite certificate.
 2. The Provisional English as a Second Language, PreK through 12 endorsement is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate; and
- c. One of the following:
 - i. Three semester hours of practicum in a pre-school through grade 12 bilingual classroom; or
 - ii. Verification of two years of full-time teaching experience in a preschool through grade 12 bilingual classroom.
 - d. Proficiency in a world language other than English, verified by one of the following:
 - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
 - ii. A passing score on a subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English; or
 - iii. A passing score on a nationally accredited test of a foreign language approved by the Board;
 - iv. Proficiency in a Native American language shall be verified by an official designated by the appropriate tribe.

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- b. Six semester hours of courses specified in subsection (K)(3)(b), including at least one course in methods of teaching ESL students.
 - 3. The requirements for the ESL endorsement are:
 - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate;
 - b. Completion of an ESL education program from an accredited institution or the following courses:
 - i. Three semester hours of courses in foundations of instruction for non-English-language-background students. Three semester hours of courses in the nature and grammar of the English language, taken before January 1, 1999, may be substituted for this requirement;
 - ii. Three semester hours of ESL methods;
 - iii. Three semester hours of teaching of reading and writing to limited-English-proficient students;
 - iv. Three semester hours of assessment of limited-English-proficient students;
 - v. Three semester hours of linguistics; and
 - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students.
 - c. One of the following:
 - i. Three semester hours of practicum in an ESL or bilingual preschool through grade 12 classroom; or
 - ii. Verification of two years of full-time teaching experience in an ESL or bilingual preschool through grade 12 classroom.
 - d. Second language learning experience, which may include sign language. Second language learning experience may be documented by any of the following:
 - i. Six semester hours of courses in a single second language other than English;
 - ii. Completion of intensive language training by the Peace Corps, the Foreign Service Institute, or the Defense Language Institute;
 - iii. Verification from a department chair or administrator in the language department of an accredited institution that the applicant has been placed in a third-semester level in a language other than English;
 - iv. Placement at level 1-intermediate/low or more advanced score on the Oral Proficiency Interview, verified by the American Council for the Teaching of Foreign Languages;
 - v. A passing score on the Arizona Classroom Spanish Proficiency Examination approved by the Board;
 - vi. Proficiency in a Native American language verified by an official designated by the appropriate tribe;
 - vii. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment in a world language other than English.
- L. Structured English Immersion (SEI) Endorsements, grades PreK through 12.
 - 1. The Structured English Immersion (SEI) endorsements authorize the holder to teach English learners (ELs) within the grade range and subject area of the prerequisite certificate that is endorsed.
 - 2. The Provisional SEI endorsement is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Student Teaching Intern Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate;
 - b. One of the following:
 - i. One semester hour of coursework in Structured English Immersion (SEI) methods of teaching English learners including, but not limited to, instruction in SEI strategies, teaching with the English Language Proficiency Standards adopted by the Board, and monitoring EL student academic progress using a variety of assessment tools; or
 - ii. Completion of 15 clock hours of Board-approved training in Structured English Immersion methods of teaching English learners that meets the requirements of A.R.S. § 15-756.09(B) and includes instruction in SEI strategies, teaching with the English Language Proficiency Standards adopted by the Board, and monitoring ELL student academic progress using a variety of assessment tools.
 - 3. The requirements for the full Structured English Immersion, PreK through 12 endorsements are:
 - a. A valid Arizona Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, Alternative Teaching Certificate, Career and Technical Education Certificate, Supervisor Certificate, Principal Certificate, or Superintendent Certificate.
 - b. One of the following:
 - i. Three semester hours of SEI coursework that aligns with the SEI Endorsement Frameworks approved by the Board; or
 - ii. Completion of 45 clock hours of Board-approved SEI endorsement training that aligns with the SEI Endorsement Frameworks approved by the Board and meets the requirements of A.R.S. § 15-756.09(B).
- M. Gifted Endorsements, grades PreK through 12
 - 1. The gifted endorsements authorize the holder to teach gifted students within the grade range and subject area of the prerequisite certificate. A gifted endorsement is required for all district teachers who have primary responsibility for teaching gifted pupils.

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2. The provisional gifted endorsement is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona International or Standard Professional teaching certificate.
 - b. One of the following:
 - i. Six semester hours of courses in gifted education; or
 - ii. Verification from a public school superintendent or personnel director that the applicant completed a minimum of 90 clock hours of in-service training in gifted education, or the equivalent through competency-based credentials, that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children.
 3. Requirements for the gifted endorsement are:
 - a. A valid Arizona International or Standard Professional teaching certificate;
 - b. One of the following:
 - i. Verification from a public school superintendent or personnel director that the applicant completed a minimum of 180 clock hours of in-service training in gifted education, or the equivalent through competency-based credentials, that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director.
 - ii. Completion of 12 semester hours of courses in gifted education. No more than six semester hours of courses in gifted education may be obtained through completion of in-service training that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director.
- N. Early Childhood Education, Birth through grade three Endorsements**
1. When combined with an Arizona elementary education teaching certificate or an Arizona special education teaching certificate, the early childhood endorsement may be used in lieu of an early childhood education certificate as described in R7-2-608. When combined with an Arizona mild/moderate disabilities, moderate/severe disabilities, specialized special education, or cross-categorical special education teaching certificate, the early childhood endorsement may be used in lieu of an Early Childhood Special Education certificate.
 2. The Provisional Early Childhood Education Birth through grade three is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona elementary or special education teaching certificate; and
 - b. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment.
 3. The requirements for the full Early Childhood Education, Birth through grade three endorsement are:
 - a. A valid Arizona elementary or special education teaching certificate; and
 - b. Completion of 21 semester hours of early childhood courses to include all of the following:
 - i. Foundations of early childhood education;
 - ii. Child guidance and classroom management;
 - iii. Characteristics and quality practices for typical and atypical behaviors of young children;
 - iv. Child growth and development, including health, safety and nutrition;
 - v. Child, family, cultural and community relationships;
 - vi. Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
 - vii. Early language and literacy development;
 - viii. Assessing, monitoring and reporting progress of young children.
 - c. One of the following:
 - i. Four semester hours of practicum serving children birth through preschool; or
 - ii. Verification of one year of full-time teaching experience with children in birth through preschool. This verification may come from a school-based education program or center-based program licensed by the Department of Health Services or regulated by tribal or military authorities.
 - d. One of the following:
 - i. A minimum of four semester hours of student teaching in a kindergarten through grade three classroom; or
 - ii. Verification of one year of full-time teaching experience in kindergarten through grade three.
 - e. A passing score on the early childhood subject knowledge portion of the Arizona Educator Proficiency Assessment.
 4. Applicants may meet the requirements in subsections (N)(3)(b), (c), and (d) with the submission of an application for the full Early Childhood Education, Birth through grade three endorsement that includes evidence of three years of verified full-time teaching experience in an infant/toddler, preschool, or kindergarten through grade three classroom.
 5. Applicants may meet the requirements in subsection (N)(3)(b) with a passing score on the early childhood professional knowledge portion of the Arizona Teacher Proficiency Assessment.
- O. Library-Media Specialist Endorsement, grades PreK through 12**
1. The library-media specialist endorsement is optional.
 2. The requirements are:
 - a. An Arizona elementary, middle grades, secondary, early childhood or special education teaching certificate;
 - b. A passing score on the Library-Media Specialist subject knowledge portion of the Arizona Teacher Proficiency Assessment; and
 - c. Verification of one year of full-time teaching experience in preschool through grade 12.
- P. Middle Grades Endorsement, grades five through nine**

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1. The Middle Grades endorsement expands the grades a teacher is authorized to teach on an elementary or secondary teaching certificate.
 2. The requirements are:
 - a. An Arizona elementary or secondary teaching certificate, and
 - b. Six semester hours of courses in middle grade education to include:
 - i. One course in early adolescent psychology;
 - ii. One course in middle grade curriculum; and
 - c. One of the following:
 - i. A practicum in grades five through nine; or
 - ii. Verification of one year of full-time teaching experience in grades five through nine.
- Q. Driver's Education Endorsement**
1. The driver's education endorsement is optional.
 2. The requirements are:
 - a. An Arizona, Standard Professional Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate, Classroom-Based Standard Teaching Certificate, International Teaching Certificate, or Career and Technical Education Certificate;
 - b. A valid Arizona driver's license;
 - c. Completion of nine semester hours of courses in driver's education to include all of the following:
 - i. Safety education,
 - ii. Driver and highway safety education, and
 - iii. Driver education laboratory experience.
 - d. A driving record with less than seven violation points and no revocation or suspension of driver's license within the two years preceding application.
 3. Department-approved driver's education training may substitute for the nine semester hours of coursework described in subsection (Q)(2)(c). Fifteen clock hours of training is equivalent to one semester hour of coursework.
- R. Cooperative Education Endorsement, grades K through 12**
1. The cooperative education endorsement is required for individuals who coordinate Career and Technical Education (CTE) cooperative education programs.
 2. The requirements are:
 - a. A valid Arizona CTE certificate; and
 - b. At least one semester hour of college coursework or 15 clock hours of Department-CTE approved training in coordinating CTE cooperative education programs.
- S. Computer Science, PreK through eight Endorsement**
1. The computer science, PreK through eight endorsement authorizes the holder to teach computer science in prekindergarten through grade eight.
 2. The requirements are:
 - a. An Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Special Education, or PreK through 12 Teaching certificate;
 - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
 - i. Introduction to computer science;
 - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
 - iii. Computational thinking;
 - iv. Instructional planning based on the Arizona state standards for computer science, or comparable computer science standards.
 - c. Six semester hours in computer science to include the following:
 - i. Three semester hours in teaching and learning programming for educators; and
 - ii. Three semester hours in a computer science elective which may include, but is not limited to, physical computing or mobile computing.
- 3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (S)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.**
- T. Computer Science, grades six through 12 Endorsement**
1. The computer science, grades six through 12 endorsement authorizes the holder to teach computer science in grades six through 12.
 2. The requirements are:
 - a. A valid Arizona Standard Professional Elementary, Middle Grades, Secondary, Hearing Impaired, Visually Impaired, Mild/Moderate Disabilities, Moderate/Severe Disabilities, or PreK through 12 Teaching certificate;
 - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
 - i. Introduction to computer science;
 - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
 - iii. Computational thinking;
 - iv. Instructional planning based on the Arizona state standards for computer science or comparable computer science standards.
 - c. Nine semester hours of courses in computer science to include the following:
 - i. Three semester hours in teaching and learning programming for educators; and
 - ii. Six semester hours in computer science electives which may include, but is not limited to, computer programming, cybersecurity, algorithms and data structures, operating systems, artificial intelligence, machine learning, database development and management, computer networks, and data mining and analytics.
- 3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (T)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.**
- U. Literacy, K through five Endorsement**
1. For the purposes of this Section, the following definitions apply:
 - a. "Literacy instruction" means instruction in English language arts provided by a teacher.

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- b. "Science of reading instruction" means instruction which includes a focus on the elements of structured literacy, to include oral language, phonological awareness, phonics, fluency, vocabulary, comprehension, and foundational writing skills, including spelling and handwriting.
 - c. "Teaching certificate" means an Alternative Teaching certificate, International Teaching certificate, Classroom-Based Standard Teaching certificate, or Standard Professional teaching certificate.
2. An individual who receives a teaching certificate in early childhood education, elementary education, middle grades education, or special education issued on or before August 1, 2025, and who provides literacy instruction in kindergarten programs or in any of grades one through five must obtain a Literacy, K through five endorsement, a Reading Specialist endorsement, grades K through 12, a Reading endorsement for grades K through 12, or a Reading endorsement for grades K through eight by August 1, 2028.
3. An individual who receives a teaching certificate in early childhood education, elementary education, middle grades education, or special education issued after August 1, 2025, and who provides literacy instruction in kindergarten or in any of grades one through five must obtain a Literacy, K through five endorsement, a Reading Specialist endorsement, grades K through 12, a Reading endorsement for grades K through 12, or a Reading endorsement for grades K through eight within three years after the teaching certificate is issued.
4. Literacy, K through five Endorsement
 - a. The Literacy, K through five Endorsement authorizes the holder to provide literacy instruction within the grade range and subject area of the teaching certificate it endorses. The requirements are:
 - i. A valid teaching certificate in early childhood education, elementary education, middle grades education, or special education;
 - ii. Three semester hours in the science of reading instruction, including systematic phonics instruction;
 - iii. Three semester hours in reading instruction, including assessments, instructional practices, and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia;
 - iv. A passing score on a literacy instruction assessment approved by the Board for the Literacy, K through five endorsement.
 - b. Completion of Department-approved training may substitute for the semester hours required in subsections (U)(4)(a)(ii) and (iii). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
5. Applicants may meet the requirements described in subsections (U)(4)(a)(ii), (iii), and (iv) with verification from an Arizona public school superintendent, principal or personnel director that the applicant meets the following requirements: The applicant is a teacher who provides literacy instruction in kindergarten through grade five and has demonstrated through class-room observations and student achievement data across subgroups using evidence-based measures for at least three consecutive years, based on criteria established by the Board, that the

teacher possesses the instructional knowledge and skills to:

- a. Effectively teach foundational reading skills, phonological awareness, phonics, fluency, vocabulary, and comprehension; and
- b. Implement reading instruction using high-quality instructional materials; and
- c. Provide effective instruction and interventions for students with reading deficiencies, including students with characteristics of dyslexia.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1306, effective September 26, 2006 (Supp. 09-1). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 129, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 734, effective July 1, 2011 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 1496, effective July 1, 2011 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 1912, effective October 1, 2011; filed in the Office July 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 233, effective September 28, 2015 and filed in the Office January 20, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 22 A.A.R. 670, effective January 1, 2016, filed in the Office March 2, 2016; amended by final exempt rulemaking at 22 A.A.R. 2241, effective August 6, 2016, filed in the Office August 5, 2016 (Supp. 17-2). Amended by final exempt rulemaking at 25 A.A.R. 1552, effective May 20, 2019 (Supp. 19-2). The hyphen between "6-12," "PreK-8," and "PreK-12" have been corrected to the word "through," the numeral "6" has been changed to "six," and the numeral "8" has been changed to "eight" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021; amended by final exempt rulemaking at 28 A.A.R. 180, (January 14, 2022) effective January 25, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 2980 (September 19, 2025); effective February 24, 2025, as approved by the Board (Supp. 25-3).

R7-2-615.01 Special Education Endorsements

- A. Except as noted, special education endorsements are subject to the general certification provisions in R7-2-607.
- B. Mild/Moderate Disabilities Endorsement:

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1. The endorsement authorizes the holder to teach students with mild/moderate disabilities in preschool through grade 12.
 2. A provisional mild/moderate disabilities endorsement is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
 - b. Three years of full-time teaching experience in preschool through grade 12;
 - c. Six semester hours of special education courses to include both of the following:
 - i. Behavior management for students with disabilities; and
 - ii. Special education assessment and individualized education program planning.
 - d. Completion of 15 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(2)(c).
 3. The requirements for the mild/moderate disabilities endorsement are:
 - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
 - b. Three years of full-time teaching experience in preschool through grade 12;
 - c. Fifteen semester hours of special education courses to include all of the following:
 - i. Methods for teaching students with disabilities;
 - ii. Behavior management for students with disabilities;
 - iii. Special education law;
 - iv. Special education assessment and individualized education program planning;
 - v. Language development and disorders.
 - d. Completion of 45 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(3)(c).
- C. Moderate/Severe Disabilities Endorsement**
1. The endorsement authorizes the holder to teach students with moderate/severe disabilities in preschool through grade 12.
 2. A provisional moderate/severe disabilities endorsement is valid for three years and is not renewable. The requirements are:
 - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
 - b. Three years of full-time teaching experience in preschool through grade 12; and
 - c. Six semester hours of special education courses to include both of the following:
 - i. Behavior management for students with disabilities; and
 - ii. Special education assessment and individualized education program planning.
 - d. Completion of 15 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(2)(c).
 3. The requirements are for the moderate/severe disabilities endorsement are:
 - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
 - b. Three years of full-time teaching experience in preschool through grade 12;
 - c. Fifteen semester hours of special education courses to include all of the following:
 - i. Behavior management for students with disabilities;
 - ii. Special education law;
 - iii. Special education assessment and individualized education program planning;
 - iv. Methods for teaching students with severe disabilities;
 - v. Adaptive communication, including language development and disorders.
 - d. Completion of 45 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(3)(c).
- D. Deaf/Hard of Hearing Endorsement**
1. The endorsement authorizes the holder to teach students who are deaf or hard of hearing from birth through grade 12.
 2. The requirements are:
 - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Visually Impaired teaching certificate.
 - b. Three years of full-time teaching experience in preschool through grade 12.
 - c. Six semester hours of special education courses to include all of the following:
 - i. Special education law and individualized education program planning,
 - ii. Behavior management for students with disabilities,
 - iii. The use of instructional and assistive technologies in the classroom.
 - d. Fifteen semester hours of courses in deaf/hard of hearing education that adhere to a guidance document approved by the Board and include all of the following:
 - i. Methods for facilitating language acquisition and literacy development in children who are deaf or hard of hearing;
 - ii. Auditory skill development for students who are deaf or hard of hearing;
 - iii. Assessment of students who are deaf or hard of hearing;
 - iv. Principles of audiology;
 - v. Social and cultural foundations and family involvement for students who are deaf or hard of hearing;

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- vi. Early intervention and parental involvement to enhance the early language skills of students who are deaf or hard of hearing;
 - vii. Methods for teaching students who are deaf or hard of hearing with multiple disabilities, including deaf-blindness.
 - e. Completion of at least 90 clock hours of supervised practicum in teaching students who are deaf or hard of hearing, which may be included in the courses listed under subsections (2)(c) or (d).
 - f. American Sign Language learning experience documented by one of the following:
 - i. A passing score on an American Sign Language proficiency assessment approved by the Board. An applicant who meets the requirement in this subsection under this option shall qualify for a deaf/hard of hearing endorsement with an American Sign Language proficiency designation; or
 - ii. Verification of proficiency in American Sign Language from an accredited institution; or
 - iii. Completion of six semester hours of courses in American Sign Language.
- E. Visually Impaired Endorsement**
- 1. The endorsement authorizes the holder to teach students who are blind or visually impaired in birth through grade 12.
 - 2. The requirements are:
 - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Hearing Impaired teaching certificate.
 - b. Three years of full-time teaching experience in pre-school through grade 12.
 - c. Six semester hours of special education courses to include all of the following:
 - i. Special education law and individualized education program planning,
 - ii. Behavior management for students with disabilities,
 - iii. The use of instructional and assistive technologies in the classroom.
 - d. Fifteen semester hours of courses in visually impaired special education that adhere to a guidance document approved by the Board and include all of the following:
 - i. Instructional approaches for teaching students who have vision impairments;
 - ii. Methods for facilitating literacy development in children who are blind or low vision;
 - iii. Assistive technologies for students with vision impairments;
 - iv. Assessment of students with vision impairment;
 - v. Early intervention and parental involvement to enhance early skills of students with vision impairment;
 - vi. Anatomy and physiology of the eye;
 - vii. Methods for teaching orientation and mobility to students who have visual impairments;
 - viii. Methods for teaching students who have visual impairments with multiple disabilities, including deaf-blindness.
 - e. Completion of a minimum of 90 clock hours of supervised practicum in teaching students who have visual impairments, which may be included in the courses listed under subsections (2)(c) or (d).
 - f. Proficiency in braille verified by one of the following:
 - i. Successful completion of a nationally validated braille test approved by the Board; or
 - ii. Successful completion of a braille test developed in the program in visual impairment at the University of Arizona.
- Historical Note**
 New Section made by final exempt rulemaking at 26 A.A.R. 595, effective February 24, 2020 (Supp. 20-1).
 Amended by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).
- R7-2-616. Standard Professional Administrative Certificates**
- A.** All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
 - B.** Standard Professional Supervisor Certificate – grades PreK through 12
 - 1. Except for individuals who hold a valid Arizona principal or superintendent certificate, the supervisor certificate is required for all personnel, except for superintendents pursuant to R7-2-616(D), whose primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties.
 - 2. The requirements are:
 - a. A valid Arizona Standard Professional teaching certificate, Career and Technical Education certificate, Classroom-Based Standard Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, or Specialized Secondary Teaching Certificate or an other professional certificate established in R7-2-617 issued by the Department;
 - b. A master's or more advanced degree;
 - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
 - d. Completion of a program in educational administration which shall consist of a minimum of 18 graduate semester hours of educational administration courses which teach the knowledge and skills described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
 - e. A practicum in educational administration or two years of verified educational administrative experience in grades PreK through 12;
 - f. A passing score on the Supervisor, Principal, or Superintendent portion of the Arizona Administrator Proficiency Assessment; and
 - g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 - C.** Standard Professional Principal Certificate – grades PreK through 12
 - 1. The principal certificate is required for all personnel who hold the title of principal, assistant principal, or perform

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the duties of principal or assistant principal as delineated in A.R.S. Title 15.

2. The requirements are:
 - a. A master's or more advanced degree;
 - b. Three years of verified teaching experience in grades PreK through 12;
 - c. Completion of a program in educational administration for principals including at least 30 graduate semester hours of educational administration courses teaching the knowledge and skills described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
 - d. A practicum as a principal or two years of verified experience as a principal or assistant principal under the supervision of a certified principal in grades PreK through 12;
 - e. A passing score on either the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment; and
 - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Standard Professional Superintendent Certificate – grades PreK through 12
 1. The superintendent certificate is optional, but may be required by local governing boards for individuals who hold the title or perform the duties of a superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision.
 2. The requirements are:
 - a. A master's or more advanced degree including at least 60 graduate semester hours;
 - b. Completion of a program in educational administration for superintendents, including at least 36 graduate semester hours of educational administrative courses which teach the standards described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
 - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
 - d. A practicum as a superintendent or two years verified experience as a superintendent, assistant superintendent, or associate superintendent in grades PreK through 12;
 - e. A passing score on the Superintendent portion of the Arizona Administrator Proficiency Assessment; and
 - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 326, effective January 25, 2010 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 2034, effective October 1, 2010 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 219,

effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-616.01. Standard Administrative Certificates – Locally Based Leadership Program Pathway

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Site-Based Supervisor Certificate – grades PreK through 12.
 1. The certificate authorizes the holder to administer instructional programs, supervise certified personnel, or perform similar administrative duties at the school-level.
 2. The requirements are:
 - a. A bachelor's or more advanced degree; and
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety; and
 - c. Verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position; and
 - d. Verification of successful completion of a Board-approved locally based school leadership preparation program for supervisors; and
 - e. A passing score on the Supervisor, Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment.
- C. Standard Site-Based Principal Certificate – grades PreK through 12.
 1. The certificate authorizes the holder to administer instructional programs, supervise certified personnel, or perform similar administrative and leadership duties at the school-level, and perform the duties and hold the title of principal, assistant principal as delineated in A.R.S. Title 15.
 2. The requirements are:
 - a. A bachelor's or more advanced degree; and
 - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety; and
 - c. Verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position; and
 - d. Verification of successful completion of a Board-approved locally based school leadership preparation program for principals; and
 - e. A passing score on the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment.

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Historical Note

New Section made by final exempt rulemaking at 29
A.A.R. 183 (January 13, 2023), effective December 9,
2022 (Supp. 22-4).

R7-2-616.02. Interim Administrative Certificates

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B. The certificate authorizes the holder to serve an administrator while completing the requirements for a standard administrator certificate.
- C. Interim administrative certificates are valid for one year and may be extended yearly for no more than two consecutive years at no cost to the certificate holder if the requirements in subsection (I) are met.
- D. An individual is not eligible for issuance of an interim administrative certificate more than once in a five-year period.
- E. Interim administrative certificate holders shall be enrolled in a Board approved alternative administrator preparation program, a Board approved locally based leadership preparation program, or a Board approved traditional administrator preparation program.
- F. Interim Supervisor Certificate – grades PreK through 12:
 1. The Interim Supervisor Certificate authorizes the holder for a position in which the primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties. An individual who is enrolled in a locally-based school leadership program shall be limited to a supervisor position at the school-level.
 2. The requirements are:
 - a. A valid Arizona Standard Professional teaching certificate, Career and Technical Education Certificate, Classroom-Based Standard Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate or an other professional certificate established in R7-2-617; and
 - b. A bachelor's or more advanced degree; and
 - c. Verification of three years of full-time teaching or related education services experience in a PreK through grade 12 setting; and
 - d. Verification of enrollment in a Board approved alternative administrator preparation program, a Board approved locally based school leadership program, or a Board approved administrator preparation program; and
 - e. Verification that the certificate holder will be employed as an administrator and will be under the direct supervision of an Arizona certified administrator or the appropriate county school superintendent; and
 - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- G. Interim Principal Certificate – grades PreK through 12
 1. The Interim Principal certificate authorizes the holder to administer instructional programs, supervise certified personnel, perform the duties, hold the title of principal or assistant principal as delineated in A.R.S. Title 15, and perform similar administrative duties. An individual who is enrolled in a locally-based school leadership program shall be limited to an administrative position at the school-level.
 2. The requirements are:
 - a. A bachelor's or more advanced degree; and
 - b. Verification of three years of full-time teaching in grades PreK through 12; and
 - c. Verification of enrollment in a Board approved alternative administrator preparation program, a Board approved locally based school leadership program, or a Board approved administrator preparation program; and
 - d. Verification that the certificate holder will be employed as a principal or assistant principal under the direct supervision of an Arizona certified principal, an Arizona certified superintendent, or the appropriate county school superintendent; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Interim Superintendent Certificate – Grades PreK through 12:
 1. The superintendent certificate is optional, but may be required by local governing boards for individuals who hold the title or perform the duties of a superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision
 2. The requirements are:
 - a. A master's degree or more advanced degree;
 - b. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
 - c. Verification of enrollment in a Board approved alternative path to administrator certification program, or a Board approved administrator preparation program;
 - d. Verification that the holder of the interim certificate shall be employed as a superintendent, assistant superintendent, or associate superintendent and working under the direct supervision of an Arizona certified superintendent or the appropriate county school superintendent; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- I. Interim Administrative Certificate Extension
 1. The Interim Administrative certificate may be extended yearly for no more than two consecutive years at no cost to the applicant.
 2. The requirements to extend an Interim Administrative Certificate are:
 - a. Qualification and issuance of the initial Interim Administrative certificate;
 - b. Verification from the Board approved program provider that the applicant is enrolled and has made adequate progress towards completion of the Board approved alternative administrator preparation program, Board approved locally based leadership preparation program, or Board approved traditional administrator preparation program;
 - c. Verification that the holder meets the employment and supervision requirements for the Interim Administrative certificate as described in subsection (F)(2)(e), (G)(2)(d), and (H)(2)(d); and
 - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. The holder of an interim administrative certificate may apply for the appropriate Arizona standard administrative certificate with verification of the following:

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1. Successful completion of the Board approved alternative path to administrator certification program, Board approved locally based leadership program, or Board approved administrator preparation program; and
 2. A passing score on the required portion of the Arizona Administrator Proficiency Assessment; and
 3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
 4. Individuals who have completed a locally based leadership program shall also submit verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position.
- K. Interim Administrative Certificates – Public Health Emergency**
1. Notwithstanding this Section, an Interim Administrative Certificate entitling the holder to serve as a supervisor, principal, or superintendent may be issued to an applicant who meets the following requirements:
 - a. Completion of all requirements for the Standard Professional Supervisor, Standard Professional Principal, or Standard Professional Superintendent certificate, as described in subsection (B)(2), (C)(2), and (D)(2), with the exception of a passing score on the Arizona Administrator Proficiency Assessment.
 - b. Verification that the applicant was unable to take the Arizona Administrator Proficiency Assessment required for the Standard Professional Administrative certificate as the result of a public health emergency declared by the governor or a public health official.
 2. A certificate issued pursuant to this subsection shall be issued for one year and shall not be renewed or extended.
- Historical Note**
- New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).
- R7-2-617. Other Professional Certificates**
- A.** All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard School Counselor Certificate - grades PreK through 12.
1. The school counselor certificate is optional but may be required by local governing boards.
 2. The requirements are:
 - a. A master's or more advanced degree,
 - b. Completion of a graduate program in guidance and counseling,
 - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
 - d. One of the following:
 - i. Completion of a supervised counseling practicum in school counseling;
 - ii. Two years of verified, full-time experience as a school counselor; or
 - iii. Three years of verified teaching experience.
 3. The certificate may be renewed consistent with the provisions of R7-2-619 that may include continuing education in the area of college and career readiness.
4. Applicants may meet the requirements in subsection (B)(2)(b) with completion of one of the following:
- a. Completion of a graduate program in counseling, social work, or psychology and six semester hours of courses in any of the following areas: school counseling, college and career guidance, or academic advising; or
 - b. A valid license as an associate counselor, professional counselor, master or clinical social worker, or marriage and family therapist issued by the Arizona Board for Behavioral Health Examiners and six semester hours of courses in any of the following areas: school counseling, college and career guidance, or academic advising; or
 - c. Completion of a graduate program in academic advising and six semester hours of courses in school counseling to include any of the following areas: social and emotional development, mental health counseling, trauma and disaster counseling, multiculturalism in counseling, theories of counseling, foundations of school counseling, or child and adolescent counseling.
5. Applicants who otherwise qualify but are deficient in the required six semester hours of courses described in subsections (B)(4)(a), (b), or (c) may receive a Standard School Counselor certificate with a deficiency in the required courses to be completed within three years. If an applicant fails to meet this requirement within the prescribed time, the Department of Education shall temporarily suspend the certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining timeframe of the certificate.
6. Applicants who otherwise qualify but are deficient in the requirements prescribed in subsection (B)(2)(d) may receive a Standard School Counselor certificate with a deficiency in the required experience or practicum to be completed within three years. If an applicant fails to meet this requirement within the prescribed time, the Department of Education shall temporarily suspend the certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining timeframe of the certificate.
- C. Standard School Psychologist Certificate - grades PreK through 12**
1. A standard school psychologist certificate is required for all personnel whose primary responsibility is in the role of a school psychologist providing services that include but are not limited to the duties of student psychoeducational assessment, therapeutic consultation and intervention, and involvement in the process of determination of student disabilities or disorders.
 2. The requirements are:
 - a. A master's or more advanced degree;
 - b. Completion of a graduate program in school psychology consisting of at least 60 graduate semester hours, or completion of a doctoral program in psychology and completion of a re-training program in school psychology from an accredited institution or Board approved program with a letter of institutional endorsement from the head of the school psychology program;

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- c. A supervised internship of at least 1200 clock hours with a minimum of 600 of those hours in a school setting. Three years experience as a certified school psychologist within the last 10 years may be substituted for the internship requirement; and
 - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 3. Any of the following may be substituted for the requirement described in subsection (C)(3)(b):
 - a. Five years experience within the last 10 years working full time in the capacity of a school psychologist in a school setting serving any portion of grades kindergarten through 12; or
 - b. A Nationally Certified School Psychologist Credential; or
 - c. A diploma in school psychology from the American Board of School Psychology.
- D. Standard Speech-Language Pathologist Certificate - grades PreK through 12**
 - 1. The standard speech-language pathologist certificate is required for school-based speech-language pathologists.
 - 2. The certificate may be renewed consistent with the provisions of R7-2-619 with relevant professional development in the field of speech pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.
 - 3. The requirements are:
 - a. A master's or more advanced degree, from an accredited institution, in speech pathology or communication disorders;
 - b. A minimum of 250 clinical clock hours supervised by a university or a speech-language pathologist with a certificate of clinical competence;
 - c. A certificate of clinical competence, or a passing score on the national exam, or a passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
 - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- E. Standard Speech-Language Technician - grades PreK through 12**
 - 1. The standard speech-language technician certificate is required for school-based speech-language professionals.
 - 2. No new applications for a speech-language technician certificate will be accepted after June 30, 2014.
 - 3. The certificate may be renewed consistent with the provisions of R7-2-619 with professional development in the areas of articulation, voice, fluency, language disorders, low incidence disabilities, professional issues and ethics, or service delivery models.
 - 4. The requirements are:
 - a. A bachelor's degree from an accredited program in Speech-Language Pathology, Speech Hearing Sciences, or Communication Disorders;
 - b. A minimum of 50 hours of university supervised observation;
 - c. A minimum of 150 university clinical clock hours, or 150 clock hours supervised by a master's level licensed speech-language pathologist, or two years' experience as a school speech-language therapist or technician;
 - d. A passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
 - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- F. Standard School Social Worker Certificate - grades PreK through 12**
 - 1. The standard School Social Worker certificate is optional but may be required by local governing boards.
 - 2. The requirements are:
 - a. Master's or more advanced degree in social work from an accredited institution or completion of a Board approved school social worker program;
 - b. A valid fingerprint clearance issued by the Arizona Department of Public Safety; and
 - c. One of the following:
 - i. Completion of at least six semester hours of practicum in social work in a school setting completed through an accredited institution; or
 - ii. One year of full time experience as a social worker in a setting which primarily serves children in preschool through grade 12.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-617 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Amended by exempt rulemaking at 15 A.A.R. 1264, effective May 22, 2006 (Supp. 09-1). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-617 "Prekindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Office corrected labeling error in subsection (C) under A.R.S. § 41-1011 and A.A.C. R1-1-108 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2077, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 231, effective December 19, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). The hyphen between "PreK-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 276 (January 28, 2022), effective April 29, 2019; filed January 11, 2022 (Supp. 22-1).

R7-2-618. Fees

- A.** The Superintendent of Public Instruction or the Superintendent's designee shall collect proper fees for certification services and shall transmit the fees to the state Treasurer. The following fees are established for certification services:
 - 1. Evaluation of qualification for a certificate: \$30.

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2. Evaluation of qualification for an endorsement: \$30.
 3. Issuance of a certificate, endorsement, or letter of non-qualification: \$30.
 4. Renewal of a certificate: \$20.
 5. Name change, duplicate copy, or changes of coding to existing files or certificates: \$20.
- B.** Fees shall be paid by credit or debit card, money order, cashier's check, certified check, business check, or personal check and shall be made payable to the order of the Arizona Department of Education. If a check offered in payment for services is not cleared by the financial institution, the applicant shall be notified to pay the fees by money order or certified check. If a certificate has been issued or renewed and payment is not received within two weeks of notification to the applicant, the Department may file a statement of complaint pursuant to R7-2-1302. If a certificate or renewal has not been issued, no certificate or renewal shall be issued until the fees are paid by cashier's check or money order.
- C.** Fees paid pursuant to this Section are not refundable.
- D.** Notwithstanding this Section and pursuant to A.R.S. § 41-1080.01, the Superintendent or the Superintendent's designee shall waive any certification fee for initial certification, including for endorsements, for any of the following individuals if the individual is applying for the specific certification or endorsement in this state for the first time:
1. Any individual applicant whose family income does not exceed 200 percent of the federal poverty guidelines;
 2. Any active duty military service member's spouse.
 3. Any honorably discharged veteran who has been discharged not more than two years before application.
- E.** Applicants who are requesting a waiver of a certification fee shall submit an attestation and appropriate documentation verifying that they meet the criteria as described in subsection (D).
- Historical Note**
- New Section adopted by final rulemaking at 5 A.A.R. 2002, effective May 27, 1999 (Supp. 99-2). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).
- R7-2-619. Renewal Requirements**
- A.** A certificate may be renewed within six months of its expiration date except that an individual holding multiple valid certificates may renew all certificates at one time in order to align the expiration dates of each certificate. Certificates being aligned shall be renewed at the same time as the certificate that will expire first. Individuals seeking to align certificates shall meet the renewal requirements for each certificate being aligned. Certificates that are renewed or aligned pursuant to this Section shall be valid for 12 years.
- B.** A certificate may be renewed within ten years after it expires. Individuals whose certificates have been expired for more than ten years shall reapply for certification under the requirements in effect at the time of reapplication. Nothing in this Section shall imply that an individual may be employed in a position that requires certification after the expiration of the relevant certificate.
- C.** Renewal of certificates requires the completion of continuing education credits after the most recent issuance or renewal of the certificate, except that continuing education credits completed during the valid term of the certificate that expires first meets the requirement of certificates being aligned. Fifteen hours of continuing education credits are required each year of the certificate term to renew a certificate, which may be accumulated in various increments per year prior to renewal. One hour of continuing education credit shall be equivalent to one clock hour of a professional development activity. Continuing education credits must relate to Arizona academic or professional educator standards or apply toward the attainment of an additional Arizona certificate, endorsement, or approved area, and may include training regarding suicide awareness and prevention; child abuse, human trafficking of children and the sexual abuse of children, including warning signs that a child may be a victim of child abuse, human trafficking, or sexual abuses; screening, intervention, accommodation, use of technology and advocacy for students with reading impairments, including dyslexia; or other training programs explicitly permitted or required by state law. Professional development that may be counted toward the required hours of continuing education credit shall consist of any of the following activities:
1. Courses related to education or a subject area taught in Arizona schools, taken from an accredited institution. Each semester hour of courses shall be equivalent to 15 clock hours of professional development. The required documentation shall be an official transcript.
 2. Professional activities such as conferences and workshops related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by attendance at professional conferences and workshops. The required documentation shall be a conference agenda and a statement or certificate from the sponsoring organization noting the clock hours earned.
 3. District-sponsored or school-sponsored in-services or activities which are specifically designed for professional development. The required documentation shall be written verification from the sponsoring district or school stating the dates of participation and the number of clock hours earned.
 4. Internships in business settings. The internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching curriculum with workplace skills. A maximum of 80 clock hours may be earned through business internships. The required documentation shall be written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned.
 5. Educational research. The research shall be sponsored by a research facility or an accredited institution or funded by a grant. The required documentation shall be the published report of the research or verification by the sponsoring agency; and a statement of the dates of participation and the number of clock hours earned.
 6. Serving in a leadership role of a professional organization that provides training, activities, or projects related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by serving in a leadership role of a professional organization. The required documentation shall be written verification by the governing body of the professional organization of the dates of service and clock hours earned.

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7. Serving on a visitation team for a school accreditation agency. A maximum of 60 clock hours per year may be earned by serving on a visitation team. The required documentation shall be written verification from the accreditation agency of the dates of service and clock hours earned.
- D. An individual holding a Standard teaching certificate, a standard administrative certificate, or other professional certificate may renew the certificate for 12 years upon completion of 15 hours of continuing education credits each year of the certificate term which may be accumulated in various increments per year prior to renewal or with one of the following:
 1. A valid professional license as a counselor, social worker, psychologist, or speech pathologist issued by the appropriate state agency in this state or in another state;
 2. A valid certificate issued by the National Board of Professional Teaching Standards;
 3. A valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language Hearing Association; or
 4. A Nationally Certified School Psychologist credential issued by the National Association of School Psychologists.
- E. An individual who is employed by a school or school district at the time of renewal shall submit the required documentation of professional development to the district superintendent, director of personnel, or other designated administrator for verification. A certified individual who is not employed by a school or school district at the time of renewal shall submit the required documentation of professional development to a county school superintendent, the dean of a college of education, or the Department for verification. The school or district official, county school superintendent, or the dean of a college of education shall verify on forms provided by the Department the number of hours of professional development completed by the individual during the valid period of the certificate being renewed.
- F. The Department shall issue a Standard teaching certificate of the same type.
- G. Notwithstanding any other provision in this Section, an individual with a valid fingerprint clearance card who has had a certificate or certificates expire for at least two years but not more than 10 years may renew the expired certificate or certificates and any endorsements or approved areas if the individual is in good standing. Individuals who apply for renewal under this provision are exempt from the continuing education requirements described in subsections (C) and (D). Standard certificates issued to that individual pursuant to this subsection shall be identical to the expired certificate or certificates.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 2396, effective May 10, 2002 (Supp. 02-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 242, effective December 7, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 22 A.A.R. 648, effective January 25, 2016 (Supp. 16-1). Amended by

final exempt rulemaking at 22 A.A.R. 2246, effective August 6, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 214, effective January 27, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

R7-2-620. Certification Time-frames

- A. For certification by the State Board of Education (Board), Certification Division (Division), the time-frames required by A.R.S. § 41-1072 et seq are:
 1. Overall time-frame: 165 days.
 2. Administrative review time-frame: 45 days.
 3. Substantive review time-frame: 120 days.
- B. Administrative completeness review time-frame. The Division shall issue a written notice of administrative completeness or deficiency to an applicant for certification within 45 days of receipt of the application.
 1. If the Division determines that an application for certification is not administratively complete, the Division shall include a comprehensive list of the specific deficiencies in the written notice.
 2. If the Division issues a written notice of deficiency, the administrative completeness review time-frame and the overall time-frame are suspended from the date the notice is issued until the date that the Division receives the missing information from the applicant.
 3. If the Division does not issue a notice of administrative completeness or deficiency within 45 days of receipt of the application, the application is deemed administratively complete.
- C. Substantive review time-frame. Within 120 days after the administrative completeness review time-frame is complete, the Division shall determine whether an applicant for certification meets all substantive criteria required by statute or rule.
 1. During the substantive review time-frame, the Division may make one comprehensive written request for additional information. If the Division issues a comprehensive written request for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.
 2. The Division and the applicant may mutually agree in writing to allow the Division to submit supplemental requests for additional information. If the Division issues a supplemental request by mutual written agreement for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.
- D. Overall time-frame. The Division shall issue a written notice that the Board has granted or denied a certificate no later than 165 days after receipt of an application for certification, or no later than the time-frame extension allowed under subsection (E).
 1. Written notice denying an applicant certification shall include justification for the denial with references to the statutes or rules on which the denial is based and an explanation of the applicant's right to appeal the denial.

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2. The explanation of an applicant's right to appeal the denial shall include the number of days the applicant has to file an appeal challenging the denial and the name and telephone number of the Executive Director of the Board as the contact person who can answer questions regarding the appeals process.
- E. By mutual written agreement, the Division and an applicant for certification may extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 33 days.
- F. If the Division does not issue to an applicant written notice granting or denying a certificate within the overall time-frame or any extension mutually agreed upon in writing, the Division shall refund to the applicant all fees charged, excuse payment of any fees that have not yet been paid, and pay all penalties required by A.R.S. § 41-1077.
- G. The Division shall issue all written notices under this Section to the last known address of the applicant by regular, 1st-class mail. The written notices are deemed "issued" on the postmark date.
- H. By August 1 of each year, the Division shall report to the Executive Director of the Board the Division's compliance with the overall time-frames for the prior fiscal year. The Division shall include the number of certificates issued or denied within the time-frames specified in this Section and the dollar amount of all fees returned or excused. The Division shall also include the amount of all penalties paid to the state general fund due to the Division's failure to comply with the time-frames.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

R7-2-621. Reciprocity

- A. The Board shall issue a comparable standard Arizona certificate or endorsement as applicable, if one is established pursuant to this Article, to an applicant who holds a valid certificate or endorsement from another state and is in good standing with that other state. These applicants are exempt from all provisions of the Arizona Teacher proficiency examinations.
- B. Standard certificates shall be valid for 12 years and are renewable.
- C. The applicant shall possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. The applicant shall have completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.
- E. Notwithstanding any other provision, the deficiencies allowed pursuant to Arizona Revised Statutes in Arizona Constitution and United States Constitution shall be satisfied prior to the issuance of the same type of certificate prescribed in this Article, but are subject to suspension as follows:
 1. An applicant's standard Arizona teaching certificate shall be suspended three years from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.

2. An applicant's standard Arizona teaching certificate shall be suspended one year from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona if the applicant applies for a certificate authorizing the person to teach an academic course that focuses predominantly on history, government, social studies, citizenship, law or civics.
3. The suspension for a deficiency in the Constitutions of the United States and Arizona is not considered a disciplinary action and the applicant shall be allowed to correct that deficiency within the remaining time of the standard certification.

Historical Note

New Section recodified from R7-2-620 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-621 recodified to R7-2-622; new R7-2-621 recodified from R7-2-620 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 135, effective September 21, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 2248, effective August 6, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

R7-2-622. Qualification Requirements of Professional, Non-Teaching School Personnel**A. Definitions:**

1. "Educational Interpreter." For the purposes of this Section, "educational interpreter" means a person trained to translate in sign language for students identified to require such services through an Individualized Education Program (IEP) or a 504 accommodation plan in order to access academic instruction. This does not in any way restrict the provisions of R7-2-401(B)(14) which defines "interpreter" and provides that each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE, nor does it restrict a school district's ability to develop a job description for someone in a position of "educational interpreter" that requires additional job responsibilities.
2. "Accommodation plan developed to comply with Section 504 of the Rehabilitation Act of 1973, 29 USC 794, et seq. ("504 accommodation plan")." For the purposes of this Section, "504 accommodation plan" means a plan developed for the purpose of specifying accommodations and/or services that will be implemented by classroom teachers and other school personnel so that students will benefit from their educational program.

B. Educational Interpreters for the Hearing Impaired.

1. Persons employed by or contracting with schools and school districts to provide educational interpreting services for hearing impaired students must meet the following qualifications from and after January 1, 2005:
 - a. Have a high school diploma or GED;
 - b. Hold a valid fingerprint clearance card, and
 - c. Show proficiency in interpreting skills through one of the following:

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- i. A minimum passing score of 3.5 or higher on the Educational Interpreter Performance Assessment (EIPA), or
 - ii. Hold a valid Certificate of Interpretation (CI) and/or Certificate of Transliteration (CT) from the Registry of Interpreters for the Deaf (RID), or
 - iii. Hold a valid certificate from the National Association of the Deaf (NAD) at level 3 or higher.
2. If a public education agency (PEA) is unable to find an individual meeting the above qualifications, the PEA may hire an individual with lesser qualifications, but the PEA is required to provide a professional development plan for the individual they employ to provide educational interpreting services. This professional development plan must include the following:
 - a. Proof of at least 24 hours of training in interpreting each year that a valid certification is not held or EIPA passing score is not attained, and
 - b. Documentation of a plan for the individual to meet the required qualifications within three years of employment. If the qualifications are not attained within three years, but progress toward attainment is demonstrated, the plan shall be modified to include an intensive program for up to one year to meet the provisions of subsection (B)(1).
3. An individual employed under the provisions of subsection (B)(2) must also have the following:
 - a. A valid fingerprint clearance card, and
 - b. A high school diploma or GED.
- C. Compliance with these rules will be reviewed at the same time as a PEA is monitored for compliance with the requirements of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400, et seq.

Historical Note

New Section recodified from R7-2-621 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

R7-2-623. Certification Requirements in a Public Health Emergency

- A. As the result of a public health emergency declared by the governor, the Department may temporarily modify certification requirements established in this Article, subject to review and approval by the Board.
- B. A modification made pursuant to this Section shall:
 1. Not be more restrictive than requirements in effect at the time the public health emergency is declared.
 2. Comply with statutory requirements.
 3. Be limited to requirements that cannot be feasibly completed as the result of the public health emergency.
 4. Be in effect for no more than one year after Board approval.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

ARTICLE 7. ADJUDICATIONS**R7-2-701. Definitions**

In this Article, unless the context otherwise specifies:

1. “Board” means the State Board of Education.
2. “Chairman” means the chairperson of the Professional Practices Advisory Committee, established pursuant to R7-2-205.

3. “Contested case” means any proceeding in which the legal rights, duties or privileges of a party are required by law to be determined by the State Board of Education after an opportunity for hearing.
4. “Department” means the Department of Education.
5. “Document” includes papers such as complaints, petitions, motions, responses and notices.
6. “Hearing body” means the Board or the Professional Practices Advisory Committee.
7. “Party” means each person or agency named or admitted as a party or properly seeking and entitled as of right to be admitted as a party.
8. “PPAC” means the Professional Practices Advisory Committee, established pursuant to R7-2-205.
9. “Presiding officer” means a hearing officer, with either a minimum of three years of verified experience in the practice of law or a minimum of one year of verified experience in conducting hearings, who shall oversee hearings pursuant to this Article.
10. “Pupil” means any student enrolled in an Arizona public or private school defined in A.R.S. § 15-101. “Pupil” also means any student who was enrolled in an Arizona public or private school at the time of the events which are the subject of a proceeding.
11. “Victim” means any person who has been previously identified pursuant to state law as a victim in a criminal proceeding which is the basis for a contested case.

Historical Note

Adopted effective May 25, 1978 (Supp. 78-3). Former Section R7-2-701 repealed, new Section R7-2-701 adopted effective December 4, 1978 (Supp. 78-6). Amended effective June 27, 1979 (Supp. 79-3). Amended subsection (A) effective October 7, 1980 (Supp. 80-5). Amended by adding subsection (A)(6) effective April 6, 1984 (Supp. 84-2). Amended effective October 19, 1984 (Supp. 84-5). Section R7-2-701 repealed as an emergency, new Section R7-2-701 adopted as an emergency effective January 2, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-1). Emergency expired. Repealed effective December 17, 1987 (Supp. 87-4). New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-702. Filing; Computation of Time; Extension of Time

- A. All documents concerning a contested case shall be filed within the time limit, if any, for such filing.
- B. All documents filed in any contested case shall be typewritten or legibly written on paper 8 1/2 by 11 inches in size, shall contain the name and address of the party or other correspondent, shall be properly captioned and designate the title and case number, shall state the name and address of each party served with a copy and how service was made, and shall be signed by the party or, if represented, by the party’s attorney. The signature constitutes a certification that the signer has read the document, has a good faith basis for submission of the document, and that it is not filed for the purpose or delay or harassment.

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- C. In computing any period of time prescribed or allowed by this Article, or any notice or order concerning a contested case, the day of the act, event, or default from which the designated period of time begins to run shall not be included. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays and legal holidays shall not be included in the computation. When that period to time is 11 days or more, intermediate Saturdays, Sundays and legal holidays shall be included in the computation. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or a legal holiday.
- D. Whenever a party has the right or is required to do some act within a prescribed period after the service of a notice or other document upon the party by another party, and the notice or other document is served by mail, five days shall be added to the prescribed period.
- E. For good cause shown, the presiding officer may grant continuances and extensions of time for filing notices or other documents.
- 3. A statement of matters officially noticed.
- 4. Objections and offers of proof and rulings thereon.
- 5. Proposed findings of fact, conclusions of law and recommendations of the hearing body.
- 6. All staff memoranda, other than privileged communications, or data submitted to the hearing body in connection with its consideration of the case.
- 7. A victim impact statement, if submitted by the victim.
- H. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-703. Contested Cases; Notice; Hearing Records

- A. In a contested case, the parties shall be afforded an opportunity for hearing after reasonable notice. The notice shall be given at least 20 days prior to the date set for the hearing.
- B. The notice shall include:
 - 1. A statement of the time, place and nature of the hearing.
 - 2. A statement of the legal authority and jurisdiction under which the hearing is to be held.
 - 3. A reference to the particular sections of the statutes and rules involved.
 - 4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- C. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
- D. The Board may dispose of any contested case by decision or approved stipulation, agreed settlement, consent agreement or by default.
- E. A hearing before a hearing body in a contested case or any part thereof shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.
- F. The Board or the presiding officer may reschedule the hearing, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
- G. The record in a contested case shall include:
 - 1. All pleadings, motions and interlocutory rulings.
 - 2. Evidence received or considered, including confidential evidence received in executive session.

Service; Proof of Service

- A. The Board shall serve notices of hearing, findings of fact, conclusions of law, and recommendations of the hearing body, and decisions and final orders of the Board, either by personal service or by first class mail or by email at the request of the parties involved. All other documents required to be served by the Board may be served by regular or certified mail or may be personally served or may be served by email at the request of the parties involved.
- B. After service of a notice of hearing in a contested case, a copy of every document filed by a party, or individual seeking to intervene, shall be served on all parties to the contested case, or their lawyers if represented, at the same time the document is filed. Filing with the Board and service shall be completed by personal delivery, first-class mail or email.
- C. The following evidences completed service:
 - 1. If personally served, an affidavit of personal service, sworn to by the individual serving the document and stating the name of the individual upon whom it was served, where service was made, and the date of such service; or
 - 2. If served by certified mail, proof of delivery; or
 - 3. If served by email or regular mail, either a statement subscribed on the document filed, or an affidavit indicating the date mailed and listing those to whom it was mailed.
- D. When a party is represented by an attorney, service shall be made on the attorney. If a notice of hearing shows service on the Attorney General, all documents served thereafter shall be served on the Assistant Attorney General named on the notice of hearing or who later appears on behalf of the Attorney General, or if no Assistant Attorney General is named, then on the Attorney General, Education and Health Section, Education Unit.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2).

R7-2-705. Hearings and Evidence

- A. Parties may participate in the hearing in person or through an attorney.

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- B. The parties may submit proposed findings of fact and conclusions of law prior to the hearing. The presiding officer or hearing body may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.
- C. A hearing in a contested case shall be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. A party to such proceedings may be represented by counsel and shall have the right to submit evidence in open hearing and conduct cross examination. Hearings may be held in any location or manner determined by the Board.
- D. Copies of documentary evidence may be received in the discretion of the presiding officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
- E. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing body. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing body's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.
- F. If a party fails to appear at a hearing, the hearing body may proceed with the presentation of the evidence of the appearing party.
- A. After a hearing is held, a party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
- B. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
 1. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
 2. Misconduct of the hearing body or the prevailing party.
 3. Accident or surprise which could not have been prevented by ordinary prudence.
 4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
 5. Excessive or insufficient penalties.
 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
 7. That the decision is not justified by the evidence or is contrary to the law.
- C. The Board may affirm or modify the decision or grant a rehearing before a hearing body to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (B). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- D. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
- E. Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
- F. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within ten days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.
- H. Any party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-706. Request for Hearing

When a request for a hearing is filed with the Board, the request shall be in writing and shall state the specific grounds which are the basis of the hearing request and the statute, rule or other legal basis entitling the person to a hearing.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

R7-2-707. Denial of Request for Hearing

If the Board denies the request for a hearing, the denial shall be in writing and shall state the reasons therefor. A denial of a request for hearing is final and not subject to further administrative review.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-708. Repealed**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Section repealed by final rulemaking at 11 A.A.R. 696, effective March 29, 2005 (Supp. 05-1).

R7-2-709. Rehearing and Review of Decisions**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353,

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(October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-710. Repealed**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Repealed by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-711. Consolidation and Severance

- A. When proceedings involving a common question of law or fact or common parties are pending before the hearing body, the presiding officer may, upon the presiding officer's own volition or upon request of any party, order a consolidated hearing on any or all the matters at issue.
- B. In furtherance of convenience, to avoid prejudice, or when separate hearings will be conducive to expedition and economy, the presiding officer may, upon the presiding officer's own volition or upon request of any party, order any proceeding severed with respect to some or all issues or parties.
- C. The presiding officer shall send a written ruling granting or denying consolidation or severance to all parties, identifying the cases, and the reasons for the decision.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-712. Subpoenas

- A. The Board may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on its own volition or at the request of a party. The subpoena shall be signed by a Board employee designated by the Board.
- B. A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
 - 1. The name of the contested case, the case number, and the time and place where the witness is expected to appear and testify;
 - 2. The name and address of the witness subpoenaed;
 - 3. The documents, if any, sought to be provided; and
 - 4. A brief statement of the relevance of testimony or documents.
- C. On application of a party or the agency and for use as evidence, the presiding officer may permit a deposition to be taken, in the manner and upon the terms designated by the presiding officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
- D. The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the presiding officer grants a written request to quash or modify the subpoena. The request shall be submitted to the Board and state the reasons why it should be granted. The presiding officer shall grant or deny such request by order.
- E. The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed and on all parties in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.

- F. A party, or the person served with a subpoena who objects to the subpoena, or any portion of it, may file an objection with the presiding officer. The objection shall be filed within five days after service of the subpoena, or at the outset of the hearing, if the subpoena is served fewer than five days before the hearing.
- G. If a subpoena issued for the Board is disobeyed, the Board may petition the superior court to enforce the subpoena pursuant to A.R.S. § 15-203.
- H. If a subpoena issued for a party other than the Board is disobeyed, the party may petition the superior court in the manner provided by law for the enforcement of subpoenas in a civil action.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-713. Conduct of Hearing

- A. The presiding officer may conduct all or part of the hearing by telephone, or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
- B. Except for those hearings which may involve presentation of evidence protected by A.R.S. § 15-350, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.
- C. Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-714. Testimony of Pupils

- A. All individuals present at a hearing regarding an action against a certificate shall:
 - 1. Keep confidential the name and identifying information of any pupil involved in the hearing, unless disclosure is with the consent of the pupil's parent or guardian or the pupil if the pupil is at least 18 years of age at the time of the hearing, or by order of the superior court. This action does not prevent disclosure of the pupil's name to any party to the hearing.
 - 2. Keep confidential the testimony of any pupil, all of which shall be taken in executive session, except that the Board office shall be furnished a confidential copy of the pupil's testimony as part of the complete transcript of the hearing. The individuals present during the executive session shall be determined by the presiding officer in consultation with the Attorney General's office except that the respondent and counsel shall always be permitted to be present. The transcripts of testimony taken during executive session shall be maintained by the Board.
- B. The Board of Education or its designee shall:
 - 1. Make available a consent form which requires the signature of the pupil's parent or guardian or the pupil if the

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pupil is at least 18 years of age at the time of the hearing, prior to disclosure of the pupil's name;

2. Assign a fictitious name to all witnesses identified as pupils on the witness lists provided by the complainant and respondent if not in receipt of written parental or guardian consent for disclosure;
 3. Notify hearing participants, prior to and during the hearing, of any fictitious names to be used.
- C. The presiding officer shall instruct all individuals present at the hearing of the confidentiality requirements of A.R.S. § 15-551 and this Section.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-715. Evidence

- A. All witnesses shall testify under oath or affirmation. At the request of a party, or at the discretion of the presiding officer, the presiding officer may exclude witnesses who are not parties from the hearing room so that they cannot hear the testimony of other witnesses.
- B. The presiding officer shall have the power to administer oaths and affirmations.
- C. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
- D. The presiding officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning, to exclude evidence the presiding officer determines to be irrelevant, immaterial, or unduly repetitious, and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- E. Unless otherwise ordered by the hearing body, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing body unless the hearing body otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

R7-2-716. Stipulations

Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the presiding officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. No substantive matter agreed to

by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

R7-2-717. Recommended Decisions

- A. A recommended decision, findings of fact and conclusions of law shall be prepared for the Board by the PPAC.
- B. A recommended decision, findings of fact and conclusions of law shall be delivered to the Board within 90 days after the close of the hearing or the date ordered for submission of proposed findings or legal memoranda, whichever comes last, unless the Board extends the period for good cause.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-718. Decisions and Orders

- A. Any final decision or order adverse to a party in a contested case shall be in writing or stated in the record. Any final decision shall include findings of fact and conclusions of law, separately stated. Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. Parties shall be notified either personally or by mail to their last known address of any decision or order.
- B. When the Board is the hearing body, the decision shall be rendered within 120 days following the final day of the hearing or the date ordered for submission of proposed findings of fact and conclusions of law or legal memoranda, whichever comes last.
- C. Within 30 days after receipt of any recommended decision from the PPAC, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the findings of fact, conclusions of law and recommendations in whole or in part, may remand the matter to the hearing body with instructions, or may convene itself as the hearing body.
- D. If no request for rehearing or review has been timely filed by a party, a decision in a contested case is effective and final ten days from the date served on that party.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

ARTICLE 8. COMPLIANCE**R7-2-801. Compliance**

- A. Procedures governing noncompliance with laws and rules by school districts.
 1. Scope. Except as may be otherwise directed by federal or state statute or by rules adopted by the State Board of Education, this Section shall govern the procedure for determining noncompliance by school districts with laws and rules concerning school districts, the enforcement of which is the statutory responsibility of the State Board of Education or the Department of Education.
 2. Preliminary notice of noncompliance and response:

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- a. The Department of Education, upon its own initiative or at the direction of the State Board of Education, shall inform school districts by written notice that the district is in possible noncompliance with laws or rules, the enforcement of which is the statutory responsibility of the Board or the Department.
 - b. A preliminary notice of possible noncompliance shall detail in writing the nature of the possible noncompliance and shall identify:
 - i. The law or rule which the school district may be violating; and
 - ii. The manner in which the school district may be in noncompliance with the identified law or rule.
 - c. A school district may submit a written response to the Department of Education within 20 days of receipt of a preliminary notice of noncompliance.
 - d. Nothing contained in this Section is intended to preclude a reasonable attempt between Department of Education personnel and school district personnel to resolve administratively possible noncompliance prior to sending a written preliminary notice of noncompliance.
3. Scheduling a formal hearing
 - a. Recommendation by the Department of Education
 - i. After giving a school district preliminary notice as provided in this Section, the Department of Education shall submit a written recommendation to the State Board of Education. This recommendation shall be submitted within 10 days after receipt of a written response from the school district or if no response is received within 30 days of the issuance of the preliminary notice. The Department shall recommend one of the following courses of action to be taken by the Board.
 - (1) A formal hearing should be scheduled before noncompliance is probable and achieving voluntary compliance within a reasonable period of time under the circumstances is unlikely; or
 - (2) A formal hearing should not be scheduled at this time because, although noncompliance is probable, achieving voluntary compliance within a reasonable period of time is likely; or
 - (3) A formal hearing should not be scheduled because the school district is in compliance with the law or rule in question.
 - ii. Any written response of the school district to the preliminary notice of noncompliance shall accompany the written recommendation of the Department of Education.
 - b. Within 30 days of receipt of the recommendation of the Department of Education, the State Board of Education shall either:
 - i. Schedule formal hearing;
 - ii. Postpone the decision to schedule a hearing for a stated time period not to exceed six months, or
 - iii. Dismiss the matter.
 - c. When the State Board of Education determines that a formal hearing is necessary, it shall be scheduled within 30 days after such determination, unless an extension of time is granted by the Board.
 - d. When a formal hearing is scheduled, the Board or its designee shall give notice of the hearing as provided in A.R.S. § 41-1009(A) and (B).
 - e. When the Board decides to postpone scheduling a formal hearing, the Board shall specify the extent of the postponement and the Department of Education shall report periodically, at least every 30 days, unless otherwise directed, with respect to progress by the school district toward compliance with the law or rule in question. At the end of the postponement period, the Board shall again make a determination whether to schedule a hearing, further postpone the determination, or dismiss the matter.
 - f. The Board may order further investigation by the Department of Education at any time, and admit into evidence any such report at any subsequent formal hearing.
4. Hearings held pursuant to this Section shall be conducted as provided in A.R.S. § 41-1010.
 5. The Board's decision
 - a. A decision by the State Board of Education shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.
 - b. A decision shall be rendered within 30 days after the hearing.
 - c. Within 30 days after a decision is reached, copies of the written decision shall be delivered to the parties personally or by certified mail.
 - d. The parties shall have the opportunity to provide proposed findings of fact and conclusions of law to the Board no later than five days after the decision of the Board is received.
 6. Rehearing procedure
 - a. Any party aggrieved by a decision rendered by the Board may file with the Board, not later than 15 days after service of the decision, a written motion for rehearing or review of the decision, specifying the particular grounds therefor.
 - b. A motion to alter or amend a decision or order shall be filed not later than 15 days after service of the decision.
 - c. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board.
 - d. A response may be filed within 10 days after service of such motion by any other party or by the Attorney General.
 - e. The Board may require the filing of written memoranda upon the issues raised in the motion and may provide for oral argument.
 - f. The Board may consolidate the hearing to consider the motion for rehearing with the requested rehearing.
 - g. A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
 - i. Irregularity in the administrative proceedings of the agency or its hearing officer or the prevailing party, or any order, or abuse of discretion, whereby the moving party was deprived of a fair hearing;

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- ii. Misconduct of the Board of the prevailing party.
 - iii. Accident or surprise which could not have been prevented by ordinary prudence;
 - iv. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
 - v. Excessive or insufficient penalty;
 - vi. Error in the admission or rejection of evidence or other errors of law occurring in the administrative hearing;
 - vii. The decision is not justified by the evidence or is contrary to law.
 - h. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (A)(6). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
 - i. Not later than 15 days after a decision is rendered, the Board may on its own initiative order a rehearing or a review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case, the order granting such a rehearing shall specify the grounds on which the order is based.
 - j. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 10 days after such service, serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown, or by the parties by written stipulation. The Board may permit a reply affidavit by the moving party.
- B. Waiver from administrative rules.** Upon request of a school district acting either on its own behalf or on behalf of a school within the district's jurisdiction, the State Board of Education may grant a waiver exempting such district or school from specific administrative rules.
- 1. Requests
 - a. Requests for exemption from any State Board of Education rule shall include:
 - i. Evidence that the school or school district is currently in compliance with all state laws and State Board of Education rules;
 - ii. A statement identifying goals that will be accomplished and how the waiver will assist in enhancing school improvement;
 - iii. A three-year plan for school improvement;
 - iv. Identification of the specific rules for which the waiver is requested;
 - v. Evidence of a public hearing held by the school or school district which provided for parental and public involvement and input into the proposed three-year plan.
 - b. Requests for waiver may be granted by the State Board of Education for a period not to exceed three years. The State Board of Education may at any time rescind approved waivers at its discretion.
 - c. Requests for waiver may be submitted by a local governing board and shall be made through the State Superintendent of Public Instruction for consideration by the State Board of Education.
 - d. Local governing boards shall adopt policies and procedures which will allow their schools to request waivers from the State Board of Education and shall submit those policies and procedures to the Superintendent of Public Instruction prior to October 1, 1993. Those policies shall be consistent with the criteria specified in subsections (B)(1)(a) and (B)(3). Additionally, those policies shall provide that:
 - i. Requests for such waivers by schools be forwarded within 30 days of receipt by the governing board to the Superintendent of Public Instruction. Requests may include additional information as the governing board deems appropriate.
 - ii. Schools not be required to meet criteria other than those specified in subsection (B)(1)(a).
2. Reporting
- a. Schools or school districts with State Board-approved waivers shall document progress obtained as a result of the waiver and report on or before June 30 of each year to the State Superintendent of Public Instruction.
 - b. A school district having a school with an approved waiver may report the effects that such waiver has had on the operation of the school district. Reports shall be submitted on or before June 30 of each year to the State Superintendent of Public Instruction.
 - c. The State Superintendent of Public Instruction shall report to the State Board of Education, on or before September 30 of each year, the status of those schools and school districts with approved waivers and, as a minimum, include the following:
 - i. The status of meeting the goals as stated in the three-year plan;
 - ii. Recommendations regarding approved continuance of the waiver, conditions for continuance of the waiver, revision of the three-year plan or rescission of the waiver.
3. Renewal. Upon request from a school district, on behalf of itself or a school within its jurisdiction, waivers may be approved by the State Board of Education for additional three-year periods. Requests shall be made through the State Superintendent of Public Instruction and requests from schools shall be forwarded by the local governing board to the State Superintendent of Public Instruction within 30 days from receipt.

Historical Note

Adopted effective February 27, 1980 (Supp. 80-1).
 Amended effective April 9, 1993 (Supp. 93-2). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-802. School and School District Compliance with the Uniform System of Financial Records and the Uniform System of Financial Records for Charter Schools

- A. Upon receipt of a report from the Auditor General that a school or school district has failed to comply with the Uniform System of Financial Records ("USFR") or the Uniform Sys-

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tem of Financial Records for Charter Schools (“USFRCS”) within 90 days after having received a notice of noncompliance from the Auditor General, the State Board of Education (“Board”) shall review the Auditor General’s report to determine whether the school or school district is in noncompliance.

- B.** When the Board determines that a school or school district is in noncompliance with the USFR or USFRCS, it shall give written notice to the school or district of its determination. The written notice shall advise the school or district of the following:
1. The Superintendent of Public Instruction shall withhold distribution of state funds to the school or district until such time as the Auditor General reports compliance with the USFR or USFRCS unless a hearing is requested by the school or district.
 2. The school or district has 10 days from the receipt of the written notice of noncompliance by the Board to submit a written request for a hearing.
 3. If the school or district makes a timely request for a hearing, the hearing will be held pursuant to the hearing procedures specified in R7-2-701 et seq.
- C.** The Board’s decision
1. The Board shall determine whether the school or school district was in compliance with the USFR or USFRCS within 90 days after having been informed of noncompliance by the Auditor General, and whether the district is in compliance with the USFR or USFRCS at the time of the hearing.
 2. A decision by the Board shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.

Historical Note

Adopted effective February 27, 1980 (Supp. 80-1).
Amended subsections (A) and (E)(1) and (5) effective December 17, 1981 (Supp. 81-6). Amended effective December 31, 1998 (Supp. 98-4).

R7-2-803. Implementation of the Uniform System of Financial Records

All school districts shall implement the current version of the Uniform System of Financial Records, as prescribed by the Auditor General, in conjunction with the Department of Education. The Uniform System of Financial Records shall include standards to ensure that enrollment is determined by all school districts on a uniform basis.

Historical Note

Adopted effective November 10, 1980 (Supp. 80-6).
Amended effective February 20, 1997 (Supp. 97-1).

R7-2-804. Compliance with Federal Statutes or Regulations

- A.** This Section prescribes procedures to be used in filing and processing written complaints alleging the failure of a public agency or school district to comply with federal statutes or regulations applicable to federal education programs conducted and subject to Title 34, Code of Federal Regulations, § 76.780.
- B.** The Arizona Department of Education (Department) shall accept and investigate complaints provided that the complainant:
1. Is written and signed by the complaining party or his or her designated representative;

2. Sets forth the facts forming the basis of the complaint; the facts set forth in the complaint, if true, could constitute noncompliance by a public agency or school district;

- C.** Upon receipt of a complaint setting forth the criteria contained in (B), the Department shall immediately begin an impartial review which may include onsite investigations. If in the course of the review it is determined that the nature of the complaint is not a matter of noncompliance, the complainant will be so informed and advised of appropriate means of resolving the complaint.
- D.** A written decision with specific findings shall be issued by the Department within 60 calendar days of receipt of the written complaint. If corrective action is required, such action shall be designated in the decision and shall include the time line for correction and possible consequences for continued noncompliance. A copy of the written decision shall be sent to the complaining party and the agency involved on or before the expiration of the 60-day period. An extension of this timeline will be permitted only if exceptional circumstances exist with respect to a particular complaint.
- E.** If there appears to be a failure or refusal to comply with the applicable law or regulations, and if the noncompliance or refusal to comply cannot be corrected or avoided by informal means, compliance shall be effected by the Superintendent and the State Board of Education by any means authorized by law or by rule and regulation. The Superintendent shall retain jurisdiction over the issue of noncompliance with the law or regulations and shall retain jurisdiction over the implementation of any corrective action required. However, nothing herein shall preclude the availability of an informal resolution between the complainant and the agency or school district involved, nor shall this Section preclude the availability of any administrative hearing remedies to resolve such disputes or judicial review of such administrative remedies.
- F.** If, pursuant to an investigation by the Department, the Superintendent finds a failure to comply with applicable law or regulations, he or she shall so inform the agency or school district and compliance shall be obtained by informal means whenever possible. If corrective action is required, such action shall be designated in this decision and shall include the time lines for correction and the possible consequences for continued noncompliance.
- G.** A summary of each complaint received and investigated by the Department and the decision of the Superintendent shall be submitted annually to the State Board of Education for informational purposes only. Any personally identifiable information shall be deleted from the report to the State Board of Education.
- H.** The complainant may request the U.S. Department of Education to review the final decision of the Superintendent. The Department shall inform a complainant of the procedures for requesting a review by the U.S. Department of Education.

Historical Note

Adopted effective February 11, 1983 (Supp. 83-1).
Amended subsection (B) effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, the word “rule” has been updated to “Section.” Both changes reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-805. Education Division General Administrative Regulations

- A.** This Section prescribes procedures to be used for appealing a decision by the Arizona Department of Education (Depart-

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ment) relating to federal programs administered by the Department and subject to the Education Division General Administrative Regulations (EDGAR) Title 34, Code of Federal Regulations § 75 and 76.

- B.** A school district or public agency may request a hearing if it alleges that the Department violated a federal statute or regulation by:
1. Terminating further assistance for an approved project;
 2. Ordering, in accordance with a final state audit resolution determination, the repayment of misspent or misapplied federal funds;
 3. Disapproving or failing to approve the application or project in whole or in part; or
 4. Failing to provide funds in amounts in accordance with the requirements of statutes and regulations.
 5. Not approving the school district or public agency's proposal for funding.
- C.** When a school district or public agency requests a hearing, the Superintendent of Public Instruction (Superintendent) shall select a hearings appeals panel from Department staff other than those within the same division as the federal program area under which the appeal rose.
- D.** Hearing procedures
1. An applicant must request a hearing by notifying the Superintendent by certified mail of its decision to appeal a decision as set forth in subsection (B). If the applicant is or represents a school district, authorization to seek a hearing must come from the Governing Board of that school district.
 2. The request for hearing must set forth the nature of the complaint and the facts on which the complaint is based.
 3. The applicant shall request a hearing within 30 days of the date notice of the Department action was sent. For purposes of this Section, the date of notice by the Department is the date of sending notice of the Department action.
 4. A hearing shall be scheduled before the appeal panel within 30 days from the receipt of the request.
 5. The appeals panel chairperson shall give at least 10 days' notice of the hearing date to the complainant.
 6. The parties may submit written materials no later than five days prior to the hearing, such materials to consist of six copies.
 7. At the hearing the parties may present evidence in writing and through witnesses and may be represented by counsel.
 8. The length and order of the presentation may be determined by the appeals panel chairperson.
 9. If the complainant or authorized representative fails to appear at the designated time, place and date of the hearing, the appeal shall be considered closed and the process terminated.
- E.** Decision. No later than five days after the hearing, the appeals panel shall forward to the Superintendent its recommendation relating to the school district or agency's request for review. Within 10 days after the hearing, the Superintendent shall issue his or her written ruling, including findings of fact and reasons for the ruling. If the Superintendent determines that the Department's action was contrary to the statutes and regulations that govern the applicable program, the Superintendent shall rescind the action.
- F.** Appeal. If the Superintendent does not rescind the Department action, the applicant may appeal to the U.S. Department of Education. The applicant shall file a notice of appeal with the

U.S. Department of Education within 20 days after the applicant has been notified by the Superintendent of his or her decision by certified mail.

- G.** State Board of Education submission. The Superintendent shall annually submit to the State Board of Education as an informational item summaries of all decisions including the findings of fact of hearing procedures conducted pursuant to this Section for State Board of Education review.

Historical Note

Adopted effective June 24, 1983 (Supp. 83-3). The Section heading has been updated to title case, the word "rule" has been updated to "Section," the phrase, "of this rule" has been removed to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-806. Repealed**Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Section repealed by final rulemaking at 7 A.A.R. 182, effective December 15, 2000 (Supp. 00-4).

R7-2-807. Repealed**Historical Note**

Adopted as an emergency effective August 2, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Permanent rule adopted effective November 27, 1984 (Supp. 84-6). Amended effective May 3, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1).

R7-2-808. Pupil Participation in Extracurricular Activities

The following standards are effective for students in grade six, if part of a middle school, and grades seven through 12.

1. Definition. Extracurricular activities are:
 - a. All interscholastic activities which are of a competitive nature and involve more than one school where a championship, winner, or rating is determined; and all those endeavors of a continuous and ongoing nature for which no credit is earned in meeting graduation or promotional requirements and are organized, planned, and sponsored by the district consistent with district policy.
 - b. Activities which are an integral part of a credit class shall be excepted from the rule.
2. Eligibility requirements and ineligibility.
 - a. Eligibility. To be eligible to participate in extracurricular activities, a student shall be required to:
 - i. Earn a passing grade in each course in which the student is enrolled; and
 - ii. Maintain satisfactory progress toward promotion or graduation.
 - b. Ineligibility. When it is determined that a student has failed to meet the requirements specified for eligibility, the student shall be declared ineligible to participate in extracurricular activities and shall remain ineligible until the requirements of eligibility are met.
 - i. The governing board shall establish the criteria for a passing grade and satisfactory progress toward promotion or graduation, taking into account the needs of children placed in special education programs pursuant to R7-2-401 et seq. Passing grades shall be determined on a

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cumulative basis, from the beginning of instruction to the recording of a final grade for the course.

- ii. Every nine weeks or less, as determined by the governing board, district personnel shall review the progress of students to determine their eligibility status. If a student is declared ineligible, the student shall remain ineligible until a subsequent check is performed and it is determined that the student meets the eligibility requirements specified in subsection (2)(a).
3. Each governing board shall adopt a policy and implement a program pursuant to that policy to provide:
 - a. Oral or written preliminary notice to all district students and their parents or guardian of pending ineligibility;
 - b. Written notice to students and their parents or guardians when ineligibility has been determined;
 - c. Educational support services to students declared ineligible because of this Section, as well as those notified of pending ineligibility.

Historical Note

Adopted effective December 31, 1986 (Supp. 86-6). Amended subsection (B) and added a new subsection (D) effective February 17, 1988 (Supp. 88-1). Amended subsection (A) effective August 15, 1988 (Supp. 88-3). Amended effective April 28, 1989 (Supp. 89-2). Amended effective December 20, 1991 (Supp. 91-4). Section R7-2-808 repealed, new Section adopted effective July 10, 1992 (Supp. 92-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective December 22, 1997 (Supp. 97-4). Numerals were corrected and the word "rule" was replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-809. Emergency Administration of Auto-Injectable Epinephrine**A. Applicability.** This Section applies to:

1. Any school district or charter school that voluntarily chooses to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.
2. All school districts and charter schools when required to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.

B. Definitions. The following definitions are applicable to this Section:

1. "Anaphylactic shock" is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death.
2. "Auto-injectable epinephrine" means a disposable drug delivery device that is easily transportable and contains a premeasured single dose of epinephrine used to treat anaphylactic shock.
3. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to A.R.S. Title 32, Chapter 13, a doctor of naturopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 14, a doctor of osteopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 17, a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15 or

a physician assistant licensed pursuant to A.R.S. Title 32, Chapter 25 for non-individual specific epinephrine.

C. Annual training in the administration of auto-injectable epinephrine.

1. Each school district and charter school shall designate at least two school personnel for each school site who shall be required to receive annual training in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer if they are employed by the school.
2. Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.
3. At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking and reporting of the event.
4. Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.
5. Training shall be conducted via courses provided in collaboration with a public health organization or by a regulated health care professional, whose competencies include the administration of auto-injectable epinephrine, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
6. School districts and charter schools shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order.

D. Annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.

1. Each school district and charter school shall require all school site personnel to receive an annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
2. Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics.
3. Training shall be conducted in collaboration with a public health organization by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.

E. Procedures for annually requesting a standing order for auto-injectable epinephrine.

1. Each school district or charter school shall obtain a standing order from its designated district or charter school physician licensed pursuant to A.R.S. Title 32, Chapter

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13, 14, 17, 15, or 25 and if no such physician is available to provide a standing order, from the chief medical officer of the Department of Health Services or the chief medical officer of a county health department.

2. Standing orders shall be renewed annually and upon the change of any designated school district or charter school physician.
 3. Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or return.
- F.** Procedures for the administration of auto-injectable epinephrine in emergency situations.
1. All school districts and charter schools shall adopt procedures for the emergency administration of auto-injectable epinephrine by designated trained personnel.
 2. Procedures shall address, at a minimum, the following requirements:
 - a. Determining if symptoms indicate possible anaphylactic shock.
 - b. Selecting the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.
 - c. Injecting epinephrine via auto-injector pursuant to a standing order, noting the time and dose given.
 - d. Calling 911 to advise that anaphylactic shock is suspected and epinephrine was administered.
 - e. Keeping the person stable until emergency responders arrive.
 - f. Advising school medical personnel and administration of the incident.
 - g. Repeating dose pursuant to a standing order when symptoms persist and emergency responders have not arrived.
 - h. Providing emergency responders with used epinephrine auto-injector labeled with name, date and time administered.
 - i. Assuring that parents/guardians have been notified and advised to promptly alert student's primary care physician of the incident.
 - j. Completing written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection or injections, and notifications made to school administration, emergency responders, the student's parents or guardians, and the doctor or chief medical officer who issued the standing order.
 - k. Ordering replacement dose or doses of auto-injectable epinephrine.
 - l. Reviewing any incident involving emergency administration of epinephrine to determine the adequacy of response.
- G.** All school districts and charter schools shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine pursuant to this Section in the format prescribed by the Arizona Department of Health Services.

Historical Note

Adopted effective July 30, 1992 (Supp. 92-3). Amended effective April 9, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1). Amended by final exempt rulemaking at 21 A.A.R. 1784, effective February 24, 2014 (Supp. 15-3). Amended by final exempt

rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

R7-2-810. Emergency Administration of Inhalers

- A.** Applicability. This Section applies to:
1. Any school district or charter school that voluntarily chooses to stock inhalers pursuant to A.R.S. § 15-158.
 2. All school districts when required to stock inhalers pursuant to A.R.S. § 15-158.
- B.** Definitions. The following definitions are applicable to this Section:
1. "Authorized Entity" refers to any school district or charter school.
 2. "Bronchodilator" means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.
 3. "Inhaler" means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.
 4. "Personnel" means employees at a school district or charter school or nurses who are under contract with the school district or charter school.
 5. "Respiratory distress" includes the perceived or actual presence of coughing, wheezing or shortness of breath.
 6. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of a county health department, physicians licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or nurse practitioners licensed pursuant to A.R.S. Title 32, Chapter 15.
- C.** Annual training on recognition of symptoms of respiratory distress and administration of inhalers:
1. Each school district and charter school that elects to administer inhalers shall designate at least two personnel at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel as they feel necessary.
 2. Training in the administration of inhalers shall be conducted by a nationally recognized organization or professionally certified medical professionals that are experienced in training laypersons in emergency health treatment.
 3. Training may be conducted online or in person and at a minimum shall include:
 - a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
 - b. Standards and procedures for the storage of inhalers.
 - c. Standards and procedures for the administration of an inhaler, as directed on the prescription protocol.
 - d. If necessary, emergency follow-up procedures after the administration of an inhaler.
 4. The organization that conducts the training shall issue a certificate to each person who successfully completes the

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- training. The personnel shall submit this certificate to the school.
5. Annual training is required for all designated personnel of the school.
 6. School districts and charter schools shall maintain and make available on request a list of school personnel who are authorized to administer inhalers pursuant to a standing order.
- D.** Procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber
1. Each participating school district or charter school shall obtain a standing order and prescription for inhalers and spacers or holding chambers pursuant to A.R.S. § 15-158 from the chief medical officer of a county health department, a physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or a nurse practitioner pursuant to A.R.S. Title 32, Chapter 15.
 2. Standing orders and prescriptions shall be requested and renewed annually.
- E.** Procedures for the administration of inhalers in emergency situations:
1. School districts and charter schools that elect to administer inhalers shall:
 - a. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.
 - b. Designate at least two personnel at each school to be trained to recognize respiratory distress and administer inhalers.
 - c. Require designated personnel to participate in annual training and provide a certificate of successful completion to the school.
 - d. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.
 - e. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.
 - f. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.
 2. Pursuant to a standing order, school district or charter school personnel who are trained in the administration of inhalers may administer or assist in the administration of an inhaler to a pupil or adult whom the personnel believes in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.
 3. Procedures adopted by school districts and charter schools shall address at a minimum, the following requirements:
 - a. Determine if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.
 - b. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.
 - c. Restrict physical activity, encourage slow breaths and allow the individual to rest.
 - d. Assure that trained personnel stay with the subject who has been administered inhaler medication until it is determined whether the medication alleviates symptoms.
 - e. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.
 - f. Instruct school staff to notify the parent or guardian.
 - g. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.
 - h. If the individual shows improvement, keep the individual under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.
 - i. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.
 - j. Notify a parent or guardian once the inhaler has been administered and the student has returned to class.
 - k. Document the incident detailing who administered the inhaler, the approximate time of the incident, notifications made to the school administration, emergency responders, and parents/guardians.
 - l. Retain the incident data on file at the school pursuant to the general records retention schedule regarding health records for school districts and charter schools established by the Arizona State Library, Archives and Public Records.
 - m. Order replacement inhalers, spacers and holding chambers as needed.
 4. A school district or charter school may accept monetary donations for or apply for grants for the purchase of inhalers and spacers or holding chamber or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.
- F.** Immunity from civil liability is prescribed in A.R.S. § 15-158.

Historical Note

New Section made by final exempt rulemaking at 24 A.A.R. 146, effective August 9, 2018; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

R7-2-811. Emergency Administration of Seizure Management Plans and Medication**A.** Applicability. This Section applies to:

1. Any school district or charter school that has received a seizure management plan from a parent pursuant to A.R.S. § 15-160.02.
2. All school districts and charter schools when required to stock seizure rescue medication or a medication prescribed to treat seizure disorder pursuant to A.R.S. § 15160.02.
3. The State Board of Education shall adopt rules as necessary to administer this Section pursuant to A.R.S. § 15-160.02.

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B. Definitions. The following definitions are applicable to this Section:

1. "Parent" is the guardian responsible for the student in question.
2. "Seizure Management and Treatment Plan", also known as a seizure action plan, outlines procedures recommended by the student's parent and the student's physician or registered nurse practitioner as defined in A.R.S. § 32-1601 and is signed by the student's parent and the student's physician or registered nurse practitioner.
3. "Seizure rescue medication" is a medication prescribed by the student's physician or registered nurse practitioner and is approved as an acute treatment, given at the time of the seizure to abort an ongoing or excessive number of seizures on an as need basis.
4. "School Nurse" is a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) employed by, or under contract with, a school district or charter school whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan.
5. "School Personnel" includes the school principal, guidance counselor, teacher, bus driver, or classroom aide whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan.

C. Quinquennial training in the administration of seizure management and treatment plans, stocking of seizure rescue medication, or stocking of a medication prescribed to treat seizure disorder.

1. A school nurse who is employed or under contract with a school district or charter school that has received a seizure management and treatment plan shall complete an online course of instruction for school nurses regarding managing students with seizure disorders. This training must be approved by the State Board of Education. The minimum requirements of this training are defined pursuant to A.R.S. § 15-160.02. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
 - a. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
 - b. The training shall be initially completed within 30 days of receipt of the first seizure management and treatment plan.
 - c. A new hire who will have regular contact with a student who has previously submitted a seizure management and treatment plan shall be required to complete the training during the school's new hire orientation unless the new hire can submit proof of successful completion within the last five years.
 - d. The training must be completed at least once in a five-year period.
2. A school principal, guidance counselor, teacher, bus driver or classroom aide whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan shall complete an online course of instruction for school personnel regarding awareness of students with seizure disorders. This training must be completed at least once in a five-year period and be approved by the State Board of Education. The minimum requirements of this training are defined pursuant to A.R.S. § 15-160.02. Information regarding training that has been approved by the State

Board of Education shall be posted on the Board's website.

- a. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
 - b. The training shall be initially completed within 30 days of receipt of the first seizure management and treatment plan.
 - c. A new hire who will have regular contact with a student who has previously submitted a seizure management and treatment plan shall be required to complete the training during the school's new hire orientation unless the new hire can submit proof of successful completion within the last five years.
 - d. The training must be completed at least once in a five-year period.
3. Each school district and charter school shall have at least one school employee at the school, other than the school nurse, who has met the training requirements necessary to administer or assist with the self-administration of both of the following:
 - a. A seizure rescue medication or a medication prescribed to treat seizure disorder symptoms as approved by the United States Food and Drug Administration, or its successor agency.
 - b. A manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet as approved by the United States Food and Drug Administration, or its successor agency.
 4. The State Board of Education shall approve the school district or charter school course of instruction per the minimum training requirements pursuant to A.R.S. § 15-160.02.
 - a. All unapproved courses of instruction must be submitted to the State Board of Education for approval.
 - b. All courses of instruction shall issue a certificate to each person who successfully completes the training and the date of completion. The school personnel shall submit this certificate to the school.
 - c. Any approved courses of instruction that are altered must seek pre-approval from the State Board of Education. Approval from the State Board of Education must be gained prior to launching the updated course of instruction.
 5. School districts and charter schools shall maintain and make available on request:
 - a. List of school personnel who are authorized to administer seizure medication pursuant to the seizure management and treatment plan, the date the training was successfully completed, and the certificate signifying successful completion.
 - b. The school's course of instruction that is not consistent with (C)(1)(a) and (C)(2)(a) of this Section.
- D. Procedures for the administration of seizure rescue medication, a medication prescribed to treat seizure disorder symptoms, or manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet.**
1. All school districts and charter schools shall adopt procedures for the emergency administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms.
 2. All school districts and charter schools shall adopt procedures for the manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet.

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3. Procedures shall address, at minimum, the following requirements:
 - a. Basic seizure first aid steps with steps to keep the student safe and from injury during a seizure, guidelines for activating 911/the Emergency Medical System (EMS) and notifying the student's parent.
 - b. Steps to obtain a seizure management and treatment plan also known as a seizure action plan for students with a seizure disorder.
 - c. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the items for students with seizures including a seizure action plan and medication.
 - d. Store the medication in a secure, temperature-appropriate location and readily accessible to designated personnel.
 - e. Store the vagus nerve stimulator magnet in a secure location, where it is readily accessible to designated personnel.
 - f. Documenting the incident detailing the seizure, location where the seizure began, actions taken as defined by the seizure action plan on file for the student, who administered the medication or vagus nerve stimulator magnet, the approximate time of the incident, student response to the medication or vagus nerve stimulator magnet, notifications made to the school administration, emergency responders, and parent, disposition per the seizure action plan, and any other pertinent details of the incident.
 - g. Steps to obtain an updated seizure action plan from the parent post-incident if found to be necessary.
 - h. Steps to obtain replacement medication for the student, if needed, in alignment with the student's seizure action plan.
 - E. Immunity from civil liability is prescribed in A.R.S. § 15-160.02.
- a. Teacher conferences,
 - b. Parent conferences,
 - c. Professional association activities,
 - d. Professional days,
 - e. District directed reports,
 - f. Participation in activities related to education scheduled by county, state, or federal agencies.
- Professional association activities must be, in the opinion of the local governing board, for a public purpose and must not be for the sole benefit of the professional association.
3. Other district related:
 - a. Special assignments,
 - b. School board approved leave,
 - c. Home visitation,
 - d. Home instruction,
 - e. Off-site instruction,
 - f. Research,
 - g. In-service training.

In-service training activities are those approved by the local governing board and intended to promote the educational advancement of the youth of the district. These activities may be conducted either during the regular school day or at other times.
 - C. A local governing board may exercise its option to contract with certified personnel on a less than full-time basis in order to meet local district needs.
 - D. In those instances where a district may contract with certificated personnel, and the responsibilities specified within the contract include activities not related to instruction, then the district must define in terms of "full-time equivalencies" that portion which is instruction-related.

Historical Note

Adopted as an emergency effective May 21, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now adopted without change effective October 7, 1980 (Supp. 80-5).

R7-2-902. Independent Accounting Responsibility

- A. The governing board of a school district applying to operate with full independence from the county school superintendent as provided in A.R.S. § 15-914.01, shall apply to the State Board of Education and submit a plan for accounting responsibility to the county school superintendent of the county in which the school district is located and the Department of Education before January 1, which documents the following:
 1. Administrative and internal accounting controls designed to achieve compliance with the Uniform System of Financial Records and the following objectives:
 - a. Procedures for approving, preparing and signing vouchers and warrants;
 - b. Procedures to ensure verification of administrators' and teachers' certification records with the Department of Education for all classroom and administrative personnel required to hold a certificate by the State Board pursuant to A.R.S. § 15-203, before issuing warrants for their services;
 - c. Procedures to account for all revenues, including allocation of certain revenues to funds as provided in the revenues section of the Uniform Accounting Manual for Arizona County School Superintendents;
 - d. Procedures for reconciling the accounting records monthly to the county treasurer as provided in the

Historical Note

New Section made by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

ARTICLE 9. SCHOOL DISTRICT BUDGET AND ACCOUNTING**R7-2-901. Teacher Experience Index Provisions**

- A. General purpose. These guidelines are provided for local governing boards to assist in development of policies identifying activities which contribute to the instructional programs at the local school level. The policies will define what constitutes a full-time vs. a part-time teacher position for the purpose of developing a school district's Teacher Experience Index.
- B. Local governing boards may include the following activities in their policies as those which contribute toward an instructional program. This listing is not intended to be exclusive, and districts may utilize additional activities:
 1. Classroom related:
 - a. Classroom instruction,
 - b. Preparation time,
 - c. Supervision,
 - d. Evaluation,
 - e. Curriculum development,
 - f. Housekeeping chores, i.e., daily reports, blackboard preparation, etc.
 2. School related:

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reconciliations section of the Uniform Accounting Manual for Arizona County School Superintendents.

2. A compilation of resources required to implement accounting responsibility, including personnel, training and equipment, and a comprehensive analysis of the budgetary implications of accounting responsibility for the school district and the county treasurer.
- B.** Before January 1 of the fiscal year preceding the fiscal year of implementation and before submitting an application to assume accounting responsibility, a school district shall apply for evaluation by the Auditor General. After completing the evaluation, the Auditor General may recommend approval or denial of accounting responsibility to the State Board of Education. The evaluation by the Auditor General shall be performed contingent on staff availability and may be billed to the school district at cost. Evaluation at a minimum shall include the following:
1. The most recent financial statements audited by an independent certified public accountant.
 2. The most recent reports on internal control, compliance and uniform system of financial records compliance questionnaire prepared by an independent certified public accountant or procedural review completed by the Auditor General.
 3. The working papers of the independent certified public accountant responsible for auditing the school district, if deemed appropriate by the Auditor General.
 4. A procedural review if deemed appropriate by the Auditor General.
- C.** Before January 1 of the fiscal year preceding the fiscal year of implementation and before submitting an application to assume accounting responsibility, a school district shall apply for evaluation by the county treasurer of the county in which the school district is located. After completing the evaluation, the county treasurer may recommend approval or denial of accounting responsibility to the State Board of Education. The evaluation by the county treasurer shall be performed contingent on staff availability and may be billed to the school district at cost. Evaluation by the county treasurer at a minimum shall include an analysis of the computer programming required for the county to manage the school districts funds.
- D.** School districts that are approved by the State Board of Education to assume accounting responsibility shall contract with an independent certified public accountant for an annual financial and compliance audit. The Auditor General may reevaluate the school district annually based on the audit to determine compliance with the uniform system of financial records. If permitted by federal law, a school district may convert to a biennial audit schedule if the previous annual audit conducted pursuant to this subsection did not contain any significant negative findings. If a biennial audit of a school district conducted pursuant to this subsection contains any significant negative findings, the school district shall convert back to an annual audit schedule. If a school district is required to convert back to an annual audit schedule pursuant to this subsection because of significant negative findings, the school district may subsequently convert to a biennial audit schedule if the previous two annual audits did not contain any significant negative findings. For the purposes of this subsection, "significant negative finding" means a finding that results in the issuance of a letter of noncompliance from the Auditor General.
- E.** Upon receipt of an accounting responsibility plan as prescribed in subsection (A), the county treasurer shall establish acceptable standards for interface by school districts with the

county treasurer, including specifications for computer hardware and software compatibility and procedures to ensure the capacity of each school district to reconcile accounts with those of the county treasurer.

- F.** Any school district that fails to maintain accounting standards as provided by the uniform system of financial records and that is found to be in noncompliance with the uniform system of financial records by the State Board of Education as provided in A.R.S. § 15-272 is not eligible to participate in the program provided by this Section.

Historical Note

Adopted effective February 4, 1988 (Supp. 88-1). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 1402 (June 23, 2023), with an effective date of May 22, 2023 (Supp. 23-2).

ARTICLE 10. SCHOOL DISTRICT PROCUREMENT**PART I. IN GENERAL****R7-2-1001. Definitions**

In Articles 10 and 11, unless the context otherwise requires:

1. "Acceptance period" means the period of time specified in the solicitation that a bid or proposal is irrevocable, except as specified in R7-2-1030.
2. "Actual energy production" means the actual amount of energy that flows from the energy production measure on an annual basis as measured by a meter in kilowatt hours alternating current.
3. "Advantageous to the school district" means in the best interest of the school district, but does not necessarily mean lowest bid/cost.
4. "Affiliate" means any person whose governing instruments require it to be bound by the decision of another person or whose governing board includes enough voting representatives of the other person to cause or prevent action, whether or not the power is exercised. It also may include persons doing business under a variety of names, or where there is a parent-subsidiary relationship between persons.
5. "Alternative project delivery methods for construction" means construction-manager-at-risk, design-build, and job-order-contracting construction services.
6. "Architect services," "engineer services," "land surveying services," "geologist services" and "landscape architect services" mean those professional services within the scope of the practice of those services as provided in A.R.S. Title 32, Chapter 1, Article 1.
7. "Award" means a determination by the school district that it is entering into a contract with one or more bidders or offerors.
8. "Bid" means a response to an invitation for bids and includes an offer to contract with the school district.
9. "Bidder" means a person submitting a bid in response to an invitation for bids.
10. "Brand name or equal specification" means a written description that uses one or more manufacturers' names or catalog numbers to describe the standard of quality, performance, and other characteristics needed to meet the school district's requirements, and that provides for the submission of equivalent products.
11. "Brand name specification" means a written description limited to one or more items by manufacturers' names or catalog numbers.

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12. "Business" means any corporation, partnership, individual, sole proprietorship, joint stock company, joint venture or any other private legal entity.
13. "Change order" means a written order that is approved by the governing board and that directs the contractor to make changes that the changes clause of the contract authorizes the governing board to order.
14. "Clergy" means a minister of a religion.
15. "Coefficient" means the contractor's price adjustment to the unit price in a job order contract. Several coefficients may apply to the unit price book.
16. Construction:
 - a. Means the process of building, altering, repairing, improving or demolishing any school district structure or building, or other public improvements of any kind to any public real property.
 - b. Construction does not include:
 - i. The routine operation, routine repair or routine maintenance of existing facilities, structures, buildings or real property.
 - ii. The investigation, characterization, restoration or remediation due to an environmental issue of existing facilities, structures, buildings or real property.
17. "Construction-manager-at-risk" means a project delivery method in which:
 - a. There is a separate contract for design services and a separate contract for construction services, except that instead of a single contract for construction services, the school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
 - b. The contract for construction services may be entered into at the same time as the contract for design services or at a later time.
 - c. Design and construction of the project may be either:
 - i. Sequential with the entire design complete before construction commences.
 - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
 - d. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.
18. "Construction services" means either of the following for construction-manager-at-risk, design-build and job-order-contracting project delivery methods:
 - a. Construction, excluding services, through the construction-manager-at-risk or job-order-contracting project delivery methods.
 - b. A combination of construction and, as elected by the school district, one or more related services, such as finance services, maintenance services, operations services, design services and preconstruction services, as those services are authorized in the definitions of construction-manager-at-risk, design-build or job-order-contracting in this Section.
19. "Contract" means all types of agreements, including purchase orders, regardless of what they may be called, for the procurement of materials, services, construction or construction services, or the disposal of materials.
20. "Contract modification" means any written alteration in the terms and conditions of any contract accomplished by mutual action of the parties to the contract.
21. "Contractor" means any person who has a contract with a school district.
22. "Cooperative purchasing" means procurement conducted by, or on behalf of, more than one public procurement unit.
23. "Cost" means the aggregate cost of all materials and services, including labor performed by school district employees.
24. "Cost data" means information concerning the actual or estimated cost of labor, material, overhead and other cost elements that have been actually incurred or that are expected to be incurred by the offeror or contractor in performing the contract.
25. "Cost-plus-a-percentage-of-cost contract" means a contract that, prior to completion of the work, the parties agree that the fee will be a predetermined percentage of the cost of the work.
26. "Data" means documented information, regardless of form or characteristic.
27. "Days" means calendar days and shall be computed pursuant to A.R.S. § 1-243.
28. "Defective data" means data that is inaccurate, incomplete or outdated.
29. "Dentist" means a person licensed pursuant to A.R.S. Title 32, Chapter 11.
30. "Descriptive literature" means information available in the ordinary course of business that shows the characteristics, construction or operation of an item offered in a bid or proposal.
31. "Design-bid-build" means a project delivery method in which:
 - a. There is a sequential award of two separate contracts.
 - b. The first contract is for design services.
 - c. The second contract is for construction.
 - d. Design and construction of the project are in sequential phases.
 - e. Finance services, maintenance services and operations services are not included.
32. "Design-build" means a project delivery method in which:
 - a. There is a single contract for design services and construction services, except that instead of a single contract for design services and construction services, the school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
 - b. Design and construction of the project may be either:
 - i. Sequential with the entire design complete before construction commences.
 - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
 - c. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.

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33. "Design professional" means an individual or firm that is registered by the state board of technical registration pursuant to A.R.S. Title 32, Chapter 1 to practice architecture, engineering, geology, landscape architecture or land surveying or any combination of those professions and any person employed by the registered individual or firm.
34. "Design professional service contract" means a written agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility or development or other improvement to land.
35. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or an employee or subconsultant of the design professional.
36. "Design requirements" means at a minimum:
 - a. The school district's written description of the project or service to be procured, including:
 - i. The required features, functions, characteristics, qualities and properties.
 - ii. The anticipated schedule, including start, duration and completion.
 - iii. The estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance.
 - b. May include:
 - i. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by a design professional who is registered pursuant to A.R.S. § 32-121.
 - ii. Additional design information or documents that the school district elects to include.
37. "Design services" means architect services, engineer services or landscape architect services.
38. "Designee" means the governing board member or school district employee who has been delegated procurement authority by the governing board as specified by board action.
39. "Detailed record" means minutes, that shall include the date, time, place, persons in attendance and a summary of what was said by whom and the decisions made. The minutes may be made either in writing or by a recording.
40. "Discussions" means an exchange or series of exchanges between the school district and a person who has submitted an unpriced technical offer or a proposal, resulting in an opportunity for the person to revise the unpriced technical offer or proposal prior to final evaluation by the school district.
41. "District representative" means a district employee or the governing board acting within the limits of the district representative's authority. There may be more than one appointed for different purposes and different procurements.
42. "Earth-moving, material-handling, road maintenance and construction equipment" means a track-type tractor, motor grader, excavator, landfill compactor, wheel tractor scraper, off-highway truck, wheel loader or track loader, having a published manufacturer's minimum unit list price of \$50,000 or more and a minimum expected life cycle of three years.
43. "Effective utility rate" means the average price per kilowatt hour that a school district paid to its utility provider for electricity service to the facility that is the subject of the guaranteed energy production contract over the previous twelve months.
44. "Eligible procurement unit" means a public procurement unit, a nonprofit corporation, or an external procurement activity.
45. "Employee" means an individual drawing a salary from a school district and any noncompensated individual performing personal services for any school district.
46. "Energy baseline" means a calculation of the amount of energy used in an existing facility before the installation or implementation of the energy cost savings measures.
47. "Energy cost savings" means one or both of the following:
 - a. An estimated reduction in net fuel costs, energy costs, water costs, stormwater fees or other utility costs, or related net operating costs, including costs for anticipated equipment replacement and repair, from or as compared to an established baseline of those costs.
 - b. An estimated revenue increase associated with additional facility use or the use of improved meters or other measuring devices due to improvements included in the guaranteed energy cost savings contract.
48. "Energy cost savings measure" means a training program or facility alteration designed to reduce energy consumption, which may include one or more of the measures authorized in A.R.S. § 15-213.01, and any related meters or other measuring devices.
49. "Energy production measure" means renewable and alternative energy projects or renewable energy power service agreements.
50. "Established catalog price" means the price included in a catalog, price list, schedule or other form that:
 - a. Is regularly maintained by a manufacturer, distributor or contractor.
 - b. Is either published or otherwise available for inspection by customers.
 - c. States prices at which sales are currently or were last made to a significant number of any category of buyers or buyers constituting the general buying public for the materials or services involved.
51. "Excess materials" means any materials which have a remaining useful life but which are no longer required by the using school district in possession of the materials.
52. "External procurement activity" means any buying organization not located in this state that would qualify as a public procurement unit.
53. "Fair market value" means the price at which sales have been consummated for materials of like type, quality, and quantity in a particular market at the time of acquisition.
54. "Filed" means delivery to the district representative, school district or its hearing officer, whichever is applicable. A time/date stamp affixed to a document by the

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- school district shall be determinative of the time or delivery for purposes of filing.
55. "Finance services" means financing for a construction services project.
 56. "General Services Administration contract" means contracts awarded by the United States government General Services Administration.
 57. "Gift or benefit" means a payment, distribution, expenditure, advance, deposit or donation of monies, any intangible personal property or any kind of tangible personal or real property that is not of nominal value such as a greeting card, t-shirt, mug or pen. Gift or benefit does not include either:
 - a. Food or beverage.
 - b. Expenses or sponsorships relating to a special event or function to which individuals involved in procurement and purchasing are invited.
 58. "Governing board" has the meaning defined in A.R.S. § 15-101.
 59. "Governing instruments" means legal documents that establish the existence of an organization and define its powers, including articles of incorporation or association, constitution, charter, by-laws, or similar documents.
 60. "Guaranteed energy cost savings contract" means a contract for implementing one or more energy cost savings measures.
 61. "Guaranteed energy price" means the agreed on price to be charged to the school district for each kilowatt hour alternating current of actual energy production as such may change on an annual basis as set forth in the guaranteed energy production contract.
 62. "Guaranteed energy production" means the amount of energy, measured in kilowatt hours alternating current, that the qualified provider guarantees for each year of the guaranteed energy production contract.
 63. "Guaranteed energy production contract" means a contract for implementing one or more energy production measures between one or more qualified providers and a school district.
 64. "Guaranteed energy production shortfall" means the amount, if any, that the actual energy production is less than the guaranteed energy production in any given year.
 65. "Incremental award" means an award of portions of a definite quantity requirement to more than one contractor. Each portion is for a definite quantity and the sum of the portions is the total definite quantity required.
 66. "Interested party" means an actual or prospective bidder or offeror whose economic interest may be affected substantially and directly by the issuance of a solicitation, the award of a contract or by the failure to award a contract. Whether an actual or prospective bidder or offeror has an economic interest will depend upon the circumstances of each case.
 67. "Internet" means the international computer network of both federal and nonfederal interoperable packet switched data networks, including the graphical subnetwork called the world wide web.
 68. "Invitation for bids" means all documents, whether attached or incorporated by reference, which are used for soliciting bids in accordance with the procedures prescribed in R7-2-1024.
 69. "In writing" has the same meaning as "written" or "writing" in A.R.S. § 47-1201, which includes printing, type-writing, electronic transmission, facsimile, or any other intentional reduction to tangible form.
 70. "Job-order-contracting" means a project delivery method in which:
 - a. The contract is a requirements contract for indefinite quantities of construction.
 - b. The construction to be performed is specified in job orders issued during the contract.
 - c. Finance services, maintenance services, operations services, preconstruction services, design services and other related services may be included.
 71. "Legal counsel" means a person licensed as an attorney by the Arizona Supreme Court.
 72. "Life cycle" means the useful life of the earth-moving, material-handling, road maintenance and construction equipment to the original using school district.
 73. "Local public procurement unit" means any political subdivision, any agency, board, department or other instrumentality of such political subdivision, and any nonprofit corporation created solely for the purpose of administering a cooperative purchase under Articles 10 and 11.
 74. "Maintenance services" means routine maintenance, repair and replacement of existing facilities, structures, buildings or real property.
 75. "Materials" means all property, including equipment, supplies, printing, insurance and leases of property, but does not include land, a permanent interest in land or real property or leasing space.
 76. "May" denotes the permissive.
 77. "Minor" means mistakes, excluding judgmental errors, that have negligible effect on price, quantity, quality, delivery or other contractual terms and the waiver or correction of such mistake does not prejudice other bidders or offerors.
 78. "Multiple award" means award of multiple contracts for identical or similar materials or services to more than one bidder or offeror.
 79. "Multistep sealed bidding" means a 2-phase process consisting of a technical first phase composed of one or more steps in which bidders submit unpriced technical offers to be evaluated by the school district and a second phase in which those bidders whose technical offers are determined to be acceptable during the first phase have their price bids considered.
 80. "Negotiation" means an exchange or series of exchanges between the school district and a person with a goal of establishing the terms, conditions and prices in a contract between the school district and the person, where such negotiation is authorized in Articles 10 and 11.
 81. "Nonexpendable materials" means all tangible materials which have an original acquisition cost over an amount set by regulation and a probable useful life of more than one year.
 82. "Nonprofit corporation" means any nonprofit corporation as designated by the Internal Revenue Service under section 501(c)(3) through 501(c)(6) or under section 115, if created by two or more local public procurement units, and includes certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636.
 83. "Offeror" means a person submitting a proposal in response to a request for proposals.
 84. "Operations services" means routine operation of existing facilities, structures, buildings or real property.

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85. "Outright purchase" means the initial cost to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including all vendor charges and financing costs.
86. "Owner" means the school district.
87. "Paper" means newspaper, high-grade office paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and related types of cellulosic material containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturants.
88. "Paper product" means paper items or commodities, including paper napkins, towels, corrugated paper and related types of cellulosic products containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturates.
89. "Person" means any corporation, business, individual, union, committee, club, other organization or group of individuals.
90. "Physician" means a person licensed pursuant to A.R.S. Title 32, Chapters 7, 8, 13, 14, 15.1, 16, or 17.
91. "Post-consumer material" means a discard generated by a business or residence that has fulfilled its useful life. Post-consumer material does not include discards from industrial or manufacturing processes.
92. "Posted prices" means the sale price determined by the school district to be fair market value.
93. "Preconstruction services" means services and other activities during the design phase.
94. "Pricing data" means information concerning prices, including profit, for materials, services or construction substantially similar to those being procured under a contract or subcontract. In this definition, "prices" refers to offered selling prices, historical selling prices or current selling prices of the items being purchased.
95. "Prime contractor" means a general contractor, who contracts with a property owner and, in turn, employs a subcontractor, or subcontractors, to perform some or all of the work.
96. "Procurement" means buying, purchasing, renting, leasing or otherwise acquiring any materials, services, construction or construction services. Procurement also includes all functions that pertain to the obtaining of any material, service, construction, or construction services, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
97. "Procurement file" means the official procurement records of the school district containing the following:
 - a. List of notified vendors.
 - b. Procurement disclosure statements.
 - c. Final solicitation.
 - d. Solicitation amendments.
 - e. Bids and offers.
 - f. Offer revisions and best and final offers.
 - g. Discussions.
 - h. Clarifications.
 - i. Final evaluation reports.
 - j. Additional information, as necessary.
98. "Proposal" means a response to a request for proposals and includes an offer to contract with the school district.
99. "Proprietary specification" means a specification that describes a material made and marketed by a person having the exclusive right to manufacture and sell such material and excludes other material with similar quality, performance or functional characteristics from being responsive to the solicitation.
100. "Public procurement unit" means either a local public procurement unit, the Arizona Department of Administration, any other state or an agency of the United States.
101. "Public service corporation" means all corporations other than municipal engaged in furnishing gas, electricity, or water and subject to regulation as a utility by the Arizona Corporation Commission.
102. "Purchase description" means the words used in a solicitation to describe the materials, services or construction for purchase and includes specifications attached to, or made a part of, the solicitation.
103. "Purchase requisition" means that document, or electronic transmission, whereby a school district requests that a contract be entered into for a specific need, and may include, but is not limited to, the description of the requested item, delivery schedule, transportation data, criteria for evaluation, suggested source of supply and information supplied for the making of any written determination required by Articles 10 and 11.
104. "Qualified products list" means an approved list of materials or construction items described by model or catalog numbers that, prior to competitive solicitation, the governing board has determined will meet the applicable specification requirement.
105. "Qualified select bidders list" means a selection process for establishing a list of best-qualified prime contractors or construction material suppliers for a specific, single project. The selection process is based upon listed evaluation criteria and conducted through a request for qualifications. Once the selection process is complete, the qualified bidders are invited to submit a sealed competitive bid based upon architectural/engineering plans and specifications or material specifications.
106. "Reasonably susceptible of being awarded a contract" means those proposals that the school district determines are subject to award after the initial review of all original proposals.
107. "Recycled paper" means paper products which have been manufactured from materials otherwise destined for the waste stream and which contain at least forty percent recovered wastepaper with ten percent of that being post-consumer material.
108. "Regional award" means an award of portions of the total requirement by geographic region.
109. "Request for information" means all documents issued to vendors for the sole purpose of seeking information about the availability in the commercial marketplace of materials or services.
110. "Request for proposals" means all documents, whether attached or incorporated by reference, which are used for soliciting proposals in accordance with procedures prescribed in R7-2-1042.
111. "Request for qualifications" means all documents, whether attached or incorporated by reference, which are used for soliciting statements of qualifications in accordance with procedures prescribed in R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117.
112. "Residual value" means the guaranteed minimum market value of the earth-moving, material-handling, road maintenance and construction equipment at the end of the life cycle of the equipment being procured, as determined by

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- a guaranteed minimum value offered by the vendor or other parties in its bid.
113. "Responsible bidder or offeror" means a person who at the time of contract award has the capability to perform the contract requirements and the integrity and reliability which will assure good faith performance.
114. "Responsive bidder or offeror" means a person who submits a bid or proposal which conforms in all material respects to the invitation for bids or request for proposals.
115. "Reverse auction" means a procurement method in which bidders are invited to bid on supplying specified materials over the Internet in a real-time competitive bidding event.
116. "School district" has the meaning defined in A.R.S. § 15-101, whose authority is exercised by the governing board or its designee.
117. "Services" means the furnishing of labor, time or effort by a contractor or subcontractor that does not involve the delivery of a specific end product other than required reports and performance. Services does not include employment agreements or collective bargaining agreements.
118. "Shall" denotes the imperative.
119. "Solicitation" means an invitation for bids, an invitation to submit technical offers, a request for proposals, a request for qualification, or any other invitation or request by which the school district invites a person to participate in a procurement.
120. "Specification" means any description of the physical or functional characteristics, or of the nature of a material, service or construction item. Specification may include a description of any requirement for inspecting, testing or preparing a material, service or construction item for delivery.
121. "Specified professional services" means services of an architect, engineer, land surveyor, assayer, geologist and landscape architect and any combination of those services.
122. "Standard commercial material" means material that, in the normal course of business, is customarily maintained in stock or readily available by a manufacturer, distributor or dealer for the marketing of such material.
123. "Statement of qualifications" means a response to a request for qualifications issued pursuant to R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117, or unsolicited qualifications submitted pursuant to R7-2-1062 or R7-2-1122, and does not include an offer to contract with the school district.
124. "Subcontractor" means a person who contracts to perform work or render service to a contractor or to another subcontractor as a part of a contract with a school district.
125. "Subconsultant" means any person, firm, partnership, corporation, association or other organization or a combination of any of them, that has a direct contract with a design professional or another subconsultant to perform a portion of the work under a design professional service contract.
126. "Surplus materials" means any materials that no longer have any use to the school district or materials acquired from the United States government. This includes obsolete materials, scrap materials and nonexpendable materials that have completed their useful life.
127. "Suspension" means an action taken by the governing board under R7-2-1168 temporarily disqualifying a person from participating in school district procurements.
128. "Technical offer" means unpriced written information from a prospective contractor stating the manner in which the prospective contractor intends to perform certain work, its qualifications and its terms and conditions.
129. "Total life cycle cost" means total school district costs and financing costs throughout the life cycle of the earth-moving, material-handling, road maintenance and construction equipment being purchased less residual value.
130. "Total school district costs" means costs to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including repair costs, present value of monies, vendor charges, and all other identifiable school district costs that may be incurred.
131. "Unit price" means the price published in the unit price book for a specific construction or construction related task. Each unit price is comprised of labor, equipment, or material costs to accomplish a specific task, and shall be defined in the contract.
132. "Unit price book" means a comprehensive listing of specific construction related tasks together with a specific unit of measurement and a unit price.
133. "Vendor charges" means the costs of all vendor support, materials, transportation, and all other identifiable costs associated with the vendor's proposal or bid.
134. "Vendor support" means services provided by the vendor for items such as consulting, education and training.
135. "Wastepaper" means recyclable paper and paperboard, including high-grade office paper, computer paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and corrugated paper.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2342, (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

R7-2-1002. Applicability

- A.** Articles 10 and 11 apply to every expenditure of public monies, including federal assistance monies and grants, by a school district as specified in A.R.S. § 15-213(A) for the procurement of all construction, materials and services when the total procurement cost exceeds the aggregate dollar amount specified in A.R.S. § 41-2535(A). If procurement involves the expenditure of federal assistance or contract monies, the school district shall comply with federal law and authorized regulations which are mandatorily applicable and which are not presently reflected in Articles 10 and 11.
- B.** Articles 10 and 11 apply to the disposal of school district materials regardless of value.
- C.** Articles 10 and 11 do not apply to:
1. Agreements for providing career and technological education and vocational education pursuant to A.R.S. § 15-789;
 2. Contracts between a school district and other governments, including intergovernmental agreements and contracts pursuant to A.R.S. § 11-952, except as provided by R7-2-1191 through R7-2-1196. This exemption also

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includes the purchase of a fee or license from a local, state or federal public entity required by law to collect said fees;

3. Purchases for amounts not exceeding the aggregate dollar amount specified in A.R.S. § 41-2535(A). Such procurements shall comply with the guidelines prescribed by the Auditor General in the Uniform System of Financial Records pursuant to A.R.S. § 15-271;
 4. Contracts for professional witnesses if the purpose of such contracts is to provide for professional services or testimony relating to an existing or probable judicial or administrative proceeding in which the school district is or may become a party;
 5. Agreements negotiated by legal counsel representing the school district in settlement of litigation or threatened litigation;
 6. Expenditures from student activity monies as defined in A.R.S. § 15-1121, if no district funds are involved;
 7. Expenditures for governing board adopted textbooks as defined in A.R.S. § 15-721 and A.R.S. § 15-722, if purchased from the publisher;
 8. The placement of a pupil in a private school that provides special education services if such placement is prescribed in the pupil's individualized education program and the private school has been approved by the Department of Education Division of Special Education pursuant to A.R.S. § 15-765;
 9. Purchases of any products, materials and services directly from certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636, and Arizona Correctional Industries if the delivery and quality of the products, materials or services meet the school district's reasonable requirements;
 10. The decision to participate in programs pursuant to A.R.S. § 15-382. A program authorized by A.R.S. § 15-382 is not required to engage in competitive bidding for the services necessary to administer the program or for the purchase of insurance or reinsurance;
 11. The purchase of water, gas or electric utilities from a public service corporation. This exemption expressly does not apply to guaranteed energy cost savings contracts and guaranteed energy production contracts subject to A.R.S. § 15-213.01 and A.R.S. § 15-213.03;
 12. Purchases of professional certifications, professional memberships, conference registrations, conference hotels and airfare that meets Arizona Department of Administration General Travel Principles and Policies;
 13. Purchases, sales or leases of real estate. This exemption expressly does not apply to the services of a real estate broker as defined in A.R.S. § 32-2101;
 14. Purchases of surplus property from the state or United States Federal Government in accordance with R7-2-1132;
 15. Purchases in compliance with the terms and conditions of any grant, gift, bequest or cooperative agreement; and
 16. The cost of special elections, including the preparation of ballots in accordance with A.R.S. § 15-406.
- D. Unless displaced by the particular provisions of Articles 10 and 11, the principles of law and equity, including the Uniform Commercial Code of this state, the common law of contracts as applied in this state and law relative to agency, fraud, misrepresentation, duress, coercion, and mistake supplement the provisions of Articles 10 and 11.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
 Amended effective March 21, 1991 (Supp. 91-1).
 Amended effective March 6, 1997 (Supp. 97-1).
 Amended effective December 4, 1998 (Supp. 98-4).
 Amended by final exempt rulemaking at 21 A.A.R. 1491, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1003. General Provisions

- A. The school district shall not award a contract or incur an obligation on behalf of the school district unless it is reasonable to believe sufficient funds will be available for the procurement. If sufficient funds are not available when a solicitation is issued, the solicitation shall include a statement that funds are not currently available and that any contract awarded will be conditioned upon the availability of funds.
- B. Projects and purchases shall not be divided or sequenced into separate projects or purchases in order to avoid the limits prescribed in Articles 10 and 11.
- C. Any bid or proposal that is conditioned upon award to the bidder or offeror of both the particular contract being solicited and another school district contract shall be deemed nonresponsive or unacceptable.
- D. Except by mutual consent of the parties to the contract, rules in Articles 10 and 11 shall not change any commitment, right or obligation of a school district or of a contractor under a contract in existence on the effective date of the Section.
- E. If a contractor requests to change the name in which it holds a school district contract, the school district may, upon receipt of a document indicating the name change, enter into a contract modification with the contractor to effect the name change. The contract modification shall provide that no other terms and conditions of the contract are changed.
- F. The school district may allow electronic media transactions, including an electronic record or electronic signature, if consistent with state law and advantageous to the school district.
- G. Rights and duties arising from a school district contract may only be transferred, waived or assigned upon the express written consent of both parties.
- H. School district employees and public officers shall not purchase construction, materials or services for their own personal or business use from contracts entered into by the school district.
- I. A person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or who supervises or participates in the planning, recommending, selecting or contracting for materials, services, goods, construction, or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(N) if the person solicits, accepts or agrees to accept any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative.
- J. Any person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative that offers, confers or agrees to confer any personal gift or benefit on a person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or on a person who supervises or participates in planning, recom-

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mending, selecting or contracting for materials, services, goods, construction or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(O).

- K. A person who serves on an evaluation committee for a procurement is subject to A.R.S. § 41-2616(C).
- L. A person who contracts for or purchases materials, services, goods, construction or construction services shall be subject to the penalties prescribed in A.R.S. § 15-213 and A.R.S. § 41-2616 for violations of and attempts to avoid Articles 10 and 11.
- M. Pursuant to A.R.S. § 15-213 and A.R.S. Title 41, Chapter 23, the Attorney General shall enforce the provisions of Articles 10 and 11 and may take action prescribed therein.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-1004. Written Determinations

- A. Written determinations required by Articles 10 and 11, including for any specified professional services, construction, construction services or materials to an entity selected from a qualified select bidders list or through a school purchasing cooperative, shall specify the reasons for the determination, including how the determination was made.
- B. The school district is authorized to prescribe methods and operational procedures to be used in preparing written determinations.
- C. The school district shall place the written determination into the school district’s procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

R7-2-1005. Change orders and contract modifications

Any change order or contract modification that exceeds \$100,000 or five percent, whichever is greater, may be executed only if the governing board determines in writing that the change order or contract modification is advantageous to the school district and the price is determined to be fair and reasonable.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1006. Confidential Information

- A. If a person believes that a bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest contains confidential trade secrets or other proprietary data not to be disclosed as otherwise required by A.R.S. § 39-121, a statement advising the school district of

this fact shall accompany the submission and the information shall be so identified wherever it appears. Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.

- B. Until a determination is made under subsection (C), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
- C. Upon receipt of a submission designating information as confidential, the school district shall make one of the following written determinations:
 1. The designated information is confidential and the school district shall not disclose the information except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
 2. The designated information is not confidential.
- D. The school district may request additional information, if necessary to make the determination required by subsection (C).
- E. If the school district determines that information submitted is not confidential, the person who made the submission shall be notified in writing. The notice shall specify that a request for review of the district representative’s determination may be filed within 10 days of the date of the district representative’s determination.
- F. A request for review of the district representative’s determination shall be filed in writing with the district representative. The request for review shall state the precise legal or factual errors in the district representative’s decision. If a request for review is received:
 1. The district representative shall consider the alleged legal or factual errors in the request for review of the district representative’s determination and issue a final written determination to the person filing the request.
 2. Until the final determination is made under subsection (C)(2), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
- G. The school district may release information determined to not be confidential under subsection (C)(2) if:
 1. A request for review is not received by the district representative within the time period specified in the notice; or
 2. The district representative issues a final written determination under subsection (F)(1) that the designated information is not confidential.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Amended effective March 21, 1991 (Supp. 91-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1007. Delegation of Procurement Authority

- A. The governing board may, in a public meeting held in conformity with A.R.S. Title 38, Chapter 3, Article 3.1, delegate pro-

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curement authority to a designee. Any delegation shall be accomplished by adopting a governing board policy for this purpose.

1. Delegated procurement authority may include, but is not limited to the following:
 - a. Authority to make determinations required by Articles 10 and 11;
 - b. Authority to award contracts;
 - c. Authority to make sole source and emergency procurements; and
 - d. Authority to approve change orders and contract modifications.
 2. Delegated activities and functions shall be adequately separated among individuals so that one individual does not have complete authority over an entire procurement.
- B.** Any delegation shall specify:
1. The title of the school district employee or employees to whom authority is delegated;
 2. The activity or function authorized;
 3. Any limits or restrictions on the exercise of the delegated authority, including the maximum cost of any procurement;
 4. Whether the authority may be further delegated;
 5. The duration of the delegation; and
 6. The conditions and procedures for revocation and modification of the delegation.
- C.** No person delegated such authority may participate in any aspect of a specific procurement if the person would receive any benefit directly or indirectly from a contract for such procurement. Violation of this prohibition may result in termination or other disciplinary action.
- D.** Delegation of procurement authority does not abrogate the responsibility of the governing board to ensure compliance with Articles 10 and 11 notwithstanding the fact that school district personnel were authorized to make procurement decisions.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1008. Procurement Consultants and Procurement Advisory Groups

- A.** The school district may contract with a procurement consultant to assist in drafting specifications, in the development of solicitations, or in the management of the procurement process. A procurement consultant may provide guidance or advice to a procurement evaluation committee, but shall not serve as a voting member of such committee. For the purposes of this Section, a school district employee or a contracted business manager or purchasing director for the school district is not a procurement consultant.
- B.** The school district may appoint procurement advisory groups or evaluation committees to assist with respect to specifications, solicitation evaluations or procurement in specific areas. Members of such procurement advisory groups or evaluation committees are not procurement consultants as set forth in this Section. Non-school district employees serving on such procurement advisory groups or evaluation committees are not eligible to receive compensation but are eligible for reimbursement of expenses consistent with the school district's travel policy adopted pursuant to A.R.S. § 15-342(5).

- C.** A procurement consultant, a member of a procurement advisory group, or a member of an evaluation committee who participates in any aspect of a specific procurement shall be prohibited from receiving any benefit directly or indirectly from a contract for such procurement, and shall sign a procurement disclosure statement that the person has no interest in the procurement other than that of a disclosed remote interest, as defined in A.R.S. § 38-502, will have no contact with any representative of a competing vendor related to the particular procurement except those contacts specifically authorized by these rules, and has not accepted any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with the school district or school purchasing cooperative. The procurement disclosure statements shall be retained in the procurement file.
- D.** Specifications prepared by a procurement consultant or a procurement advisory group shall comply with R7-2-1010 through R7-2-1016.
- E.** The school district shall not delegate to a procurement consultant, a procurement advisory group, or an evaluation committee the authority for the award or administration of any particular contract, or over any dispute, claim or litigation pertaining thereto, and a procurement consultant or a procurement advisory group shall not be authorized to obligate the school district in any manner.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1009. Repealed**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

PART II. SPECIFICATIONS**R7-2-1010. Preparation of Specifications**

- A.** Specifications shall be prepared only by the school district or by contract pursuant to R7-2-1014 and R7-2-1015. Regardless of who prepares the specifications, the governing board retains the authority to disapprove all specifications.
- B.** In an emergency under R7-2-1055, any necessary specifications may be utilized by the person designated in R7-2-1055 (C) without regard to the provisions of this Section.
- C.** Content of specifications.
 1. A specification may provide alternate descriptions of materials, services, or construction items where two or more design, functional, or performance criteria will satisfactorily meet the school district's requirements.
 2. To the extent practicable, a specification shall not include any solicitation term or condition or any contract term or condition.
 3. If a specification for a common or general use item has been developed in accordance with R7-2-1011(A) or a qualified products list has been developed in accordance with R7-2-1011(D) for a particular material, service, or construction item, it shall be used unless the school district makes a written determination that its use is not

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advantageous to the school district and that another specification shall be used.

4. To the extent practicable, specifications shall emphasize functional or performance criteria. To facilitate the use of such criteria, the school district shall use reasonable efforts to include the principle functional or performance requirements as a part of their purchase requisitions.
5. All procurement solicitations for volatile organic compound containing commodities shall include a request for substitute commodities with lower or no volatile organic content. Substitute products shall not have increased toxicity compared to the original commodity.

Historical Note

Adopted effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1011. Types of Specifications

- A. Specification for common or general use items. To the extent practicable, a specification for common or general use item shall be prepared and utilized when:
 1. A material, service or construction item is used repeatedly by the school district, and the characteristics of the material, service, or construction item, as commercially produced or provided, remain relatively stable while the frequency or volume of procurements is significant;
 2. The school district's recurring needs require uniquely designed or specially produced items; or
 3. The school district finds it to be advantageous to the school district.
- B. Brand name or equal specification. A brand name or equal specification may be used when the school district determines that use of a brand name or equal specification is advantageous to the school district.
- C. Brand name specification. A brand name specification may be prepared and utilized only if the school district makes a determination that only the identified brand name item will satisfy the school district's needs. If only one source can supply the requirement, the procurement shall be made pursuant to R7-2-1053.
- D. Qualified products list. A qualified products list may be prepared and utilized when:
 1. The school district determines that testing or examination of the materials or construction items prior to issuance of the solicitation is desirable or necessary in order to best satisfy the school district's requirements.
 2. The school district shall solicit as many potential suppliers as practicable to submit products for testing and examination to determine acceptability for inclusion on a qualified products list. Any potential supplier, even though not solicited, may offer its products for consideration in accordance with the schedule or procedure established for this purpose. The qualified products list shall not be modified after the solicitation is issued.
 3. Inclusion on a qualified products list shall be based on results of tests or examinations conducted in accordance with requirements established by the school district.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1012. Proprietary Specifications

The school district shall not use specifications in any way proprietary to one supplier unless the specification includes a statement of the reasons why no other specification is practicable, a description of the essential characteristics of the specified product and a statement specifically permitting an acceptable alternative product to be supplied.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1013. Recycled Products Use

- A. If the price of a recycled paper product that conforms to specifications is within five percent of a low bid product that is not recycled and the recycled product bidder is otherwise the lowest responsible and responsive bidder, the award shall be made to the bidder offering the recycled product. The governing board may adopt rules requiring a five percent preference for other products made from recycled materials.
- B. Specifications shall emphasize functional or performance criteria which, to the extent practicable, do not discriminate against the use of recycled materials.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1014. Maximum Practicable Competition

- A. Procurement of any materials, services, goods, construction or construction services pursuant to Article 10 or Article 11, shall seek to achieve maximum practicable competition.
- B. All specifications, including those prepared by architects, engineers, consultants and others for public contracts, shall seek to promote overall economy for the purposes intended and encourage competition in satisfying the school district's needs and shall not be unduly restrictive.
- C. Unless otherwise permitted by R7-2-1010 through R7-2-1016, all specifications shall describe the school district's requirements in a manner that does not unreasonably exclude a material, service, or construction item. Proprietary specifications shall be used only as provided in R7-2-1012.
- D. To the extent practicable, the school district shall use accepted commercial specifications and shall procure standard commercial materials.
- E. Contracts for the preparation of specifications by persons other than the school district shall require the specification writer to adhere to R7-2-1010 through R7-2-1016.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

R7-2-1015. Conflict of Interest

- A. No person preparing specifications pursuant to R7-2-1014 shall receive any direct or indirect benefit from the utilization of such specifications.
- B. The governing board may contract for the preparation of specifications with persons, including, but not limited to, consultants, architects, engineers, designers, and other draftsmen of specifications.

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- C. If a person prepares a specification pursuant to subsection (B) of this Section, such person shall comply with the requirements of R7-2-1010 through R7-2-1016.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1016. Confidentiality

- A. Specifications and any written determination or other document generated or used in the development of a specification shall be available for public inspection pursuant to A.R.S. § 39-121, except to the extent that the withholding of such information is permitted or required by law.
- B. If the supplier believes that the specifications contain confidential trade secrets, test data, or similar information, a statement advising the school district of this fact shall accompany the specification in accordance with R7-2-1006.
- C. Qualified products lists test results shall be made available in a manner to protect the identity of the supplier.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1017. Reserved**PART III. REVERSE AUCTIONS****R7-2-1018. Reverse Auctions**

- A. Using reverse auctions
1. If a governing board determines in writing that use of reverse auctions is more advantageous to the school district than other procurement methods prescribed by Articles 10 and 11, the school district may use reverse auctions for the purchase of materials.
 2. The written determination shall include, but is not limited to the following information:
 - a. An estimate of the number of prospective bidders;
 - b. An explanation of how reverse auctions will foster competition;
 - c. An explanation of why reverse auctions is more advantageous to the school district than other prescribed procurement methods; and
 - d. The scope and estimated total dollar value of the proposed procurement.
- B. Reverse auction procedures
1. The school district shall develop and implement procedures prior to conducting procurement via reverse auctions. The procedures shall include:
 - a. The method or methods to ensure the integrity and security of the reverse auctions;
 - b. The method or methods for registering bidders for reverse auctions;
 - c. The method or methods for notifying vendors of reverse auction opportunities;
 - d. The method or methods for receiving reverse auction bids; and
 - e. The school district official or officials authorized to conduct reverse auctions.
 2. School districts may require bidders to register before the date and time for opening the reverse auction for submission of bids and, as part of that registration, require bidders to agree to any terms, conditions or other requirements of the invitation for bids.
3. Notice of a reverse auction shall be issued at least 14 days before the date and time for opening the reverse auction for submission of bids, unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file. The reverse auction notice shall include:
 - a. The school district's requirements for registering prior to the opening date and time, if any;
 - b. The designated site on the Internet for bidder registration and bid submission;
 - c. A link to the designated site on the Internet;
 - d. The scheduled date and time for opening the reverse auction for bid submission; and
 - e. The scheduled date and time for closing the reverse auction for bid submission.
 4. The school district shall issue the notice of reverse auction as follows:
 - a. Mail or otherwise furnish the notice of reverse auctions to all prospective bidders registered with the school district for the specific material being solicited.
 - b. Notice of reverse auction shall be given by the school district pursuant to R7-2-1022.
 - c. In addition to the notice provided in subsections (B)(4)(a) and (b), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.
 5. The school district shall prepare an invitation for bids that includes:
 - a. Notice that all information submitted by bidders will be made available for public inspection following the award of the contract, except for bid prices which will be made available to other bidders and the public when submitted by the bidder;
 - b. Information for submitting bids, including:
 - i. The date and time for opening the reverse auction for bid submission;
 - ii. The date and time for closing the reverse auction for bid submission;
 - iii. The provisions for extending the period for bid submission, if any;
 - iv. Instructions for submitting bids and other required information, including the designated site on the Internet for submitting bids;
 - v. Notice that bids shall be accepted electronically at the time and in the manner designated in the invitation for bids;
 - vi. Notice that bidders' prices shall be disclosed electronically to other bidders and the public on a real time basis;
 - vii. Notice that bidders may submit multiple prices and may reduce their bid prices until the reverse auction bidding is closed;
 - viii. Notice that the lowest price offered shall become the official bid price;
 - ix. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices;
 - x. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activ-

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- ity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
- c. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
 - d. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use.
 - e. The contract terms and conditions, including:
 - i. Warranty and bonding or other security requirements, as applicable;
 - ii. The length of the contract and whether the contract will include an option for extension; and
 - iii. Any other contract terms and conditions;
 - f. The name of the district representative or district representatives;
 - g. The manner by which the bidder is required to acknowledge amendments;
 - h. The minimum required information in the bid;
 - i. The specific requirements for designating trade secrets and other proprietary data as confidential;
 - j. Any specific responsibility criteria;
 - k. A statement specifying where documents incorporated by reference may be obtained;
 - l. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
 - m. The date, time and location of bid opening;
 - n. A description of all information that will be recorded and available for public inspection at bid opening; and
 - o. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, outright purchase.
6. Amendments to invitations for bids shall be made in accordance with R7-2-1026.
- C. The school district shall accept reverse auction bids as follows:
1. At the date and time for opening the reverse auction for bid submission, the school district shall begin accepting on-line bids and shall continue accepting bids until the reverse auction is officially closed.
 2. Bids shall be accepted electronically in the manner designated in the invitation for bids.
 3. All reverse auction on-line bids shall be posted electronically and updated on a real-time basis. Bidders' prices shall be disclosed to other bidders and the public.
 4. The identity of competing bidders shall not be disclosed until the reverse auction bidding is closed.
 5. Bidders shall have the opportunity to submit multiple prices and to reduce their bid prices.
 6. The lowest price offered shall become the official bid price.
- D. Bids made through a reverse auction are considered to be opened when a computer generated record of the information contained in all bids that were received by the designated site on the Internet not later than the scheduled or final closing date and time are reviewed publicly by the school district in the presence of one or more witnesses at the time and place designated in the invitation for bids. Bid opening shall not be later than 24 hours after the scheduled or final closing date and time.
- E. The contract shall be awarded to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- F. The school district shall not modify evaluation criteria after the closing date and time.
- G. In the event that multiple bidders submit identical prices for the same materials, bids will be considered in the order received with the first being considered to be the lowest bid.
- H. If only one bid is received in response to an invitation for bids, the school district shall proceed according to R7-2-1032.
- I. The date and time for closing a reverse auction for bid submission may be fixed or remain open depending on the materials being bid.
- J. After the reverse auction bidding has closed, a bidder may withdraw a bid or correct a mistake in accordance with R7-2-1030. Withdrawal of bids shall also be permitted as provided in R7-2-1028.
- K. The school district shall notify all bidders of an award.
- L. A copy of the invitation for bids shall be made available for public inspection at the school district office.
- M. A record of the bid prices received and the name of each bidder shall be open to public inspection following bid opening.
- N. A record of the reverse auction shall be maintained by the school district that will include all prices offered by all bidders. This record will become part of the procurement file.
- O. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

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Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1019. Reserved

R7-2-1020. Reserved

PART IV. COMPETITIVE SEALED BIDDING**R7-2-1021. Method of Source Selection**

- A. Unless otherwise authorized by law, all school district contracts shall be awarded by competitive sealed bidding as provided in R7-2-1021 through R7-2-1032, except as provided in R7-2-1018, R7-2-1033 through R7-2-1068, R7-2-1100 through R7-2-1123, and R7-2-1196.
- B. A school district may conduct competitive sealed bidding electronically, provided that the electronic competitive sealed bidding process complies with the requirements of R7-2-1021 through R7-2-1032. A determination that conducting competitive sealed bidding electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- C. When using electronic competitive sealed bidding, the school district shall determine whether electronic submission of bids is required or optional and state the electronic submission requirements in the public notice and the invitation for bids.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended effective October 22, 1992 (Supp. 92-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1022. Notice of Competitive Sealed Bidding

- A. Adequate public notice of the invitation for bids shall be given as provided in R7-2-1024. Notice also may be given as provided in subsection (B). In the event there are four or fewer prospective bidders on the bidders list, then notice also shall be given as provided in subsection (B). If the invitation for bids is for the procurement of services other than those described in R7-2-1061 through R7-2-1068 and R7-2-1100 through R7-2-1123, notice also shall be given as provided in subsection (B).
- B. If required by subsection A, the notice shall include publication in the official newspaper of the county, within which the school district is located, as prescribed in A.R.S. § 11-255. The publication, shall occur in a reasonable time before bid opening, which shall not be less than 14 days before bid opening. The time of publication may be altered if deemed necessary pursuant to R7-2-1024(A).
- C. In addition to the notice provided in subsections (A) and (B), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1023. Prospective Bidders Lists

- A. The school district shall compile and maintain a prospective bidders list. Inclusion of the name of a person shall not indicate whether the person is responsible concerning a particular procurement or otherwise capable of successfully performing a school district contract.
- B. Persons desiring to be included on the prospective bidders list shall notify the school district. Upon notification, the school district shall mail or otherwise provide the person with the school district procedures for inclusion on the bidders list. Within 30 days after receiving the required information, the school district shall add the person to the prospective bidders list unless the school district makes a determination that inclusion is not advantageous to the school district.
- C. Persons who fail to respond to invitations for bids for two consecutive procurements of similar items may be removed from the applicable bidders list after notifying the person in writing. This notice shall not be required if the two invitations for bids which were not responded to both contained the notice that bidders' names may be removed from the bidders list if they fail to respond to invitations for bids for two consecutive procurements of similar items. Persons may be reinstated upon request.
- D. Prospective bidders lists shall be available for public inspection, unless the school district makes a written determination that it is advantageous to the school district that they be kept confidential or private and should not be open for inspection pursuant to A.R.S. § 39-121.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1024. Invitation for Bids

- A. Invitation for bids shall be issued at least 14 days before the due date and time in the invitation for bids unless a shorter time is deemed necessary for a particular procurement as determined by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
- B. Content.
 - 1. The invitation for bids shall include the following:
 - a. Notice that all information and bids submitted by bidders will be made available for public inspection following the award of the contract;
 - b. Instructions and information to bidders concerning bid submission requirements, including the means for bid submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the bid due date and time, the address of the office at which bids or other documents are to be received, the bid acceptance period, and any other special information or requirements;
 - c. Whether the school district will consider partial bids for award of a contract;
 - d. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the invitation for bids shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including, as applicable, whether contracts will be awarded by individual line items, groups of line items, or category.

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- ries, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
- e. The basis for determining the lowest bidder or bidders;
 - f. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
 - g. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
 - h. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use;
 - i. The contract terms and conditions, including:
 - i. Warranty and bonding or other security requirements, as applicable;
 - ii. The length of the contract and whether the contract will include an option for extension; and
 - iii. Any other contract terms and conditions;
 - j. The name of the district representative or district representatives;
 - k. The manner by which the bidder is required to acknowledge amendments;
 - l. The minimum information required in the bid;
 - m. The specific requirements for designating trade secrets and other proprietary data as confidential;
 - n. Any specific responsibility criteria;
 - o. A statement specifying where documents incorporated by reference may be obtained;
 - p. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
 - q. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices and that the bidder has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
 - r. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
 - s. Any bid security required;
 - t. A description of all information that will be recorded and available for public inspection at bid opening; and
 - u. The date, time and location of any pre-bid conference.
2. When using electronic competitive sealed bidding, the invitation for bids shall specify whether electronic submission of bids is required or optional, the electronic submission requirements, and the electronic signature requirements.
- C. The school district shall mail or otherwise furnish invitation for bids or notices of the availability of invitation for bids to all prospective bidders registered with the school district for the specific material, service or construction being bid.
 - D. A copy of the invitation for bids shall be made available for public inspection at the school district office.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).
 Amended effective October 22, 1992 (Supp. 92-4).
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).
- R7-2-1025. Pre-bid Conferences**
- A. The school district may conduct a pre-bid conference to explain the procurement requirements.
 - B. If a pre-bid conference is conducted, it shall be not less than seven days before the bid due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during a pre-bid conference are not amendments to the solicitation.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.
- R7-2-1026. Amendments to Invitation for Bids**
- A. An amendment to an invitation for bids shall be issued if necessary to:
 1. Make changes in the invitation for bids;
 2. Correct defects or ambiguities;
 3. Furnish to other bidders information given to one bidder if the information will assist the other bidders in submitting bids or if the lack of the information will prejudice the other bidders;
 4. Provide additional information or instructions; or
 5. Set a later bid due date and time if the school district determines that an extension is advantageous to the school district.
 - B. Amendments to an invitation for bids shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original invitation for bids was distributed or made available. The school district shall make a copy of the amendments to an invitation for bids available for public inspection at the school district office. If the school district posted the invitation for bids

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or a notice of the availability of an invitation for bids on a designated site on the Internet, then the school district shall post any amendments to the invitation for bids on the same designated site on the Internet. The school district shall also do one or more of the following:

1. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed;
 2. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed. Upon receipt of such notice of amendment, it is the responsibility of the prospective bidder to obtain the amendment.
- C. Amendments to invitation for bids shall be issued within a reasonable time before bid opening to allow prospective bidders to consider them in preparing their bids. If the school district determines that the bid due date and time does not permit sufficient time for bid preparation, the bid due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
- D. A bidder shall acknowledge receipt of an amendment in the manner specified in the invitation for bids or the amendment on or before the bid due date and time.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1027. Pre-opening Modification or Withdrawal of Bids

- A. A bidder may modify or withdraw a bid in writing at any time before bid opening if the modification or withdrawal is received before the bid due date and time at the location designated in the invitation for bids for receipt of bids.
- B. All documents concerning a modification or withdrawal of a bid shall be retained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1028. Late Bids, Late Withdrawals and Late Modifications

- A. A bid, modification or withdrawal is late if it is received at the location designated in the invitation for bids for receipt of bids after the bid due date and time.
- B. A late bid, late modification, or late withdrawal shall be rejected, unless the late bid, late modification, or late withdrawal would have been timely received but for the action or inaction of school district personnel and is received before contract award.
- C. Upon receiving a late bid, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the bidder. The school district may discard the document 30 days after the date on the notice unless the bidder requests and provides funding for the document to be returned.

- D. All documents concerning acceptance of a late bid, late modification, or late withdrawal shall be retained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1029. Receipt, Opening and Recording of Bids

- A. A school district shall maintain a record of bids and modifications received for each invitation for bids, shall record the time and date when each bid or modification is received, and shall store each unopened bid or modification in a secure place until the bid due date and time.
1. If required to confirm a vendor's inquiry regarding receipt of its bid prior to the due date and time, a school district may open a bid to identify the vendor. If this occurs, the school district shall record the reason for opening the bid, the date and time the bid was opened, and the solicitation number. The school district shall secure the bid and retain it for public opening.
 2. One or more witnesses shall be present for the opening of a bid under subsection (A)(1).
- B. Bids and modifications shall be opened publicly at the date, time and place designated in the invitation for bids in the presence of one or more witnesses. The name of each bidder, the amount of each bid, and other relevant information deemed appropriate by the school district shall be recorded. The person opening the bids and all witnesses shall sign the record.
1. The record created in subsection (B) shall be available for public inspection.
 2. The bids shall not be open for public inspection until after a contract is awarded.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1030. Mistakes in Bids

- A. If an apparent mistake in a bid, relevant to the award determination, is discovered after opening and before award, a school district shall contact the bidder for written confirmation of the bid. If the bidder fails to act, the bidder is considered nonresponsive and the school district shall place a written determination that the bidder is nonresponsive in the procurement file. The school district shall designate a time-frame within which the bidder shall either:
1. Confirm that no mistake was made and assert that the bid stands as submitted; or
 2. Acknowledge that a mistake was made and include all of the following in a written response:
 - a. An explanation of the mistake and any other relevant information;
 - b. A request for correction including the corrected bid or a request for withdrawal; and
 - c. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- B. A bidder who discovers a mistake in its bid after bid opening and before award, may request correction or withdrawal in

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writing and shall include all of the following in the written request:

1. An explanation of the mistake and any other relevant information;
 2. A request for correction including the corrected bid or a request for withdrawal; and
 3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- C. After bid opening and before award, a bid mistake based on an error in judgment may not be corrected or withdrawn. Other bid mistakes may be corrected or withdrawn pursuant to subsections (D) through (F).
- D. After bid opening and before award, the school district shall either waive minor informalities in a bid or allow the bidder to correct them if correction is advantageous to the school district.
- E. After bid opening and before award, the bid may not be withdrawn and shall be corrected to the intended bid if a bid mistake and the intended bid are evident on the face of the bid.
- F. After bid opening and before award, the school district may permit a bidder to withdraw a bid if:
1. A nonjudgmental mistake is evident on the face of the bid but the intended bid is not evident; or
 2. The bidder establishes by clear and convincing evidence that a nonjudgmental mistake was made.
- G. If correction or withdrawal of a bid after bid opening is permitted or denied under subsections (D), (F) and (J), the school district shall prepare a written determination showing that the relief was permitted or denied under this Section.
- H. Notwithstanding other provisions of this Section, after bid opening and before award, no corrections in bid prices or other provisions of bids prejudicial to the interest of the school district or fair competition shall be permitted.
- I. If a mistake in the bid is discovered after the award, the bidder may request withdrawal or correction in writing and shall include all of the following in the written request:
1. An explanation of the mistake and any other relevant information;
 2. A request for correction including the corrected bid or a request for withdrawal; and
 3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- J. Based on the considerations of fair competition and the best interest of the school district, the school district may take one of the following actions regarding a bid mistake discovered after the award:
1. Allow correction of the mistake, if the corrected bid amount is less than the next lowest bid;
 2. Cancel all or part of the award; or
 3. Deny correction or withdrawal.
- K. After cancellation of all or part of an award in accordance with subsection (J)(2), if the bid acceptance period has not expired, the school district may award all or part of the contract to the next lowest responsible and responsive bidder, based on the considerations of fair competition and the best interest of the school district.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,

effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1031. Bid Evaluation and Award

- A. As provided in subsection (C), the contract or contracts shall be awarded to the lowest responsible and responsive bidder or bidders whose bid or bids conform in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- B. A product acceptability evaluation shall be conducted solely to determine whether a bidder's product is acceptable as set forth in the invitation for bids and not whether one bidder's product is superior to another bidder's product. Any bidder's offering that does not meet the acceptability requirements shall be rejected as nonresponsive.
- C. The school district shall award the contract to the single lowest responsible and responsive bidder for all materials or services, except that the school district may make a multiple award if the invitation for bids included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- D. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to offer the lowest cost in satisfying the school district's requirements. A multiple award shall be limited to the least number of suppliers the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Awards to the lowest responsible and responsive bidder for individual line items, groups of line items, or categories.
 2. Awards to the lowest responsible and responsive bidders for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of bidders necessary to meet the school district's requirements.
 3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the lowest responsible and responsive bidder, then the next lowest responsible and responsive bidder or bidders until the total definite quantity required is awarded.
 4. A regional award to the lowest responsible and responsive bidder in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. The school district shall not modify evaluation criteria after the bid due date and time.
- G. A school district may appoint an evaluation committee to assist in the evaluation of bids. If bids are evaluated by an

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evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:

1. Accept the findings of the evaluation committee;
 2. Request additional information from the evaluation committee; or
 3. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing bids or cancel the solicitation.
- H.** The school district may contact a bidder to confirm the school district's understanding of the bid. Such contact shall be prior to award. The school district shall obtain written confirmation from the bidder and shall retain the confirmation in the procurement file.
- I.** The contract or contracts shall be awarded during the bid acceptance period. If the bid acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the bid acceptance period is extended in accordance with subsection (J).
- J.** To extend the bid acceptance period, a school district shall notify all bidders in writing of an extension and request written concurrence from each bidder. To be eligible for a contract award, a bidder shall submit a written concurrence to the extension. The school district shall reject a bid as nonresponsive if written concurrence is not provided as requested.
- K.** A contract may not be awarded to a bidder submitting a higher quality item than that designated in the invitation for bids unless the bidder is also the lowest bidder as determined under subsection (A). This Section does not permit negotiations with any bidder, except as provided in subsection (L).
- L.** If all bids for a construction project exceed available monies as certified by the school district, and the lowest responsive bid from a responsible bidder does not exceed such monies by more than five percent, the school district may in situations in which time or economic considerations preclude resolicitation of work of a reduced scope, negotiate an adjustment of the bid price, including changes in the bid requirements, with the lowest responsible and responsive bidder, to bring the bid within the amount of available monies.
- M.** If there are two or more low responsive bids from responsible bidders that are identical in price and that meet all the requirements and criteria set forth in the invitation for bids, award shall be made by drawing lots in the presence of one or more witnesses.
- N.** A record showing the basis for determining the successful bidder shall be retained in the procurement file.
- O.** The school district shall notify all bidders of an award.
- P.** After a contract is awarded, the school district shall return any bid security provided by unsuccessful bidders.
- Q.** Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful bidder.
- R.** Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.

2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1032. Only One Bid Received

If only one responsive bid is received in response to an invitation for bids, an award may be made to the single bidder if the school district determines in writing that the bidder is responsible, that the price submitted is fair and reasonable, and that either other prospective bidders had reasonable opportunity to respond, or there is not adequate time for resolicitation. Otherwise the bid may be rejected in whole or in part as may be specified in the invitation for bids if it is advantageous to the school district. The reasons for cancellation or rejection shall be made part of the procurement file and:

1. New bids may be solicited;
2. The proposed procurement may be canceled; or
3. If the school district determines that the need for the material or service continues and the acceptance of the one bid is not advantageous to the school district, the procurement may then be conducted as follows:
 - a. The school district may follow the sole source procurement procedure if R7-2-1053 applies.
 - b. Notwithstanding any other provision of Articles 10 and 11, the school district may make emergency procurements pursuant to R7-2-1055 and R7-2-1056 if an emergency condition exists pursuant to R7-2-1055.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1033. Simplified School Construction Procurement Program

- A.** The simplified school construction procurement program is applicable to construction projects which do not exceed the maximum amount specified in A.R.S. § 15-213(A)(2).
- B.** To participate in the simplified school construction procurement program:
1. Each county school superintendent shall maintain a prospective bidders list of persons who desire to receive solicitations to bid on school district construction projects within that county. The prospective bidders list shall be maintained in accordance with R7-2-1023;
 2. The prospective bidders list maintained pursuant to subsection (B)(1) shall be available for public inspection;
 3. A performance bond and a payment bond, as required by A.R.S. § 34-222, shall be provided for contracts for construction by contractors;
 4. All bids for construction shall be opened at a public opening and the bids shall remain confidential until the public opening;
 5. All persons desiring to submit bids shall be treated equitably and the information related to each project shall be available to all eligible persons; and

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6. Competition for construction projects under the simplified school construction procurement program shall be encouraged to the maximum extent possible. School districts shall submit information on each project to all persons listed on the prospective bidders list maintained by the county school superintendent pursuant to subsection (B)(1).

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1034. Reserved**PART V. MULTISTEP SEALED BIDDING****R7-2-1035. Multistep Sealed Bidding**

- A. The multistep sealed bidding method may be used if:
 1. Available specifications or purchase descriptions are not sufficiently complete to permit full competition without technical evaluations and discussions to ensure mutual understanding between each bidder and the school district;
 2. Definite criteria exist for evaluation of technical offers;
 3. More than one technically qualified source is expected to be available; and
 4. A fixed-price contract will be used.
- B. The multistep sealed bidding method may not be used for construction contracts.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1036. Phase 1 of Multistep Sealed Bidding

- A. Multistep sealed bidding shall be initiated by the issuance of an invitation to submit technical offers. The invitation to submit technical offers shall be issued according to R7-2-1022 and R7-2-1024(A).
- B. The invitation to submit technical offers shall include the following information:
 1. Notice that the procurement shall be conducted in two phases;
 2. The best description of the material or services desired;
 3. A statement that unpriced technical offers only shall be considered in phase 1;
 4. The requirements for the technical offers, such as drawings and descriptive literature;
 5. The criteria for evaluating technical offers;
 6. The due date and time for receipt of technical offers and the location where technical offers shall be delivered or mailed;
 7. A statement that discussions may be held;
 8. A statement that only bids based on technical offers determined to be acceptable in phase 1 shall be considered for award;
 9. The name of the district representative or district representatives;
 10. Notice that all technical offers submitted will be made available for public inspection following the award of the contract; and
 11. The date, time and location of any pre-technical offer conference.
- C. A school district may conduct a pre-technical offer conference open to all persons. If a pre-technical offer conference is conducted, it shall be not less than seven days before the technical offer due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during the pre-technical offer conference shall not be considered modifications to the invitation to submit technical offers.
- D. The invitation to submit technical offers may be amended before or after the submission of the unpriced technical offers. Amendments to an invitation to submit technical offers shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original invitation to submit technical offers was distributed or made available. The school district shall make a copy of the amendments to an invitation to submit technical offers available for public inspection at the school district office. If the school district posted the invitation to submit technical offers or a notice of the availability of an invitation to submit technical offers on a designated site on the Internet, then the school district shall post any amendments to the invitation to submit technical offers on the same designated site on the Internet. The school district shall also do one or more of the following:
 - a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the invitation to submit technical offers was distributed;
 - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the invitation to submit technical offers was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
2. Amendments shall be issued within a reasonable time before technical offer opening to allow persons to consider them in preparing their technical offers. If the school district determines that the technical offer due date and time does not permit sufficient time for technical offer preparation, the technical offer due date and time shall be extended in the amendment or, if necessary, telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
3. A person shall acknowledge receipt of an amendment in the manner specified in the invitation to submit technical offers or the amendment on or before the technical offer due date and time.
- E. Unpriced technical offers shall not be opened publicly, but shall be opened in the presence of two or more district officials designated by the school district. The contents of unpriced technical offers shall not be disclosed to unauthorized persons. Late technical offers shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Unpriced technical offers shall be evaluated solely in accordance with the criteria set forth in the invitation to submit technical offers and shall be determined to be either acceptable for further consideration or unacceptable. A determination that an unpriced technical offer is unacceptable shall be in writing, state the basis for the determination and be retained in the procurement file. If the school district determines a person's unpriced technical offer is unacceptable, the school district

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shall notify that person of the determination and that the person shall not be afforded an opportunity to amend the technical offer.

- G. The school district may conduct discussions with any person who submits an acceptable or potentially acceptable technical offer. During discussions, the school district shall not disclose any information derived from one unpriced technical offer to any other person. After discussions, the school district shall establish a due date and time for receipt of final technical offers and shall notify, in writing, persons submitting acceptable or potentially acceptable technical offers of the due date and time. The school district shall keep a detailed record of all discussions.
- H. At any time during phase 1, technical offers may be withdrawn.
- I. A copy of the invitation to submit technical offers shall be made available for public inspection at the school district office.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1037. Phase 2 of Multistep Sealed Bidding

- A. Upon completion of phase 1, the school district shall issue an invitation for bids and conduct phase 2 under R7-2-1024 through R7-2-1032 as a competitive sealed bidding procurement, except that the invitation for bids shall be issued only to persons whose technical offers were determined to be acceptable in phase 1.
- B. Unpriced technical offers of unsuccessful persons shall be open to public inspection after contract award, except to the extent set forth in R7-2-1006.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1038. Reserved

R7-2-1039. Reserved

R7-2-1040. Reserved

PART VI. COMPETITIVE SEALED PROPOSALS

R7-2-1041. Competitive Sealed Proposals

- A. This Section does not apply to procurement of services of clergy, certified public accountants, physicians, dentists, and legal counsel, construction, construction services, or specified professional services. Services of clergy, certified public accountants, physicians, dentists and legal counsel shall be procured pursuant to R7-2-1061 through R7-2-1068. Construction and construction services shall be procured as provided in R7-2-1100. Specified professional services shall be procured pursuant to R7-2-1117 through R7-2-1123.
- B. As an alternative to competitive sealed bidding, competitive sealed proposals may be used in order to:
 - 1. Use a contract other than a fixed-price type;
 - 2. Conduct oral or written discussions with offerors concerning technical and price aspects of their proposals;
 - 3. Afford offerors an opportunity to revise their proposals;
 - 4. Compare the different price, quality, and contractual factors of the proposals submitted; or

- 5. Award a contract in which price is not the determining factor.

- C. A school district may conduct competitive sealed proposals electronically, provided that the electronic competitive sealed proposals process complies with the requirements of R7-2-1041 through R7-2-1050. A determination that conducting competitive sealed proposals electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- D. When using electronic competitive sealed proposals, the school district shall determine whether electronic submission of proposals is required or optional and state the electronic submission requirements in the public notice and the request for proposals.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended effective March 21, 1991 (Supp. 91-1).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1042. Request for Proposals

- A. Competitive sealed proposals shall be solicited through a request for proposals. A request for proposals shall include the following:
 - 1. Instructions to offerors, including:
 - a. Instructions and information to offerors concerning proposal submission requirements, including the means for proposal submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the proposal due date and time, the address of the office at which proposals or other documents are to be received, the proposal acceptance period, and any other special information or requirements;
 - b. The manner by which the offeror is required to acknowledge amendments;
 - c. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the request for proposals shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including as applicable, whether contracts will be awarded by individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
 - d. The minimum information required in the proposal;
 - e. The specific requirements for designating trade secrets and other proprietary data as confidential;
 - f. Any specific responsibility criteria;
 - g. Whether the offeror is required to submit samples, descriptive literature, and technical data with the proposal;
 - h. Evaluation factors and the relative importance of price and other evaluation factors. Specific numerical weighting is not required;
 - i. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as evaluation factors the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction

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- equipment and, to the extent practicable, the cost of outright purchase;
- j. A statement specifying where documents incorporated by reference may be obtained;
 - k. A statement that the school district may cancel the solicitation or reject a proposal in whole or in part if deemed advantageous to the school district;
 - l. Notice that the offeror is required to certify that submission of the proposal did not involve collusion or other anticompetitive practices and that the offeror has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
 - m. Notice that the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
 - n. Any bid security required;
 - o. Any cost or pricing data required;
 - p. The type of contract to be used;
 - q. A statement that discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being awarded a contract;
 - r. The date, time and location of any pre-proposal conference;
 - s. The name of the district representative or district representatives;
 - t. A description of all information that will be recorded and available for public inspection at proposal opening;
 - u. Notice that all information and proposals submitted by offerors will be made available for public inspection following the award of the contract; and
 - v. Whether the school district will consider partial proposals for award of a contract.
2. Specifications, including:
 - a. The purchase description, delivery or performance schedule, and inspection and acceptance requirements, as applicable;
 - b. If a brand name or equal specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The solicitation shall state that products substantially equivalent to those brands designated shall qualify for consideration; and
 - c. Any other specification requirements specific to the solicitation.
 3. Contract terms and conditions, including:
 - a. Warranty and bonding or other security requirements, as applicable;
 - b. The length of the contract and whether the contract will include an option for extension; and
 - c. Any other contract terms and conditions.
 4. When using electronic competitive sealed proposals, the request for proposals shall specify whether electronic submission of proposals is required or optional, the electronic submission requirements, and the electronic signature requirements.
- B. A request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
 - C. Notice of the request for proposals shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
 - D. Before submission of initial proposals, amendments to requests for proposals shall be made in accordance with R7-2-1026. After submission of proposals, amendments may be made in accordance with R7-2-1036(D).
 - E. A copy of the request for proposals shall be made available for public inspection at the school district office.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).
Amended effective October 22, 1992 (Supp. 92-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).
- R7-2-1043. Pre-proposal Conferences**
- Pre-proposal conferences may be convened in accordance with R7-2-1025.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4).
- R7-2-1044. Late Proposals, Modifications or Withdrawals**
- A. An offeror may modify or withdraw a proposal in writing at any time before proposal opening if the modification or withdrawal is received before the proposal due date and time at the location designated in the request for proposals for receipt of proposals.
 - B. Withdrawal of a proposal after proposal opening is permissible only in accordance with R7-2-1049.
 - C. A proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B). A best and final offer received after the due date and time for receipt of best and final offers is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
 - D. A modification of a proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
 - E. A modification of a proposal resulting from an amendment issued after the due date and time for receipt of proposals or a modification of a proposal resulting from discussions shall be considered if received by the due date and time set forth in the amendment or by the due date and time for submission of best and final offers, whichever is applicable. If the modifications described in this subsection are received after the respective date and time described in this subsection, the modifications are late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
 - F. Upon receiving a late proposal, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the offeror. The school district may discard the document 30 days after the date on the notice unless the offeror requests and provides funding for the document to be returned.
 - G. All documents concerning acceptance of a late proposal, late modification, or late withdrawal shall be retained in the procurement file.

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Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year cor-
rected in Supp. 18-2. Amended by final exempt rulemak-
ing at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1045. Receipt, Opening and Recording of Proposals

- A.** A school district shall maintain a record of proposals and modifications received for each solicitation, shall record the time and date when each proposal or modification is received, and shall store each unopened proposal or modification in a secure place until the proposal due date and time.
1. If required to confirm a vendor's inquiry regarding receipt of its proposal prior to the due date and time, a school district may open a proposal to identify the vendor. If this occurs, the school district shall record the reason for opening the proposal, the date and time the proposal was opened, and the solicitation number. The school district shall secure the proposal and retain it for public opening.
 2. One or more witnesses shall be present for the opening of a proposal under subsection (A)(1).
- B.** Proposals and modifications shall be opened publicly at the date, time and place designated in the request for proposals in the presence of one or more witnesses. The name of each offeror and other relevant information deemed appropriate by the school district shall be recorded. The person opening the proposals and all witnesses shall sign the record. All other information contained in the proposals shall be confidential so as to avoid disclosure of contents prejudicial to competing offerors during the evaluation of proposals. Proposals and modifications shall be shown only to school district personnel having a legitimate interest in them or persons assisting the school district in evaluation.
1. The record created in subsection (B) shall be available for public inspection.
 2. The proposals shall not be open for public inspection until after a contract is awarded.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year cor-
rected in Supp. 18-2.

R7-2-1046. Evaluation of Proposals

- A.** Evaluation of proposals and best and final offers shall be based on the evaluation factors set forth in the request for proposals. Specific numerical weighting may be used.
1. If only one proposal is received in response to a request for proposals, the school district shall proceed according to R7-2-1032.
 2. The school district shall not modify evaluation factors or the relative importance of price and other evaluation factors after the proposal due date and time.
 3. A school district may appoint an evaluation committee to assist in the evaluation of proposals. If proposals are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
 - a. Accept the findings of the evaluation committee;
 - b. Request additional information from the evaluation committee; or
 - c. Reject the findings of the evaluation committee, in which case the school district shall appoint a new

evaluation committee to evaluate the existing proposals or cancel the solicitation.

- B.** As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- C.** The contract or contracts shall be awarded during the proposal acceptance period. If the proposal acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the proposal acceptance period is extended in accordance with subsection (D).
- D.** To extend the proposal acceptance period, a school district shall notify all offerors in writing of an extension and request written concurrence from each offeror. To be eligible for a contract award, an offeror shall submit a written concurrence to the extension. The school district shall reject a proposal as nonresponsive if written concurrence is not provided as requested.
- E.** For the purpose of conducting discussions, the school district shall determine that proposals are either acceptable for further consideration or unacceptable.
- F.** A proposal is acceptable if it is determined to be reasonably susceptible of being awarded a contract in accordance with the evaluation criteria and a comparison and ranking of original proposals. Proposals to be considered reasonably susceptible of being awarded a contract shall, at a minimum, demonstrate the following:
 1. Affirmative compliance with mandatory requirements designated in the solicitation.
 2. An ability to deliver goods or services on terms advantageous to the school district sufficient to be entitled to continue in the competition.
 3. That the proposal is technically acceptable as submitted.
- G.** A proposal is unacceptable if it is determined to not be reasonably susceptible of being awarded a contract. Those proposals that have no reasonable chance for award when compared on a relative basis with more highly ranked proposals will not be reasonably susceptible of being awarded a contract. The determination shall be in writing, state the basis for the determination and be retained in the procurement file. When there is doubt as to whether a proposal is reasonably susceptible of being awarded a contract, the proposal shall be considered acceptable.
- H.** If the school district determines an offeror's proposal is unacceptable, the school district shall notify that offeror of the determination and that the offeror shall not be afforded an opportunity to amend its proposal.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year cor-
rected in Supp. 18-2.

R7-2-1047. Discussions with Individual Offerors

- A.** Discussions may be conducted with responsible offerors who submit proposals determined to be acceptable for further consideration. Discussions may be conducted to assure full understanding of the proposal in order to obtain the most advantageous contract for the school district based upon the requirements and evaluation factors in the request for proposals. Offerors shall be afforded fair treatment with respect to any opportunity for discussion and revision of proposals.

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- B. A school district shall establish procedures and schedules for conducting discussions. The school district shall ensure there is no disclosure of one offeror's price or any information derived from competing proposals to another offeror.
- C. Discussions may be conducted orally or in writing. If oral discussions are conducted, the offeror shall confirm the discussions in writing.
- D. If discussions are conducted, they shall be conducted with all offerors who submit proposals determined to be acceptable for further consideration. Proposals may not be revised during discussions.
- E. The school district shall keep a detailed record of all discussions in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1048. Best and Final Offers

- A. Only if discussions are conducted pursuant to R7-2-1047, the school district shall issue a written request for best and final offers to all offerors who submitted proposals determined to be acceptable pursuant to R7-2-1046(E). The request shall set forth the date, time and place for the submission of best and final offers.
- B. Best and final offers shall be requested only once, unless the school district makes a determination that it is advantageous to the school district to conduct further discussions or change the school district's requirements.
- C. The request for best and final offers shall inform offerors that, if they do not submit a notice of withdrawal or a best and final offer, their immediate previous offer will be construed as their best and final offer.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1049. Mistakes in Proposals

- A. Prior to the due date and time for receipt of best and final offers, any offeror may withdraw a proposal in writing or correct any mistake by modifying the proposal.
- B. After receipt of best and final offers, an offeror may withdraw a proposal or correct a mistake in accordance with R7-2-1030.
- C. The offeror shall withdraw or correct its proposal in writing. The school district shall retain the written withdrawal or correction in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1050. Contract Award

- A. As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors whose proposal or proposals are determined in writing to be most advantageous to the school district based on the factors set forth in the request for proposals. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals. The amount of any applicable transac-

tion privilege or use tax of a political subdivision of this state is not a factor in determining the most advantageous proposal.

- B. The school district shall award the contract to the offeror whose proposal is deemed most advantageous to the school district for all materials or services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
 - 1. Awards to the offerors most advantageous to the school district for individual line items, groups of line items, or categories.
 - 2. Awards to the offerors most advantageous to the school district for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
 - 3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the offeror whose proposal is determined to be the most advantageous to the school district, then to the offeror with the next most advantageous proposal, etc., until the total definite quantity required is reached.
 - 4. Regional awards to the offerors most advantageous to the school district in designated regions or locations only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. After a contract is awarded, the school district shall return any bid security provided by the unsuccessful offerors.
- G. Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful offeror.
- H. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
 - 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
 - 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appro-

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priate container, identified as confidential information, and maintained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1051. Reserved

R7-2-1052. Reserved

PART VII. SOLE SOURCE PROCUREMENTS**R7-2-1053. Sole Source Procurements**

- A.** A contract may be awarded for a material, service or construction item without competition if the governing board determines in writing that there is only one source for the required material, service or construction item. The school district may require the submission of cost or pricing data in connection with an award under this Section. Sole source procurement shall be avoided, except when no reasonable alternative source exists.
- B.** The governing board's determination shall be made before entering the contract and shall include the following information:
 1. A description of the procurement need and the reason why there is only a single source available or why no reasonable alternative exists;
 2. The name of the proposed supplier;
 3. The duration and estimated total dollar value of the proposed procurement;
 4. Documentation that the price submitted is fair and reasonable; and
 5. A description of efforts made to seek other sources.
- C.** The school district shall, to the extent practicable, negotiate with the single supplier a contract advantageous to the school district.
- D.** A copy of the written determination of the basis for the sole source procurement and any cost or pricing data shall be retained in the procurement file by the school district. The school district shall keep a record of all sole source procurements pursuant to R7-2-1086.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1054. Reserved

PART VIII. EMERGENCY PROCUREMENTS**R7-2-1055. Emergency Procurement Procedure**

- A.** An emergency condition creates an immediate and serious need for materials, services, or construction that cannot be met through normal procurement methods and seriously threatens the functioning of the school district, the preservation or protection of property or the public health, welfare or safety. Some examples of emergency conditions are floods, epidemics, or other natural disasters, riots, fire or equipment failures.
- B.** An emergency procurement shall be limited to the materials, services, or construction necessary to satisfy the emergency need.

- C.** The governing board shall designate a board member or members or school district official or officials authorized to make emergency procurements, and may prescribe limiting factors including maximum spending limits with regard to emergency procurements.
- D.** The designated board member or district official shall:
 1. Select the contractor to perform the emergency work with as much competition as practicable under the circumstances;
 2. Obtain a price that is fair and reasonable under the circumstances;
 3. Prepare a written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable. The statement shall be signed by the designated governing board member or district official authorized to initiate emergency procurements; and
 4. Convene a meeting of the governing board to approve the emergency procurement, unless the nature of the emergency requires that the procurement be made prior to governing board approval.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1056. Emergency Procurement Reporting

- A.** If the nature of the emergency does not permit convening a meeting of the governing board to approve the emergency procurement, the designated board member or district official who makes an emergency procurement shall, at the first scheduled governing board meeting following the procurement, provide to the governing board a report concerning the emergency procurement including the following information:
 1. The written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable; and
 2. Why it was impracticable to convene a meeting of the governing board.
- B.** The information and documentation required in this Section shall be included in the procurement file.
- C.** The school district shall keep a record of all emergency procurements pursuant to R7-2-1086.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1057. Repealed

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

PART IX. REQUEST FOR INFORMATION**R7-2-1058. Request for Information**

- A.** The school district may issue a request for information to obtain data about services or materials available to meet a specific need. Notice of the request for information shall be issued in accordance with R7-2-1024(A) and R7-2-1024(C).

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- B. Responses to a request for information are not offers and cannot be accepted to form a binding contract.
- C. Information contained in a response to a request for information may be withheld from public inspection until the subsequent procurement is awarded or terminated, two years from the date of the vendor's response, or upon commencement of a new procurement, whichever occurs first.
- D. There is no required format to be used for requests for information.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1059. Reserved**R7-2-1060. Reserved**

PART X. SERVICES OF CLERGY, CERTIFIED PUBLIC ACCOUNTANTS, PHYSICIANS, DENTISTS AND LEGAL COUNSEL

R7-2-1061. Competitive Selection Procedures for Clergy, Certified Public Accountants, Physicians, Dentists and Legal Counsel

- A. The services of clergy, certified public accountants, physicians, dentists, or legal counsel shall be procured in accordance with R7-2-1061 through R7-2-1068, except as authorized pursuant to R7-2-1002, R7-2-1053, or R7-2-1055.
- B. Pursuant to A.R.S. § 15-914, contracts for financial and compliance audits and completed audits shall be approved by the Auditor General as provided in A.R.S. § 41-1279.21.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1062. Statement of Qualifications

- A. If the services specified in R7-2-1061(A) are needed, persons may submit and the school district may solicit persons engaged in providing the services to submit statements of qualifications on a prescribed form that shall include the following information:
 1. Technical education and training;
 2. General or special experience, certifications, licenses, and memberships in professional associations, societies, or boards;
 3. An expression of interest in providing a particular service; and
 4. Any other pertinent information requested by the school district.
- B. Persons who have submitted statements of qualifications may amend those statements at any time by filing a new statement.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1063. Request for Proposals

- A. Adequate notice of the need for services specified in R7-2-1061(A) shall be given by the school district through a request

for proposals. The request for proposals shall be in accordance with R7-2-1042.

- B. In addition to providing notice of the request for proposals pursuant to R7-2-1022 and R7-2-1024(C), the school district shall provide notice to all persons who submitted statements of qualifications for the particular services solicited.
- C. If required to evaluate proposals, the request for proposals shall require all offerors who have not already done so to submit a statement of qualifications pursuant to R7-2-1062.
- D. Pre-proposal conferences may be convened in accordance with R7-2-1025.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1064. Receipt of Proposals

Proposals shall be received and opened in accordance with R7-2-1045. Late proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1065. Evaluation of Proposals

Proposals shall be evaluated in accordance with R7-2-1046.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1066. Discussions with Individual Offerors

- A. As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- B. The school district may conduct discussions with any offeror in accordance with R7-2-1047. If such discussions are conducted, the school shall issue a request for best and final offers pursuant to R7-2-1048.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1067. Mistakes in Proposals

Mistakes in proposals shall be addressed pursuant to R7-2-1049.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1068. Contract Award

- A. As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors best qualified based on the evaluation factors set forth in the request for proposal and after making a written determination that the price is fair and reasonable. The school district shall not award a contract based solely on price. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals.

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- B. The school district shall award the contract to the best qualified offeror whose price is determined to be fair and reasonable for all services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
 1. Award to the best qualified offeror whose price is determined to be fair and reasonable for individual line items, groups of line items, or categories.
 2. Awards to the best qualified offerors whose prices are determined to be fair and reasonable for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
 3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the best qualified person whose price is determined to be fair and reasonable, then to the next best qualified person whose price is determined to be fair and reasonable, etc., until the total definite quantity required is reached.
 4. Regional awards to the best qualified offerors whose prices are determined to be fair and reasonable in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

PART XI. GUARANTEED ENERGY CONTRACTS**R7-2-1069. Guaranteed Energy Cost Savings Contracts**

- A. A school district may procure a guaranteed energy cost savings contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
 1. The request for proposal evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the cost of the contract, the energy cost savings, the net projected energy savings, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
 2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
 3. At the qualified provider's expense, the proposal shall include an independent third-party validation of cost savings calculations associated with each proposed energy cost savings measure by a licensed, registered professional engineer, with credentials from the national association of energy engineers, who has demonstrated experience in energy analysis. The school district shall approve the selection of the independent third party.
 4. A school district may enter into a guaranteed energy cost savings contract with a qualified provider if the school district determines that the energy savings project will pay for itself within the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, if the recommendations in the proposal are followed. Notwithstanding this subsection, a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection. The school district shall retain the cost savings achieved by a guaranteed energy cost savings contract, and these cost savings may be used to pay for the contract and project implementation.
 5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has a record of established projects or measures of similar size and scope, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for energy cost savings.
- B. In selecting a contractor to perform any construction work related to performing the guaranteed energy cost savings contract, the qualified provider may:
 1. Develop and use a prequalification process for contractors.
 2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C. A study shall be performed by the selected qualified provider in order to establish the exact scope of the guaranteed energy cost savings contract, the fixed cost savings guarantee amount and the methodology for determining actual savings. The selected qualified provider will provide the school district with a final study report which validates that the fixed cost savings

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guarantee amount will meet or exceed the cost savings calculations contained within the original proposal. The study report shall be reviewed and approved by the school district before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved study report to the division of school facilities within the department of administration and the governor's office.

- D. The information to develop the energy baseline shall be derived from historical energy costs or actual energy measurements or shall be calculated from energy measurements at the facility where energy cost savings measures are to be installed or implemented. The baseline shall be established before the installation or implementation of energy cost savings measures.
- E. One or more school districts may enter into a financing agreement with a qualified provider or a financial institution, trustee or paying agent for the purchase and installation or implementation of energy cost savings measures. Any required financing may be obtained as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution that is procured separately in accordance with Articles 10 and 11.
- F. The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- G. The selected qualified provider shall make public the information in the subcontractor's bids.
- H. The guaranteed energy cost savings contract shall include the following:
 1. A requirement that, in determining whether the projected energy savings calculations have been met, the energy savings shall be computed by comparing the energy baseline before installation or implementation of the energy cost savings measures with the energy consumed after installation or implementation of the energy cost savings measures. The qualified provider and the school district may agree to make modifications to the energy baseline only for any of the following:
 - a. Changes in utility rates.
 - b. Changes in the number of days in the utility billing cycle.
 - c. Changes in the square footage of the facility.
 - d. Changes in the operational schedule of the facility.
 - e. Changes in facility temperature.
 - f. Significant changes in the weather.
 - g. Significant changes in the amount of equipment or lighting used in the facility.
 - h. Significant changes in the nature or intensity of energy use such as the change of classroom space to laboratory space.
 2. A payment schedule, with payments over a period of not more than the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, except a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection.
 3. A requirement that all payments, except obligations on termination of the contract before its expiration, be made pursuant to the terms of the financing agreement.
 4. A written guarantee from the qualified provider that the energy savings will meet or exceed the costs of the energy cost savings measures over the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the

financial agreement or 25 years, whichever is shortest, except a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection. The school district shall ensure that the contractor:

- a. For the term of the guaranteed energy cost savings contract, prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of savings.
- b. Reimburses the school district for any shortfall of guaranteed energy cost savings on an annual basis.
- c. Uses the international performance and measurement and verification protocol standards or the federal energy management program standards to validate the savings guarantee.
- I. A school district may use a simplified energy performance contract for projects that are less than \$500,000. Simplified energy performance contracts are not required to include an energy savings guarantee and shall comply with all requirements in this Section except for subsections (D), (H)(1)(a) through (h) and (H)(4)(a) through (c).
- J. This Section does not apply to the construction of new buildings.
- K. For all projects under this Section, the school district shall report to the division of school facilities within the department of administration and the governor's office:
 1. The name of the project.
 2. The name of the qualified provider.
 3. The total cost of the project.
 4. The expected energy cost savings and relevant escalators.
 5. The agreed-on baseline in the measurement and verification agreement in both kilowatt hours and dollars.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1070. Guaranteed Energy Production Contracts

- A. A school district may procure a guaranteed energy production contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
 1. The request for proposals evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the guaranteed energy price, the guaranteed energy production, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
 2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
 3. The school district may obtain any required financing as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution procured separately in accordance with Articles 10 and 11.
 4. When submitting a proposal for the installation of equipment, the qualified provider shall include information containing the guaranteed energy production associated

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with each proposed energy production measure. The school district shall review and approve this guarantee before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved guarantee to the division of school facilities within the department of administration and the governor's office.

5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for guaranteed energy production, financial solvency and experience for projects of similar size and scope.
- B. In selecting a contractor to perform any construction work related to performing the guaranteed energy production contract, the qualified provider may:
 1. Develop and use a prequalification process for contractors.
 2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C. A guaranteed energy production contract shall include a guaranteed energy price, and a written guaranteed energy production as measured on an annual basis over the expected life of the energy production measures implemented or within 25 years, whichever is shorter. The school district shall ensure that the contractor:
 1. Prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of any guaranteed energy production shortfall.
 2. Reimburses the school district for any guaranteed energy production shortfall on an annual basis by multiplying any energy production shortfall by either the difference between the guaranteed energy price and the effective utility rate, or an alternative method as mutually agreed on by the school district and the qualified provider.
- D. The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- E. The selected qualified provider shall make public information in the subcontractor's bids.
- F. For all projects under this Section, the school district shall report to the governor's office and the division of school facilities within the department of administration:
 1. The name of the project.
 2. The name of the qualified provider.
 3. The total cost of the project.
 4. The expected guaranteed energy production and guaranteed energy price, including relevant escalators, if applicable, over the term of the guaranteed energy production contract.
- G. For all projects under this Section, the school district shall annually report the actual energy production and guaranteed energy price to the division of school facilities within the department of administration no later than October 15.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

PART XII. GENERAL CONTRACT REQUIREMENTS

R7-2-1071. Reserved**R7-2-1072. Cancellation of Solicitations; Rejection of Bids and Proposals**

Each solicitation issued by the school district shall state that the solicitation may be canceled or bids or proposals rejected if it is advantageous to the school district.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1073. Cancellation of Solicitation Before the Due Date and Time

- A. Before the due date and time, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B. The school district shall notify in writing all persons to whom the original notice or solicitation was distributed by the school district. Notice shall be in the same manner as the original notice or solicitation, including posting on a designated site on the Internet, as applicable.
- C. The school district shall not open bids or proposals after cancellation. The school district may discard the bid or proposal 30 days after notice is given in accordance with subsection (B), unless the bidder or offeror requests the bid or proposal be returned.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1074. Cancellation of Solicitation After Bid or Proposal Opening and Before Award

- A. After opening of bids or proposals but before award, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B. The school district shall notify bidders or offerors of the cancellation in writing.
- C. The school district shall retain bids or proposals received under the canceled solicitation in the procurement file. If the school district intends to issue another solicitation within six months after cancellation of the procurement, the school district shall withhold the bids or proposals from public inspection. After award of a contract under the subsequent solicitation, the school district shall make bids or proposals submitted in response to the canceled solicitation available for public inspection except for information determined to be confidential pursuant to R7-2-1006.
- D. In the event of cancellation, the school district shall promptly return any bid security provided by a bidder or offeror.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1075. Rejection of Individual Bids and Proposals

- A. A bid or proposal may be rejected in whole or in part if:
 1. The person responding to the solicitation is determined to be nonresponsible pursuant to R7-2-1076;

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2. It is nonresponsive or unacceptable;
3. The proposed price is unreasonable; or
4. It is otherwise not advantageous to the school district.

- B.** Bidders or offerors whose bids or proposals are rejected shall be notified. A record of the rejection shall be retained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1076. Responsibility of Bidders and Offerors

- A.** The school district shall make a written determination that a bidder or offeror is responsible before awarding a contract to that bidder or offeror.
- B.** If the school district determines a bidder or offeror is nonresponsive, the school district shall promptly send a determination to the bidder or offeror stating the basis for the determination. The school district shall file a copy of the determination in the procurement file.
- C.** A finding of nonresponsibility shall not be construed as a violation of the rights of any person.
- D.** If the school district included specific responsibility criteria in the solicitation, such criteria shall be considered in determining if a bidder or offeror is responsible.
- E.** Factors to be considered in determining if a bidder or offeror is responsible may include:
1. The bidder or offeror's financial, material, personnel or other resources, including subcontracts;
 2. The bidder or offeror's record of performance and integrity;
 3. Whether the bidder or offeror has been debarred or suspended; and
 4. Whether the bidder or offeror is qualified legally to contract with the school district.
- F.** The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility shall be grounds for a determination of nonresponsibility with respect to the bidder or offeror.
- G.** As required by A.R.S. § 41-2540(B), information furnished by a bidder or offeror pursuant to this Section shall not be disclosed outside of the school district without prior written consent by the bidder or offeror except to law enforcement agencies.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1077. Prequalification of Contractors for Materials, Services and Construction

- A.** Prospective contractors may be prequalified for particular types of materials, services and construction. Prospective contractors have a continuing duty to provide the school district with information on any material change affecting the basis of prequalification. Solicitation mailing lists of prospective contractors shall include the prequalified contractors.
- B.** A prospective contractor need not be prequalified to be awarded a contract. Prequalification does not represent a determination of responsibility.

- C.** The existence of a qualified product list pursuant to R7-2-1011(D) does not constitute prequalification of any prospective supplier of that product.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1078. Bid and Contract Security

- A.** Bid and performance bonds or other security may be required for material or service contracts to guarantee faithful bid and contract performance if the governing board determines that such requirement is advantageous to the school district. In determining the amount and type of security required for each contract, the governing board shall consider the nature of the performance and the need for future protection to the school district. The requirement for bonds or other security shall be included in the solicitation.
- B.** Bid or performance bonds shall not be used as a substitute for a determination of bidder or offeror responsibility.
- C.** If a bid or proposal is withdrawn at any time before bid or proposal opening, any bid security shall be returned to the bidder or offeror.
- D.** After the contract is awarded, any bid security shall be returned to the unsuccessful bidders or offerors. Upon execution of the contract, if performance bonds or other security were not required, or upon receipt of the specified bonds, if performance bonds or other security were required, the school district shall return any bid security provided by the successful bidder or offeror.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1079. Cost or Pricing Data

- A.** The submission of current cost or pricing data may be required in connection with an award in situations in which analysis of the proposed price is essential to determine that the price is fair and reasonable. A contractor shall, except as provided in subsection (C), submit current cost or pricing data and shall certify that, to the best of the contractor's knowledge and belief, the cost or pricing data submitted is accurate, complete and current as of a mutually determined specified date before the date of either:
1. The pricing of any contract awarded by competitive sealed proposals or pursuant to the sole source procurement authority, if the total contract price is expected to exceed \$100,000.
 2. The pricing of any change order or contract modification which is expected to increase the total contract price which will then exceed \$100,000.
- B.** Any contract, change order or contract modification for which certified cost or pricing data is required shall contain a provision that the price to the school district shall be adjusted to exclude any significant amounts by which the school district finds that the price was increased because the contractor-furnished cost or pricing data was inaccurate, incomplete or not current as of the date agreed on between the parties. Such adjustment by the school district may include profit or fee. The school district may reduce the contract price pursuant to R7-2-1081.

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- C. The requirements of this Section may be waived if any of the following apply:
1. The contract price is based on adequate price competition.
 2. The contract price is based on established catalog prices or market prices.
 3. Contract prices are set by law or regulation.
 4. It is determined in writing by the school district that the waiver is advantageous to the school district. The determination shall include the reasons why the waiver is advantageous to the school district.
- D. When applicable, the solicitation shall include a notice that certified cost or pricing data shall be submitted.
- E. In an emergency, cost or pricing data may be submitted at a reasonable time after the contract is awarded.
- F. A copy of all determinations by the school district that pertain to the submission of cost or pricing data shall be retained in the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1080. Refusal to Submit Cost or Pricing Data

- A. If the offeror fails to submit cost or pricing data in the required form, the school district may reject the proposal.
- B. If a contractor fails to submit data to support a price adjustment in the form required, the school district may:
1. Reject the price adjustment; or
 2. Set the amount of the price adjustment subject to the contractor's rights under R7-2-1141 through R7-2-1185.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1081. Defective Cost or Pricing Data

- A. The school district may reduce the contract price if, upon determination, the cost or pricing data are defective.
- B. The contract price shall be reduced in the amount of the defect plus related overhead and profit or fee if the school district relied upon the defective data in awarding the contract.
- C. Any dispute as to the existence of defective cost or pricing data or the amount of an adjustment due to defective cost or pricing data may be appealed as a contract controversy under R7-2-1141 through R7-2-1185. Pending appeal, the adjusted contract price shall remain in effect.
- D. If certification of either current cost or pricing data is required, the awarded contract shall include notice of the right of the school district to a reduction in price if certified cost or pricing data are subsequently determined to be defective.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1082. Right to Inspect Plant

The school district may at reasonable times inspect the part of the plant or place of business of a contractor or any subcontractor which is related to the performance of any contract awarded or to be awarded by the school district.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1083. Right to Audit Records

- A. The school district may, at reasonable times and places, audit the books and records of any person who submits cost or pricing data as provided in R7-2-1079 to the extent that the books and records relate to the cost or pricing data. Any person who receives a contract, change order or contract modification for which cost or pricing data is required shall maintain the books and records that relate to the cost or pricing data for five years after completion of the contract.
- B. The school district is entitled to audit the books and records of a contractor or any subcontractor under any contract or subcontract to the extent that the books and records relate to the performance of the contract or subcontract. The books and records shall be maintained by the contractor for a period of five years after completion of the contract and by the subcontractor for a period of five years after completion of the subcontract.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1084. Anticompetitive Practices

- A. If for any reason collusion or other anticompetitive practices are suspected among any bidders or offerors, a notice or the relevant facts shall be transmitted to the governing board and the attorney general. This Section does not require a law enforcement agency conducting an investigation into such practices to convey such notice to the school district.
- B. Upon submitting a bid or proposal, the bidder or offeror shall certify on a form prescribed by the school district that the submission of the bid or proposal did not involve collusion or other anticompetitive practices.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1085. Retention of Procurement Records

All procurement records shall be retained and disposed of in accordance with records retention guidelines and schedules approved by the Arizona State Library, Archives and Public Records.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1086. Record of Procurement Actions

- A. The school district shall maintain a record listing all contracts made under R7-2-1053, Sole source procurements, or R7-2-1055, Emergency procurements, for a minimum of five years. The record shall contain:
1. Each contractor's name.
 2. The amount and type of each contract.
 3. A listing of the materials, services or construction procured under each contract.
- B. The record shall be available for public inspection.

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Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final exempt rulemaking at 21 A.A.R. 1525,
effective July 1, 2014 (Supp. 15-3); effective year cor-
rected in Supp. 18-2.

R7-2-1087. Contract Clauses

- A.** The school district shall include in solicitations and contracts all contract clauses necessary to ensure the school district's interests are addressed. The school district may modify clauses for inclusion in any particular school district contract, provided that any variations are supported by a written determination that states the circumstances justifying the variation and provided that notice of any material variation is stated in the solicitation.
- B.** All contract clauses shall be consistent with the provisions of Articles 10 and 11.
- C.** The school district may permit or require the inclusion of clauses providing for appropriate remedies, adjustments in prices, time of performance or other contract provisions.
- D.** A contract for the procurement of construction or construction services shall include a provision for the recovery of damages related to expenses incurred by the contractor for a delay for which the school district is responsible, that is unreasonable under the circumstances and that was not within the contemplation of the parties to the contract. This subsection does not void any provision in the contract that requires notice of delays, provides for arbitration or any other procedure for settlement or provides for liquidated damages.
- E.** A provision, covenant, clause or understanding in, collateral to or affecting a construction contract or design professional service contract that makes the contract subject to the laws of another state or that requires any litigation, arbitration or other dispute resolution proceeding arising from the contract to be conducted in another state is against the public policy of this state and is void and unenforceable.
- F.** A provision or clause for contract termination in accordance with A.R.S. § 38-511. The school district may cancel the Contract within three years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the Contract on behalf of the school district is or becomes at any time while the Contract, or an extension of the Contract is in effect an employee of or a consultant to any party to the Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time.
- G.** A provision or clause for contract termination if it appears that any person has not complied with A.R.S. § 15-213(O). The school district or school purchasing cooperative may, by written notice, terminate the Contract, in whole or in part, if the school district or school purchasing cooperative determines that any person or vendor has offered, conferred or agreed to confer any personal gift or benefit on any employee of the school district or school purchasing cooperative who supervised or participated in the planning, recommending, selecting or contracting of the Contract.
- H.** A provision or clause for contract termination for gratuities. The school district or school purchasing cooperative may, by written notice, terminate the Contract in whole or in part, if the school district or school purchasing cooperative determines that employment or a gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the school district or school purchasing cooperative for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including making of any determination or decision about contract performance.
- I.** A covenant, clause or understanding in, collateral to or affecting a construction contract or subcontract or a design professional services contract or subcontract that purports to indemnify, to hold harmless or to defend the promisee of, from or against liability for loss or damage resulting from the negligence of the promisee or the promisee's agents, employees or indemnitee is against the public policy of this state and is void.
- J.** If a design professional provides work, services, studies, planning, surveys or other preparatory work in connection with a public building or improvement, the school district or property owner may require that the design professional services contract or subcontract require the design professional to indemnify and hold harmless the school district or property owner, and its officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional or other persons employed or used by such design professional in the performance of the contract or subcontract.
- K.** A design professional services subcontract entered into in connection with a public building or improvement may also require any design professional to indemnify and hold harmless the school district or property owner and the indemnified design professional who executed the subcontract, and their respective owners, officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional, or persons employed or used by the indemnifying design professional in connection with the subcontract.
- L.** Nothing in this Section shall prohibit the requirement of insurance coverage that complies with this Section, including the designation of the school district or property owner as an additional insured on a general liability insurance policy or as a designated insured on an automobile liability policy provided in connection with a construction contract or subcontract or design professional services contract or subcontract.
- M.** Notwithstanding subsection (I), a contractor who is responsible for the performance of a construction contract or subcontract may fully indemnify a person, firm, corporation, state or other agency for whose account the construction contract or subcontract is not being performed and that, as an accommodation, enters into an agreement with the contractor that permits the contractor to enter on or adjacent to its property to perform the construction contract or subcontract for others.
- N.** Except as provided in subsections (J), (K) and (L), a design professional services contract or subcontract entered into in connection with a public building or improvement shall not require that a design professional defend, indemnify, insure or hold harmless the school district or property owner or its employees, officers, directors, agents, contractors or subcontractors from any liability, damage, loss, claim, action or proceeding, and any contract provision that is not permitted by subsections (J), (K) and (L) is against the public policy of this state and is void.
- O.** If any provision or condition contained in this Section conflicts with any provision of a contract between the school district and the federal government, such provision shall not

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apply to any construction contract or subcontract, or design professional services contract or subcontract to the extent such conflict exists, but all provisions of this Section with which there is no such conflict, shall apply.

P. In this Section:

1. "Construction contract or subcontract" means a written or oral agreement relating to the construction, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development, or other improvement to land.
2. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or any person employed by the design professional.
3. "Design professional services contract or subcontract" means a written or oral agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development or other improvement to land.
4. "Other persons employed or used" means a subcontractor to a contractor or design professional in any tier, or any other person or entity who performs work or design professional services, or provides labor, services, materials or equipment in connection with a construction contract or subcontract or design professional service contract or subcontract subject to this Section.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1088. Reserved**R7-2-1089. Reserved****R7-2-1090. Reserved****PART XIII. CONTRACT TYPES****R7-2-1091. Repealed****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1092. Authority to Use Contract Types

Subject to the limitations of this Section, any type of contract that would be advantageous to the school district may be used, except that the use of a cost-plus-a-percentage-of-cost contract is prohibited.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section amended by final exempt

rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1093. Multiterm Contracts

- A.** Unless otherwise provided by law, multiterm contracts for materials or services and contracts for job-order-contracting construction services may be entered into if the duration of the contract and the conditions of renewal or extension, if any, are included in the invitation for bids or the request for proposals and if monies are available for the first fiscal period at the time the contract is executed. The duration of contracts for materials or services and contracts for job-order-contracting construction services shall be limited to no more than five years unless the governing board determines in writing before the procurement solicitation is issued that a contract of longer duration would be advantageous to the school district. Payment and performance obligations for succeeding fiscal periods are subject to the availability and appropriation of monies.
- B.** Before the use of a multiterm contract, it shall be determined in writing by the governing board that:
 1. Estimated requirements cover the period of the contract and are reasonable and continuing.
 2. Such a contract will be advantageous to the school district by encouraging effective competition or otherwise promoting economies in school district procurement.
- C.** The school district shall include in all multiterm contracts a clause specifying that the contract shall be canceled if monies are not appropriated or otherwise made available to support the continuation of performance in a subsequent fiscal year.
- D.** If monies are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract shall be canceled and the contractor may only be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the materials or services delivered under the contract or which are otherwise not recoverable. The cost of cancellation may be paid from any appropriations available for such purposes.
- E.** A contract for specified professional services shall have a term not to exceed five years after the date of contract award by the school district of the first contract under the procurement, except that the contract may continue in effect after the five year term for projects on which the rendering of specified professional services commences within the five year term.
- F.** Notwithstanding this Section, contracts for auditors and auditing firms shall have a term as prescribed in A.R.S. § 15-213.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

R7-2-1094. Reserved**R7-2-1095. Reserved****R7-2-1096. Reserved****R7-2-1097. Reserved****R7-2-1098. Reserved****R7-2-1099. Reserved**

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**ARTICLE 11. SCHOOL DISTRICT PROCUREMENT
(CONTINUED)****PART XIV. PROCUREMENT OF CONSTRUCTION****R7-2-1100. Construction Project Delivery Methods**

- A.** For the design-bid-build project delivery method, the school district shall procure:
1. Design services pursuant to R7-2-1117 through R7-2-1123, except as authorized by R7-2-1053 and R7-2-1055.
 2. Construction by competitive sealed bidding pursuant to R7-2-1021 through R7-2-1032 and R7-2-1102 through R7-2-1105, except as authorized by R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1101.
- B.** For construction-manager-at-risk, design-build and job-order-contracting project delivery methods, the school district shall procure construction services pursuant to R7-2-1102 through R7-2-1115.
- C.** For construction-manager-at-risk project delivery method, the school district shall purchase design services pursuant to R7-2-1117 through R7-2-1123.
- D.** For job-order-contracting project delivery method, the school district may include design services in the job-order-contracting construction services contract, but if the school district does not include design services in the contract, the school district shall procure any design services relating to construction services projects under the contract pursuant to R7-2-1117 through R7-2-1123.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1101. Qualified Select Bidders List

- A.** The school district may use the qualified select bidders list method to determine the vendors who receive the notice of competitive sealed bidding for a construction contract. The qualified select bidders list shall be determined in accordance with this Section.
- B.** Sealed prime contractor or construction materials supplier statements of qualifications shall be solicited through requests for qualifications.
1. Notice of the request for qualifications shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
 2. Requests for qualifications shall be issued at least 21 days before the due date and time for submission.
 3. Use of the qualified select bidders list shall be restricted to the specific project identified in the request for qualifications.
 4. The qualified select bidders list shall consist of at least three prime contractors when a contractor is solicited or three construction material suppliers when material suppliers are solicited.
 5. The qualified select bidders list for any specific project is valid for one year but may be extended for an additional year, at the option of the school district.
- C.** The request for qualifications shall include the following:
1. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection following the establishment of a qualified select bidders list.
 2. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for submission, the address of the office at which the statements of qualifica-

tions are to be received, and any other special information.

3. The anticipated evaluation period and selection of a qualified select bidders list.
 4. General information on the project site or sites, scope of work, schedule, evaluation criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
 5. The weight prescribed by the school district for each of the criteria to be used in making the evaluation.
 6. The criteria to be used in making the evaluation, which shall include at a minimum:
 - a. Person's capabilities and qualifications for performing the scope of work;
 - b. Person's project team, and key members' education, training and qualifications;
 - c. Method of approach, including subcontractor plan, safety plan;
 - d. Safety record and worker's compensation rate;
 - e. Projected construction schedule;
 - f. Current workload;
 - g. Five most recent representative examples of similar work along with references for each example;
 - h. Current bonding availability and capacity;
 - i. Any judgment or liens against the person within the last three years;
 - j. Any current unresolved bond claims against the person;
 - k. Any deficiency orders issued against the prime contractor by the Arizona Registrar of Contractors within the last three years; and
 - l. Any filing under the United States Bankruptcy Code, assignments for the benefit of creditors, or other measures taken for the protection against creditors during the last three years.
 7. The type of contract to be used.
 8. The name of the district representative or district representatives.
 9. The expiration date of the qualified select bidders list if less than one year.
 10. A statement that the school district reserves the right to conduct interviews as part of the evaluation process.
 11. The date, time and location of any pre-submittal conference.
- D.** The school district may conduct a pre-submittal conference not less than 14 days prior to the statement of qualifications due date and time for the purposes of explaining the requirements of the request for qualifications.
- E.** Amendments to request for qualifications.
1. An amendment to a request for qualifications shall be issued if necessary to do any of the following:
 - a. Make changes in the request for qualifications;
 - b. Correct defects or ambiguities;
 - c. Furnish to persons information given to any other person, if the information will assist the persons in submitting their statements of qualifications or if the lack of the information will prejudice the persons;
 - d. Provide additional information or instructions; or
 - e. Extend the due date and time if the school district determines that an extension is advantageous to the school district.
 2. Amendments to a request for qualifications shall be so identified and the school district shall ensure that the

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amendments are distributed or made available to all persons to whom the original request for qualifications was distributed or made available. The school district shall make a copy of the amendments to a request for qualifications available for public inspection at the school district office. If the school district posted the request for qualifications on a designated site on the Internet, then the school district shall post any amendments to the request for qualifications on the same designated site on the Internet. The school district shall also do one or more of the following:

- a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed;
 - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
3. Amendments to request for qualifications shall be issued within a reasonable time before the due date and time to allow persons to consider them in preparing their statements of qualifications. If the school district determines that the due date and time in the request for qualifications does not permit sufficient time for statement of qualifications preparation, the due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
 4. A person shall acknowledge receipt of an amendment in the manner specified in the request for qualifications or the amendment on or before the due date and time.
- F. Pre-submittal modification or withdrawal of statements of qualifications**
1. A person may modify or withdraw a statement of qualifications in writing at any time before the prescribed due date and time if the modification or withdrawal is received before the due date and time at the location designated in the request for qualifications for receipt of statements of qualifications.
 2. All documents concerning a modification or withdrawal of a statement of qualifications shall be retained in the procurement file.
- G. Late statements of qualifications, late withdrawals and late modifications**
1. A statement of qualifications, modification or withdrawal is late if it is received at the location designated in the request for qualifications for receipt of statements of qualifications after the due date and time.
 2. A late statement of qualifications, late modification, or late withdrawal shall be rejected, unless the statement of qualifications, modification or withdrawal would have been timely received but for the action or inaction of school district personnel and is received before the qualified select bidders list is established.
 3. Upon receiving a late statement of qualifications, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send notice of late receipt to the person. The school district

may discard the document 30 days after the date on the notice unless the person requests the document be returned.

4. All documents concerning acceptance of a late statement of qualifications, late modification, or late withdrawal shall be retained in the procurement file.
- H. Receipt, opening and recording statements of qualifications**
1. A school district shall maintain a record of statements of qualifications and modifications received for each solicitation, shall record the time and date when each statement of qualifications or modification is received, and shall store each unopened statement of qualifications or modification in a secure place until the due date and time.
 - a. If required to confirm a vendor's inquiry regarding receipt of its statement of qualifications prior to the due date and time, a school district may open a statement of qualifications to identify the vendor. If this occurs, the school district shall record the reason for opening the statement of qualifications, the date and time the statement of qualifications was opened, and the solicitation number. The school district shall secure the statement of qualifications and retain it for public opening.
 - b. One or more witnesses shall be present for the opening of a statement of qualifications under subsection (H)(1)(a).
 2. Statements of qualifications and modifications shall be opened publicly at the date, time and location designated in the request for qualifications in the presence of one or more witnesses. The name of each person and any other relevant information deemed appropriate by the school district shall be recorded. The person opening the statements of qualifications and all witnesses shall sign the record.
 - a. The record created in subsection (H)(2) shall be available for public inspection.
 - b. The statements of qualifications shall not be open for public inspection until after the qualified select bidders list has been established.
- I. Establishing the qualified select bidders list.**
1. The qualified select bidders list shall be established by determining the highest rated persons from the statements of qualifications received. This will be a minimum of three and a maximum of five.
 2. For each qualified select bidders list process there will be established by the school district an evaluation committee composed of five members. These members shall include the project designer or construction material specifier, one member from the prime contracting or construction material supplier community that performs commensurate level work and is disinterested in this project, a school district facilities representative and two other members as designated by the school district.
 3. The evaluation committee shall review and score each statement of qualifications received according to the established evaluation criteria. The committee shall rank the statements of qualifications in accordance with the scores.
 4. The committee may conduct interviews before making the final determination of the qualified select bidders list. The committee shall document the interviews in writing.
 5. The committee shall select at least three and not more than five of the highest scoring persons for the qualified select bidders list.

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6. The district representative shall review the committee's qualified select bidders list. The district representative shall:
 - a. Accept the list as submitted;
 - b. Return the list for additional committee review;
 - c. Reject the list and terminate the process.
 7. A one-year eligibility period for the qualified select bidders list shall begin on the date the district representative accepts it. The qualified select bidders list may be extended one year at the option of the school district.
 8. Once the qualified select bidders list is established, a written notice of the selected persons shall be sent to all the persons that submitted statements of qualifications.
 9. After the establishment of the qualified select bidders list, a written record showing the basis for determining the qualified select bidders list shall be prepared by the district representative and retained in the procurement file. Within 10 days after the qualified select bidders list has been established, the school district shall make the procurement file, including all statements of qualifications, available for public inspection.
 - a. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
 - b. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
 10. The qualified select bidders shall be provided an invitation for bids in accordance with R7-2-1024 to R7-2-1032. For any projects not identified in the request for qualifications, the school district may not solicit bids on those projects under the qualified select bidders list either in the initial one-year period or the one-year extension period.
 11. The project identified in the request for qualifications shall have invitation for bids issued within the initial one-year period, or in the one-year extension period, to be awarded a contract under that qualified select bidders list.
 - J. Terminating the process for insufficient response or selection**
 1. In the event that less than three statements of qualifications are received, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
 2. In the event that less than three persons are identified by the selection committee as being the most highly qualified, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
 - K. A copy of the request for qualifications shall be made available for public inspection at the school district office.**
- proposals for design-build construction services or job-order-contracting construction services procured pursuant to R7-2-1111, if the price, excluding the cost of any finance services, maintenance services, operations services, design services, preconstruction services, or other related services included in the contract, is estimated by the school district to exceed the amount established by R7-2-1002(A).
- B. Invitations for bid on school district construction contracts and requests for proposals for design-build construction services or job-order-contracting construction services, shall require submission of bid security as follows:**
 1. For design-bid-build construction services, ten percent of the contractor's bid.
 2. For design-build construction services awarded by competitive sealed proposals pursuant to R7-2-1111, ten percent of the school district's construction budget for the project as stated in the request for proposals, excluding finance services, maintenance services, operations services, design services, preconstruction services or any other related services included in the contract.
 3. For job-order-contracting construction services awarded by competitive sealed proposals pursuant to R7-2-1111, the amount prescribed by the school district in the request for proposals, but not more than ten percent of the school district's reasonably estimated budget for construction that the school district believes is likely to actually be done during the first year under the contract, excluding any finance services, maintenance services, operations services, design services, preconstruction services or other related services included in the contract.
 - C. Acceptable bid security shall be limited to:**
 1. An annual or one-time bid bond executed and furnished as required by A.R.S. Title 34, Chapter 2 or 6, as applicable; or
 2. A certified check.
 - D. The school district may issue a written determination to accept the bid security if the bid security fails to comply in a nonsubstantial manner when:**
 1. Only one bid or proposal is received and there is not sufficient time to rebid or resolicit proposals;
 2. The amount of the bid security submitted, although less than the amount required by the invitation for bids or request for proposals, is equal to or greater than the difference between the apparent low bid or highest scoring proposal and the next higher acceptable bid or next highest scoring proposal; or
 3. The bid security is inadequate as a result of modifying or correcting a bid in accordance with R7-2-1027 or R7-2-1030, if the bidder increases the amount of security to required limits within two days after notification.
 - E. After the bids and proposals are opened, they are irrevocable for the period specified in the invitation for bids or request for proposals, except as provided in R7-2-1030. If a bidder or offeror is permitted to withdraw its bid before award, no action may be had against the bidder or offeror or the bid security.**

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1102. Bid Security

- A. Bid security shall be required for all competitive sealed bidding for construction contracts, and for all competitive sealed**

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1103. Contract Performance and Payment Bonds

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- A. The following bonds or security is required and is binding on the parties to the contract if the value of a construction or construction services award exceeds the amount established by R7-2-1002(A):
1. A performance bond that is executed and furnished as required under Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to 100 percent of the price specified in the contract conditioned on the faithful performance of the contract in accordance with the plans, specifications and conditions of the contract, except that:
 - a. For job-order-contracting construction services, the performance bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
 - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the performance bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services and other related services included in the contract. This bond is solely for the protection of the school district. The conditions and provisions of the performance bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(G) or A.R.S. § 34-610(G), as applicable.
 - c. For guaranteed energy cost savings contracts and guaranteed energy production contracts, the amount of the performance bond shall be one hundred percent of the project amount to the school district for its faithful performance of the equipment installment.
 2. A payment bond that is executed and furnished as required by Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to one hundred percent of the price specified in the contract for the protection of all persons supplying labor or material to the contractor or its subcontractors for the performance of the construction provided for in the contract, except that:
 - a. For job-order-contracting construction services, the payment bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
 - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the payment bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract. The conditions and provisions of the payment bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(F) or A.R.S. § 34-610(F), as applicable.
- B. For design-bid-build construction, the bonds prescribed in subsection (A) shall be provided on and at the same time as execution of the construction contract. For construction-manager-at-risk, design-build and job-order-contracting construction services, the bonds prescribed in subsection (A) shall be provided only on and at the same time as execution of a contract or contract modification that commits the contractor to provide construction for a fixed price, guaranteed maximum price or other fixed amount within a designated time frame.
- C. If the prime contract or specifications require any persons supplying labor or materials in the prosecution of the work to furnish payment or performance bonds, these bonds shall be executed solely by a surety company or companies holding a certificate of authority to transact surety business in this state issued by the director of the Department of Insurance pursuant to Arizona Revised Statutes Title 20, Chapter 2, Article 1. Notwithstanding the provisions of any other statute, the bonds shall not be executed by an individual surety or sureties, even if the requirements of A.R.S. § 7-101 are satisfied.
- D. If a contractor fails to deliver the required performance bond or payment bond, the contractor's bid shall be rejected, its bid security shall be enforced, and award of the contract shall be made pursuant to Articles 10 and 11.
- E. This Section shall not be construed to limit the authority of the school district to require a performance bond or other security in addition to those bonds or in circumstances other than specified in subsection (A).
- F. Any person who furnishes labor or material to the contractor or its subcontractors for the work provided in the contract, in respect of which a payment bond is furnished under this Section, and who has not been paid in full within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made has the right to sue on the payment bond for any amount unpaid at the time the suit is instituted and to prosecute the action for the amount due the person. However, any person who has a contract with a subcontractor of the contractor, but no express or implied contract with the contractor furnishing the payment bond, has a right of action on the payment bond on giving the contractor, only, a written preliminary 20-day notice as provided for in A.R.S. § 33-992.01, subsection (C)(1), (2), (3), and (4) and subsections (D), (E), and (H), and upon giving written notice to the contractor within 90 days from the date on which the last of the labor was performed or material was supplied.

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plied by the person for whom the claim is made. The person shall state in the notice the amount claimed and the name of the party for whom the labor was performed or to whom the material was supplied. The notice shall be personally served or sent by registered mail, postage prepaid, in an envelope addressed to the contractor at any place the contractor maintains an office or conducts business.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. The term "one hundred" was changed to "100" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-1104. Contract Payment Retention and Substitute Security

- A. Ten percent of all construction contract payments shall be retained by the school district as insurance of proper performance of the contract or, at the option of the contractor, a substitute security may be provided by the contractor pursuant to this Section. The contractor is entitled to all interest from any such substitute security. When the contract is fifty percent completed, one-half of the amount retained or securities substituted pursuant to this Section shall be paid to the contractor upon the contractor's request provided the contractor is making satisfactory progress on the contract and there is no specific cause or claim requiring a greater amount to be retained. After the contract is fifty percent completed, no more than five percent of the amount of any subsequent progress payments made under the contract shall be retained providing the contractor is making satisfactory progress on the project, except if at any time the governing board determines satisfactory progress is not being made, ten percent retention shall be reinstated for all progress payments made under the contract subsequent to the determination.
- B. Notwithstanding subsection (A), there shall be no retention for job-order-contracting construction services contracts. The school district may elect to have no retention for construction-manager-at-risk and design-build construction services contracts. If the school district elects to have retention, then payment retention for construction-manager-at-risk and design-build contracts shall be in accordance with this Section.
- C. Retention applies only to amounts payable for construction and does not apply to amounts payable for design services, preconstruction services, finance services, maintenance services, operations services, or any other related services included in the contract.
- D. The form of substitute security is limited to the following:
 1. An assignment of time certificates of deposit by financial institutions licensed by this state;
 2. Share certificate of a financial institution or credit union authorized to transact business in this state; or
 3. Security issued or guaranteed as to principal and interest by:
 - a. The United States;
 - b. The state;
 - c. Counties, municipalities and school districts within this state.
- E. Conditions for use of substitute security.
 1. A contractor may submit substitute security to replace contract payment retention if:
 - a. The use of substitute security is requested of the school district or designee for work performed under

the contract. The contractor shall have the option of submitting the substitute security:

- i. Prior to each progress payment in an amount of no less than five percent of each progress payment; or
 - ii. Once, prior to the first progress payment in an amount no less than five percent of the total contract amount.
 - b. The interest earned on such security shall accrue to the benefit of the contractor, but shall be retained until the school district has approved completion and acceptance of all work to be performed under the contract;
 - c. The term of such security shall not mature until after the estimated contract completion date; and
 - d. The security shall mature no later than one year after the estimated contract completion date.
2. The substitute security shall not be released without written approval by the school district.
 3. A contractor may submit a single substitute security for more than one project provided that:
 - a. The amount of such security is sufficient to cover the aggregate retention amount;
 - b. The school district determines that such single substitute security is advantageous to the school district; and
 - c. Such security complies with the requirements of subsection (E)(1).
 - F. Any retention shall be paid or substitute security shall be returned to the contractor within 60 days after final completion and acceptance of work under the contract. Retention of payments by a school district longer than 60 days after final completion and acceptance requires a specific written finding by the governing board of the reasons justifying the delay in payment. No school district may retain any monies after 60 days which are in excess of the amount necessary to pay the expenses the governing board reasonably expects to incur in order to pay or discharge the expenses determined in the finding justifying the retention of monies.
 - G. The school district shall not accept any substitute security unless accompanied by a signed and acknowledged waiver of any right or power of the obligor to set off any claim against either the school district or the contractor in relationship to the security assigned. In any instance in which the school district accepts substitute security as provided in this Section, any subcontractor undertaking to perform any part of the contract is entitled to provide such security to the contractor.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1105. Progress Payments

- A. Progress payments may be made by the school district to the contractor on the basis of a duly certified and approved estimate of the work performed during the preceding month if the contractor agrees to adhere to the provisions of A.R.S. § 41-2577(B), (D), and (F). Payment shall be made within 14 days after the estimate of the work is certified and approved, except that a percentage of all estimates shall be retained as provided in R7-2-1104. The estimate of the work shall be deemed received by the school district on submission of the estimate of the work to the school district or a person designated by the

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school district for the submission, review or approval of the estimate of the work. An estimate of the work submitted under this Section shall be considered approved and certified after seven days from the date of submission unless before that time the school district or designee prepares and issues a specific written finding detailing those items in the estimate of the work that are not approved and certified under the contract or design professional service contract. The school district may withhold an amount from the progress payment sufficient to pay the expenses the school district reasonably expects to incur in correcting the deficiency set forth in the written finding. No contract for construction or design professional service contract may materially alter the rights of any contractor, subcontractor, design professional or material supplier to receive prompt and timely payment as provided under this Section. On completion and acceptance of separate divisions of the contract or design professional service contract on which the price is stated separately in the contract, payment may be made in full including retained percentages, less deductions, unless a substitute security has been provided pursuant to R7-2-1104.

- B. Progress payments pursuant to subsection (A) are authorized for construction services and design professional services contracts. The requirements of subsection (A) apply only to amounts payable in a construction services contract for construction and in a contract for design services and do not apply to amounts payable in a contract for preconstruction services, finance services, maintenance services, operations services or any other related services included in the contract.
- C. A subcontractor or design professional may notify the school district, in writing, requesting that the subcontractor or design professional be notified by the school district in writing within five days from payment of each progress payment made to the contractor. The subcontractor's or design professional's request remains in effect for the duration of the subcontractor's or design professional's work on the project.
- D. If any payment to a contractor is delayed after the date due, interest shall be paid at the rate of one percent per calendar month, or a fraction of a calendar month, on such unpaid balance as may be due.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1106. Procurement of Construction Using Alternative Project Delivery Methods

- A. A school district may use an alternative project delivery method if it determines in writing that such alternative project delivery method is advantageous to the school district. The following factors may be used for such determination:
 - 1. Cost and cost control method;
 - 2. Value engineering;
 - 3. Market conditions;
 - 4. Schedule;
 - 5. Required specialized expertise;
 - 6. Technical complexity of the project; or
 - 7. Project management.
- B. Use of alternative project delivery methods
 - 1. Alternative project delivery methods for construction services shall be procured as provided in R7-2-1100.

- 2. For design-build construction services and construction-manager-at-risk construction services, the school district is limited to one contract per procurement.
 - a. Alternatively, for construction-manager-at-risk construction services, a school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
 - b. Alternatively, for design-build construction services, a school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
 - c. If the school district enters into the first contract for preconstruction services or construction services the procurement ends. After execution of that first contract the school district may not use the procurement or the existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
- 3. For job-order-contracting construction services, the school district may award a single contract, or multiple contracts for similar job-order-contracting construction services to be awarded to separate persons. If the school district enters into the number of contracts specified under the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
- 4. All construction-manager-at-risk construction services or design-build construction services included in a procurement shall be limited to construction services to be performed at a single location, a common location or, if the construction services are all for a similar purpose, multiple locations. For construction-manager-at-risk construction services and design-build construction services to be performed at multiple locations:
 - a. At the time the request for qualifications is issued, the school district shall intend to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
 - b. The request for qualifications shall include the information described in R7-2-1108(B)(2).
- 5. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1107, R7-2-1108, R7-2-1110, and R7-2-1111, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on the final list or for any other purpose in the selection process, except as provided in R7-2-1110(D) and R7-2-1111.
- 6. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.

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7. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in R7-2-1106 through R7-2-1115:

- a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so there is a smaller number of persons participating in the procurement, the school district, as the school district determines necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.
- b. As to a request for qualifications to be negotiated pursuant to R7-2-1110(D), if only one responsive and responsible person responds to the request for qualifications or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
- c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1107. Selection Committee

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The selection committee shall not have more than seven members and shall include at least one person who is a senior management employee of a licensed contractor and one person who is an architect or an engineer who is registered pursuant to A.R.S. § 32-121.
- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services, construction, construction services, materials or other services under the contract.
- F. For the procurement of multiple contracts for job-order-contracting, the same selection committee shall be used for all contracts in the procurement.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1108. Request for Qualifications

- A. Notice of the need for construction services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received. The notice shall:
 1. Contain a statement of the construction services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained;
 2. Specify whether the procurement is for a single contract or, for job-order-contracting construction services only, for multiple contracts; and
 3. If the procurement is for multiple job-order-contracting construction services contracts:
 - a. Specify that multiple contracts may or will be awarded;
 - b. Specify the number of contracts that may or will be awarded; and
 - c. Describe the construction services to be performed under each contract.
- B. The request for qualifications shall include the following:
 1. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
 2. In a procurement of construction-manager-at-risk construction services or design-build construction services to be performed at multiple locations, include:
 - a. A brief description of the construction services to be performed at each location;
 - b. The estimated budget for the construction services to be performed at each location; and
 - c. A schedule for the construction services to be performed at each location that shows the school district's intent to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
 3. General information on the project site, scope of work, schedule, selection criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
 4. The criteria and the weight prescribed by the school district for each of the criteria to be used in making the evaluation.
 - a. All selection criteria shall be factors that demonstrate competence and qualifications for the type of construction services included in the procurement.
 - b. One of the criteria shall be the person's subcontractor selection plan or procedures to implement the school district's subcontractor selection plan.
 - c. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative

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- weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the school district's request for qualifications.
- d. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
5. Whether one contract or multiple contracts may or will be awarded.
 - a. For design-build construction services, construction-manager-at-risk construction services, and a single contract for job-order-contracting construction services, state that one person may or will be awarded the contract.
 - b. For multiple contracts for similar job-order-contracting construction services, state the number of contracts that may or will be awarded, the job-order-contracting construction services to be performed under each of the contracts, and that each of the multiple contracts will be awarded to a separate person.
 6. In a procurement where the contract is to be negotiated under R7-2-1110(D):
 - a. State that there will be a single final list of at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services award.
 - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
 7. In a procurement in which the contract will be awarded under R7-2-1111:
 - a. State that there will be a single final list and that the number of persons on the final list will be three for a design-build or single job-order-contracting construction services award.
 - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
 8. The type of contract to be used.
 9. The name of the district representative or district representatives and the publicly available location of the school district's protest policy and procedures.
 10. If the school district will hold interviews as part of the selection process:
 - a. State that interviews will be held and that the interviews will be with at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services procurement.
 - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
 11. The manner in which subcontractors shall be selected, either:
 - a. A requirement that each person submit a proposed subcontractor selection plan and a requirement that the proposed subcontractor selection plan shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone; or
 - b. A subcontractor selection plan adopted by the school district that applies to the person that is selected to perform the construction services and that requires subcontractors to be selected based on qualifications alone or on a combination of qualifications and price and not based on price alone and a requirement that each person shall submit a description of the procedures it proposes to use to implement the school district's subcontractor selection plan.
 12. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
 - C. A copy of the request for qualifications shall be made available for public inspection at the school district office.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1109. Receipt and Opening of Statements of Qualifications, Technical Proposals and Price Proposals for Design-build and Job-order-contracting

- A. Statements of qualifications, technical proposals and price proposals shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
- B. A school district may cancel a request for qualifications or a request for proposals, reject in whole or in part any or all statements of qualifications or proposals or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

Historical Note

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking

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at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3);
effective year corrected in Supp. 18-2.

R7-2-1110. Committee Evaluation and Contract Award

- A.** If interviews are specified in the request for qualifications:
1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
 2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list and to determine their order on the final list are not included in the request for qualifications:
 - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
 - b. These selection criteria and relative weights may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
 3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B.** Based solely on the selection criteria and relative weights for selection of the persons on the final list and their order on the final list, the selection committee shall select the persons for the final list and, in the case of a final list for a contract that will be negotiated under subsection (D), rank the persons in order of preference.
- C.** The school district shall make the following notifications regarding the final lists:
1. If the contract will be negotiated under subsection (D) before or at the same time as the school district notifies the highest ranking person on the final list that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
 - a. If interviews were held, the other persons interviewed.
 - b. If interviews were not held, the other persons that made submittals.
 2. If the contract will be awarded under R7-2-1111, before or at the same time as the school district notifies the persons on the final list that they are on the final list, the school district shall send actual notice to each of the following persons that they are not on the final list or that other persons are on the final list:
 - a. If interviews were held, the other persons interviewed.
 - b. If interviews were not held, the other persons that made submittals.
- D.** The school district shall conduct negotiations with persons on the final list as follows:
1. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the construction services to be rendered.

2. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
3. If the procurement is for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
4. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the construction services covered by the final list with any person with whom the school district terminated negotiations.

Historical Note

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1111. Alternative Procedure for Design-build or Job-order-contracting Construction Services

- A.** As an alternative to R7-2-1110(D), the school district may award a single contract for design-build construction services or a single or multiple contracts for similar job-order-contracting construction services pursuant to this Section.
- B.** The school district shall use the selection committee appointed for the request for qualifications pursuant to R7-2-1107.
- C.** The school district shall issue a request for proposals to the persons on the final list developed pursuant to R7-2-1110(A) through (C). The request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district.
- D.** The request for proposals shall include the following:
1. A statement that the procurement is for a single contract or, for similar job-order-contracting construction services only, for multiple contracts.
 2. If the procurement is for multiple contracts for similar job-order-contracting construction services, the notice shall specify that multiple contracts will be awarded,

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- shall specify the number of contracts that will be awarded, shall specify the number of offerors to whom contracts will be awarded which shall be the number of contracts in the procurement, and shall describe the job-order-contracting services to be performed under each contract.
3. Instructions and information to persons concerning the proposal submission requirements, including the due date and time for receipt of proposals, the address of the office at which proposals are to be received, the proposal acceptance period, and any other special information.
 4. The school district's project schedule and project final budget for design and construction or life cycle budget for a procurement that includes maintenance services or operations services.
 5. If a single contract will be awarded, a statement that the contract will be awarded to the person whose proposal receives the highest number of points under a scoring method. If multiple contracts for similar job-order-contracting services will be awarded, a statement that the multiple contracts will be awarded to a specified number of offerors whose proposals receive the highest number of points under a scoring method. The specified number of offerors will be the number of contracts included in the procurement.
 6. A description of the scoring method, including a list of the factors in the scoring method and the number of points allocated to each factor.
 7. For design-build construction services only, the design requirements, including the required features, functions, characteristics, qualities and properties, the anticipated schedule, including start, duration and completion, and the estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by an architect or engineer, as appropriate, and additional design information or documents specified by the school district, may also be included.
 8. A requirement that each offeror submit separately a technical proposal and a price proposal and that the offeror's entire proposal is responsive to the requirements in the request for proposals. For design-build construction services, the price in the price proposal shall be a fixed price or a guaranteed maximum price.
 9. A statement that in applying the scoring method, the selection committee will separately evaluate and score the technical proposal before opening, evaluating, and scoring the price proposal.
 10. If the school district desires to conduct discussions with offerors, a statement that discussions may be held and a requirement that each offeror submit a preliminary technical proposal before the discussions are held.
 11. Type of contract to be used.
 12. That offerors may designate as proprietary portions of the proposal.
 13. Notice that all information and proposals submitted by offerors, except as stated in subsection (D)(12), will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
 14. The contract terms and conditions, including warranty and bonding or other security requirements, as applicable.
 15. The name of the district representative or district representatives.
 16. If the request for proposals incorporates documents by reference, the request for proposals shall specify where such documents may be obtained.
- E. The factors in the scoring method described in the request for proposals may include:
 1. For design-build construction services only, demonstrated compliance with the design requirements.
 2. Offeror qualifications.
 3. Offeror financial capacity.
 4. Compliance with the school district's project schedule.
 5. For design-build construction services only, if the request for proposals specifies that the school district will spend its project budget and not more than its project budget and is seeking the best proposal for the project budget, compliance of the offeror's price or life cycle price for procurements that include maintenance services, operations services or finance services with the school district's budget as prescribed in the request for proposals.
 6. For design-build construction services if the request for proposals does not contain the specifications prescribed in subsection (E)(5) and for job-order-contracting construction services, the price or life cycle price for procurements that include maintenance services, operations services or finance services.
 7. An offeror quality management plan.
 8. Other evaluation factors that demonstrate competence and qualifications for the type of construction services in the request for proposals as determined by the school district, if any.
 - F. If determined by the school district and included in the request for proposals, the selection committee shall conduct discussions with all offerors that submit preliminary technical proposals. Discussions shall be for the purpose of clarification to ensure full understanding of, and responsiveness to, the solicitation requirements. Offerors shall be accorded fair treatment with respect to any opportunity for discussion and for clarification by the school district. Revision of preliminary technical proposals shall be permitted after submission of preliminary technical proposals and before award for the purpose of obtaining best and final proposals. In conducting any discussions, information derived from proposals submitted by competing offerors shall not be disclosed to other competing offerors.
 - G. After completion of any discussions pursuant to subsection (F) or if no discussions are held, each offeror shall submit separately its final technical proposal and its price proposal.
 - H. Before opening any price proposal, the selection committee shall open and evaluate the final technical proposals and score the final technical proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
 - I. After completion of the evaluation and scoring of all final technical proposals, the selection committee shall open, evaluate and score the price proposals, and complete scoring of the entire proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
 - J. The school district shall award the contract to the responsive and responsible offeror whose proposal receives the highest score under the method of scoring in the request for proposals. No other factors or criteria may be used in evaluation and award.

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- K. For procurements of multiple contracts for similar job-order-contracting construction services, the school district may award up to the number of contracts specified in the request for proposals.
 - L. Before or at the same time as the school district notifies the selected offeror of contract award, the school district shall notify all other offerors of the award.
 - M. For design-build construction services only, the school district shall award a stipulated fee equal to a percentage of the school district's project final budget for design and construction, as prescribed in the request for proposals, but not less than two-tenths of one percent of the project final budget for design and construction to each final list offeror who provides a responsive, but unsuccessful, proposal. If the school district does not award a contract, all responsive final list offerors shall receive the stipulated fee based on the school district's project final budget for design and construction as included in the request for proposals. The school district shall pay the stipulated fee to each offeror within 90 days after the award of the initial contract or the decision not to award a contract. In consideration for paying the stipulated fee, the school district may use any ideas or information contained in the proposals in connection with any contract awarded for the project, or in connection with a subsequent procurement, without any obligation to pay any additional compensation to the offerors. Notwithstanding the other provisions of this subsection, an offeror may elect to waive the stipulated fee. If an offeror elects to waive the stipulated fee, the school district may not use ideas and information contained in the offeror's proposal, except that this restriction does not prevent the school district from using any idea or information if the idea or information is also included in a proposal of an offeror that accepts the stipulated fee.
 - N. The procurement file shall contain the basis on which the award is made, including at a minimum the information and documents required under R7-2-1115.
 - O. A copy of the request for proposals shall be made available for public inspection at the school district office.
- licensure for professions that are not licensed pursuant to A.R.S. Title 32, Chapter 10.
- B. In a procurement for construction-manager-at-risk construction services or design-build construction services, except for design-build contracts awarded pursuant to R7-2-1111, the school district shall enter into a written contract with the contractor for preconstruction services under which the school district shall pay the contractor a fee for preconstruction services in an amount agreed by the school district and the contractor, and the school district shall not request or obtain a fixed price or a guaranteed maximum price for the construction from the contractor or enter into a construction contract with the contractor until after the school district has entered into the written contract for preconstruction services and a preconstruction services fee.
 - C. Construction shall not commence under a construction services contract until the school district and contractor agree in writing on either a fixed price that the school district will pay or a guaranteed maximum price for the construction to be commenced. The construction to be commenced may be the entire project or may be one or more phased parts of the project.
 - D. For negotiated construction-manager-at-risk and design-build contracts, preconstruction services, general conditions, schedules, construction contingency, and construction fees shall be part of the contract. For design-build contracts awarded pursuant to a request for proposals, the fees shall be included in the vendor's proposal and shall become part of the awarded contract.
 - E. For job-order-contracting construction services only:
 - 1. The maximum dollar amount of an individual job order for job-order-contracting construction services shall be one million dollars or a higher or lower amount prescribed by the governing board in a policy adopted in a public meeting held pursuant to A.R.S. Title 38, Chapter 3, Article 3.1. Requirements shall not be artificially divided or fragmented in order to constitute a job order that satisfies the requirements of this subsection.
 - 2. If the contractor subcontracts or intends to subcontract part or all of the work under a job order and if the job-order-contracting construction services contract includes descriptions of standard individual tasks, standard unit prices for standard individual tasks and pricing of job orders based on the number of units of standard individual tasks in the job order:
 - a. The contractor has a duty to deliver promptly to each subcontractor invited to bid a coefficient to the contractor to do all or part of the work under one or more job orders a copy of the descriptions of all standard individual tasks on which the subcontractor is invited to bid and a copy of the standard unit prices for the individual tasks on which the subcontractor is invited to bid.
 - b. If not previously delivered to the subcontractor, the contractor has a duty to promptly deliver to each subcontractor invited to or that has agreed to do any of the work included in any job order a copy of the description of each standard individual task that is included in the job order and that the subcontractor is invited to perform, the number of units of each standard individual task that is included in the job order and that the subcontractor is invited to perform, and the standard unit price for each standard

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1112. Contractor Licenses, Contract and Performance Requirements

- A. Notwithstanding any other Section:
 - 1. The contractor for design-build or job-order-contracting construction services is not required to be registered to perform design services pursuant to A.R.S. Title 32, Chapter 1 if the person actually performing the design services on behalf of the contractor is appropriately registered.
 - 2. The contractor for construction-manager-at-risk, design-build or job-order-contracting construction services shall be licensed to perform construction pursuant to A.R.S. Title 32, Chapter 10.
 - 3. The school district shall obtain and maintain a record of proof in the procurement file that a construction or construction services provider that has been awarded a contract with the school district, or through a cooperative purchasing agreement, has a license in good standing to perform construction work pursuant to A.R.S. Title 32, Chapter 10. The license shall be active on the day the contract is awarded. This subsection does not require

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individual task that is included in the job order and that the subcontractor is invited to perform.

- F.** For all construction services contracts, the contractor performing the construction services is permitted to self-perform part of the construction work, if and to the extent agreed in writing by the school district and the contractor. The school district may use methods other than competitive bidding to assure itself that the price the school district pays to the contractor for self-performed work is fair and reasonable. Permitted methods to evaluate fairness and reasonableness of the price of self-performed work include evaluation of the contractor's proposed scope of work and price for self-performed work by an estimator who is hired and paid by the school district, who is independent of the contractor and who may be an employee of the school district. Although the school district may elect to so require, nothing in Articles 10 and 11 shall be construed or interpreted to require the school district to require a contractor desiring to self-perform part of the construction work to competitively bid that part of the construction work against other contractors in a bid competition.
- G.** For all construction services contracts, the following requirements apply to the construction work to be performed by subcontractors and do not apply to construction work that the school district and the contractor agree in writing will be self-performed by the contractor:
1. The person selected to perform the construction services shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone. A qualifications and price selection may be a single-step selection based on a combination of qualifications and price or a two-step selection. In a two-step selection, the first step shall be based on qualifications alone and the second step may be based on a combination of qualifications and price or on price alone.
 2. The school district shall include in each contract:
 - a. If the school district included its subcontractor selection plan in the request for qualifications, the school district's subcontractor selection plan and the procedures to implement the school district's subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications to the procedures as the school district and the contractor agree.
 - b. If the school district did not include its subcontractor selection plan in the request for qualifications, the subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications as the school district and the contractor agree.
 3. In making the selection of subcontractors, the contractor shall use the subcontractor selection plan and any procedures included in its contract.
- H.** The school district shall include in each contract for construction services the full street or physical address of each separate location at which the construction will be performed and a requirement that the contractor and each subcontractor at any level include in each of its subcontracts the same address information. The contractor and each subcontractor at any level shall include in each subcontract the full street or physical address of each separate location at which construction work will be performed.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-1113. Prohibitions

- A.** Notwithstanding any contrary provision of Articles 10 and 11, a school district shall not enter into a contract to provide construction-manager-at-risk construction services, design-build construction services or job-order-contracting construction services.
- B.** The prohibitions prescribed in subsection (A) do not prohibit a school district from providing construction for itself as provided by law.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1114. Bid Security, Contract Performance and Payment Bonds, and Payment and Retention

- A.** Bid security shall be provided pursuant to R7-2-1102.
- B.** Contract performance and payment bonds shall be provided pursuant to R7-2-1103.
- C.** Contract payment retention and substitute security shall be in accordance with R7-2-1104.
- D.** Progress payments shall be in accordance with R7-2-1105.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Amended effective March 21, 1991 (Supp. 91-1). Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1115. Procurement File Contents and Review

- A.** At a minimum, the school district shall retain the following for each procurement under R7-2-1106 through R7-2-1114:
1. For each request for qualifications procurement process:
 - a. If interviews were not held:
 - i. The submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
 - ii. The final list.
 - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
 - iv. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
 - v. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
 - b. If interviews were held:

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- i. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
 - ii. The final list.
 - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
 - iv. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
 - v. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
 - vi. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list to be interviewed.
 - vii. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list to be interviewed.
 - viii. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
2. For each request for proposals procurement process under R7-2-1111:
 - a. The entire proposal submitted by the person that received the highest score in the scoring method in the request for proposals and the entire proposal submitted by each person with whom the school district enters into a contract.
 - b. The description of the scoring method, the list of factors in the scoring method and the number of points allocated to each factor, all as included in the request for proposals.
 - c. A list that contains the name of each offeror that submitted a proposal and that shows the offeror's final overall score.
 - d. Documents that show the final score or rank on each factor in the scoring method in the request for proposals of each offeror that submitted a proposal and that support the final overall scores of the offerors that submitted proposals. The school district shall retain the individual scoring sheets for individual selection committee members.
- B.** Information relating to each procurement under R7-2-1106 through R7-2-1114 shall be made available to the public as follows:
1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement, only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.
2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the proposals and statements of qualifications submitted in response to a solicitation and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d), available to the public.
 3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the proposals and statements of qualifications and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d) available to the public.
 4. To the extent that an offeror designates and the school district concurs, trade secrets and other proprietary data contained in a proposal or statement of qualifications shall remain confidential.
 5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
- C.** The school district shall retain the records of a procurement under R7-2-1106 through R7-2-1114 in accordance with R7-2-1085.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1116. Repealed**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

PART XV. PROCUREMENT OF SPECIFIED PROFESSIONAL SERVICES**R7-2-1117. Procurement of Specified Professional Services**

- A.** Specified professional services, which is defined in R7-2-1001(120), as services of an architect, engineer, land surveyor, assayer, geologist and landscape architect, shall be procured as provided in R7-2-1117 through R7-2-1123, except as authorized in R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1122.
- B.** Prior to public notice of the need for specified professional services, the school district shall determine that the services to be acquired are specified professional services.
- C.** In the procurement of specified professional services:
 1. The school district shall specify whether the procurement is for a single contract or for multiple contracts. Multiple contracts may be awarded to separate persons or may be awarded to a single person as specified in the request for qualifications.

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2. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1120 or R7-2-1121, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process except as provided in R7-2-1121.
 3. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
 4. If the school district enters into the number of contracts specified in the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
 5. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in this Section or R7-2-1121:
 - a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so that there is a smaller number of persons participating in the procurement, the school district, as the school district determines necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.
 - b. As to a request for qualifications to be negotiated pursuant to R7-2-1121(D), if only one responsive and responsible person responds to the request for qualifications, or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
 - c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.
- D. The request for qualifications shall:**
1. Provide instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
 2. State whether one contract or multiple contracts may or will be awarded.
 - a. If one contract will be awarded, state that one contract may or will be awarded, describe the services to be performed under the contract and state that one person may or will be awarded the contract.
 - b. If multiple contracts may or will be awarded, state the number of contracts that may or will be awarded, the services to be performed under each of the multiple contracts, and either that each contract will be awarded to a separate person or that all of the contracts will be awarded to the same person.
 3. State the number of persons to be included on the final list.
 - a. If a single contract will be awarded, state that there will be a single final list of at least three and not more than five persons.
 - b. If multiple contracts will be awarded to a single person, state that there will be a single final list of at least three and not more than five persons.
 - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded plus another number that is determined by the school district and that is not more than five.
 - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that there will be a separate final list for each type of specified professional services and that the number of persons on each final list will be equal to the number of contracts that may or will be awarded for each type of specified professional services plus a number determined by the school district not to exceed five.
 4. State the selection criteria and relative weight to be used. All selection criteria shall be factors that demonstrate competence and qualifications for the type of specified professional services included in the procurement.
 - a. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the request for qualifications.
 - b. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
 5. State whether interviews will be held.
 - a. If a single contract will be awarded, state that there will be interviews with at least three and not more than five persons.

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- b. If multiple contracts will be awarded to a single person, state that there will be interviews with at least three and not more than five persons.
 - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
 - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district, shall be at least three times the number of contracts that may or will be awarded and shall not be more than five times the number of contracts that may or will be awarded.
6. The name of the district representative or district representatives and the publicly available location of the school district's protest policy or procedure.
7. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
- E. Statements of qualifications shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, late modifications, or late withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
- F. A copy of the request for qualifications shall be made available for public inspection at the school district office.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1118. Public Notice of Specified Professional Services

- A. Notice of the need for specified professional services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received.
- B. The notice shall:
 - 1. Contain a statement of the services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained.
 - 2. Specify whether the procurement is for a single contract or for multiple contracts; and
 - 3. If the procurement is for multiple contracts:
 - a. Specify that multiple contracts may or will be awarded;
 - b. Specify the number of contracts that may or will be awarded; and
 - c. Describe the specified professional services to be performed under each contract.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1119. Cancellation or Rejection of the Solicitation

A school district may cancel a request for qualifications, reject in whole or in part any or all statements of qualifications or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1120. Specified Professional Services Selection Committee

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The school district shall determine the number and qualifications of the selection committee members. These members may be employees of the school district or non-school district appointees.
- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services or other services under the contract.
- F. For the procurement of multiple contracts for specified professional services, the same selection committee shall be used for all contracts in the procurement.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1121. Committee Evaluation and Selection

- A. If interviews are specified in the request for qualifications:
 - 1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
 - 2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list or final lists and to determine their order on the final list or final lists are not included in the request for qualifications:
 - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the

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- selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
- b. These selection criteria and relative weight may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
 3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B.** Based solely on the selection criteria and relative weights for selection of the persons on the final list or final lists and their order on the final list or final lists, the selection committee shall select the persons for the final list or final lists and rank the persons on the final list or final lists in order of preference. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, and if a person submitted qualifications for more than one type of specified professional services, the person may be on more than one final list.
- C.** Before or at the same time as the school district notifies the highest ranking person on the final list or final lists that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
1. If interviews were held, the other persons interviewed.
 2. If interviews were not held, the other persons that made submittals.
- D.** The school district shall conduct negotiations with persons on the final list or final lists as follows:
1. The school district shall negotiate a contract with the highest qualified person for the required specified professional services at compensation determined in writing to be fair and reasonable to the school district. Contract negotiations shall be directed toward:
 - a. Making certain that the person has a clear understanding of the scope of the work, specifically, the essential requirements involved in providing the required services;
 - b. Determining that the person will make available the necessary personnel and facilities to perform the services within the required time; and
 - c. Agreeing upon compensation that is fair and reasonable.
 2. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
 3. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
 4. If the procurement is for multiple contracts for specified professional services to be awarded to a single person on the final list, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
 5. If the procurement is for multiple contracts for similar specified professional services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
 6. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there is a separate final list for each type of specified professional services and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on each final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the applicable final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
 7. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the specified professional services covered by the final list with any person with whom the school district terminated negotiations.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1122. Specified Professional Services Contracts Not

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Exceeding Certain Amounts

- A. A school district may procure a single contract or multiple contracts for specified professional services under this Section if the contract is for specified professional services by an architect or architect firm and the contract amount is \$250,000 or less or if the contract is for specified professional services by a person other than an architect and the contract amount is \$500,000 or less. For such procurements, the school district shall encourage persons engaged in the lawful practice of the profession to submit annually a statement of qualifications and experience.
- B. For each procurement of specified professional services under this Section, the school district shall establish a selection committee pursuant to R7-2-1120.
- C. The selection committee shall evaluate current statements of qualifications and experience on file with the school district, together with those that may be submitted by other persons regarding the procurement.
- D. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section, including the selection of the persons to be interviewed, the selection of persons to be on a final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process, except as provided in subsection (F).
- E. If possible and practicable, the selection committee shall conduct interviews regarding the procurement and the relative methods of furnishing the required specified professional services and, if possible, shall select, in order of preference and based on criteria established and published by the selection committee, one or more final lists of the persons deemed to be the most qualified to provide the specified professional services required. The selection committee shall base the selection of each final list and the order of preference on demonstrated competence and qualifications only.
 1. If the procurement is for a single contract or if the procurement is for multiple contracts to be awarded to a single person, there shall be one final list of three persons.
 2. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there shall be a separate final list of three persons for each contract.
 3. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, there shall be one final list and the number of persons on the final list shall be the number of contracts, plus another number that is determined by the school district and that is not more than five.
- F. The school district shall enter into negotiations with the highest qualified person on each final list or, in the case of a single final list for multiple contracts for the same specified professional services to be awarded to separate persons, the school district shall enter into negotiations with a number of the highest qualified persons on the final list equal to the number of contracts that may or will be awarded.
 1. Negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this determination, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.

2. If the school district is unable to negotiate a satisfactory contract with a person with whom the school district is negotiating at a price and on other contract terms the school district determines to be fair and reasonable to the school district, the school district shall formally terminate negotiations with that person.
3. The school district may undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
4. If the school district terminates negotiations with a person on a final list and commences negotiations with another person on the final list, the school district shall not in that procurement recommence negotiations or enter into a contract or contracts with any person with whom the school district has terminated negotiations.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1123. Procurement File Contents and Review for Procurements Conducted under R7-2-1117 through R7-2-1121

- A. At a minimum, the school district shall retain the following for each procurement under R7-2-1117 through R7-2-1121:
 1. If interviews were not held:
 - a. The submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.
 - b. The final list or final lists.
 - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
 - d. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
 - e. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
 2. If interviews were held:
 - a. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.
 - b. The final list or final lists.
 - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the

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final list or final lists and to determine their order on the final list or final lists.

- d. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
- e. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
- f. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list or short lists to be interviewed.
- g. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list or short lists to be interviewed.
- h. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.

B. Information relating to each procurement under R7-2-1117 through R7-2-1121 shall be made available to the public as follows:

1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement, only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.
2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h), available to the public.
3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h) available to the public.
4. To the extent that a person designates and the school district concurs, trade secrets and other proprietary data contained in a statement of qualifications shall remain confidential.
5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

C. The school district shall retain the records of a procurement under R7-2-1117 through R7-2-1121 in accordance with R7-2-1085.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1124. Reserved

PART XVI. COST PRINCIPLES

R7-2-1125. Cost Principles

The cost principles adopted by the director of the Department of Administration pursuant to A.R.S. § 41-2591 shall be used to determine the allowability of incurred costs for the purpose of reimbursing costs under contract provisions that provide for the reimbursement of costs.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1126. Reserved

R7-2-1127. Reserved

R7-2-1128. Reserved

R7-2-1129. Reserved

R7-2-1130. Reserved

PART XVII. MATERIALS MANAGEMENT

R7-2-1131. Material Management and Disposition

- A.** The school district shall ascertain or verify that materials, services, or construction items procured by the school district conform to specifications as set forth in the solicitation.
- B.** The school district shall determine the fair market value of excess and surplus material.
- C.** Disposition of surplus materials.
 1. Except as provided in A.R.S. § 15-342(7) related to sales or leases to the state, a county, a city, another school district, or a tribal government agency, and A.R.S. § 15-342(18) related to the disposition of surplus or outdated learning materials, educational equipment and furnishings, surplus materials, regardless of value, shall be offered through competitive sealed bids, public auction, on-line sales, established markets, trade in, posted prices or state surplus property. If unusual circumstances render the above methods impractical, the school district may employ other disposition methods, including appraisal or barter, provided the school district makes a written determination that such procedure is advantageous to the school district. Only United States Postal Money Orders, certified checks, cashiers' checks or cash shall be accepted for sales of surplus material unless otherwise approved by the school district.
 2. Competitive sealed bidding.
 - a. Notice for sale bids shall be publicly available from the school district at least 10 days before the due date set for bids. Notice of the sale bids shall be provided to prospective bidders, including those bidders on lists maintained by the school district pursuant to R7-2-1023. The notice for sale bids shall list the materials offered for sale, their location, availability for inspection, the terms and conditions of sale and instructions to bidders including the bid due date and

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time. Bids shall be opened publicly pursuant to the requirements of R7-2-1029.

- b. The award shall be made in accordance with the provisions of the notice for sale bids to the highest responsive and responsible bidder, provided that the price offered by such bidder is acceptable to the school district. If the school district determines that the bid is not advantageous to the school district, the school district may reject the bids in whole or in part and may resolicit bids or the school district may negotiate the sale, provided that the negotiated sale price is higher than the highest responsive and responsible bidder's price.
3. Auctions shall be advertised in the official newspaper of the county as prescribed in A.R.S. § 11-255 or a newspaper of general circulation, in accordance with A.R.S. § 41-2533. The publication shall not be less than 14 days before the auction date. All the terms and conditions of any sale shall be available to the public at least 24 hours prior to the auction date. The school district or any agent acting on the school district's behalf may also advertise the auction in any other manner determined advantageous to the school district.
4. Internet-based on-line sales shall not be subject to the advertisement requirements in subsection (C)(3). For such disposal services, the school district shall post and maintain a notice explaining the use of Internet-based on-line sales on a designated site on the Internet. The notice shall include:
 - a. The name of the on-line sales provider and the designated site on the Internet where potential buyers may obtain information or participate in the on-line auctions;
 - b. A link to the Internet-based on-line sales service;
 - c. A link to the terms and conditions of sale;
 - d. Instructions for bidding on the Internet-based on-line sales site; and
 - e. A period of not less than 14 days for each Internet-based on-line sale during which persons may submit offers to purchase the specified materials.
5. Before surplus materials are disposed of by trade-in to a vendor for credit on an acquisition, the school district shall approve such disposal. The school district shall base this determination on whether the trade-in value is expected to exceed the value realized through the sale or other disposition of such materials.
6. An employee of the school district or a governing board member, or an employee of a school district's agent conducting an auction on behalf of the school district, shall not directly or indirectly purchase or agree with another person to purchase surplus property if said employee or board member is, or has been, directly or indirectly involved in the purchase, disposal, maintenance, or preparation for sale of the surplus material.
7. State surplus property manager. The school district may enter into an agreement with the State Surplus Property Manager for the disposition of materials pursuant to Article 8 of the Arizona Procurement Code (A.R.S. § 41-2601 et seq.) and the rules adopted thereunder.
8. Pursuant to A.R.S. § 15-342(35), a school district may offer to sell outdated learning materials, educational equipment or furnishings at a posted price commensurate with the value of the items to pupils who are currently

enrolled in that school district before those materials are offered for public sale.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1132. State and Federal Surplus Materials Program

- A. The governing board may acquire surplus materials from the state and the United States government.
- B. The governing board may enter into an agreement with the State Surplus Property Manager for the purpose of acquiring surplus materials from the United States government pursuant to A.R.S. § 41-2603 and the rules adopted thereunder.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

R7-2-1133. Authority for Transfer of Material

Notwithstanding any law to the contrary, the governing board may secure the transfer of surplus materials and obligate its monies to the extent necessary to comply with the laws and conditions of such transfers.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1134. Reserved**R7-2-1135. Reserved****R7-2-1136. Reserved****R7-2-1137. Reserved****R7-2-1138. Reserved****R7-2-1139. Reserved****R7-2-1140. Reserved****PART XVIII. BID PROTESTS****R7-2-1141. Resolution of Bid Protests**

- A. Informal resolution of bid protests. Nothing in Articles 10 and 11 are intended to eliminate the informal resolution of problems by school district personnel.
- B. Formal resolution of bid protests. The governing board pursuant to R7-2-1007 shall designate a district representative, as defined in R7-2-1001, to resolve bid protests. All solicitations issued by the school district shall include the name of the district representative and shall indicate that any bid protest shall be filed with the district representative. Appeal from the decision of the district representative may be made to the hearing officer pursuant to R7-2-1147 and R7-2-1181.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt

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rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1142. Filing of a Protest

- A. Any interested party may protest a solicitation issued by the school district, a determination that a proposal is unacceptable, or the proposed award or the award of a school district contract. Protests shall be filed with the district representative.
- B. Content of protest. The protest shall be in writing and shall include the following information:
 - 1. The name, address and telephone number of the interested party;
 - 2. The signature of the interested party or the interested party's representative;
 - 3. Identification of the solicitation or contract number;
 - 4. A detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and
 - 5. The form of relief requested.
- C. The interested party shall supply any other information requested by the district representative within 10 days of the request.
- D. The interested party may file a written request with the district representative for an extension of the time limit for providing additional information set forth in subsection (C). The written request shall be filed before the expiration of the time limit set forth in subsection (C) and shall set forth good cause as to the specific reason that the interested party is unable to provide the additional information with the 10 days. The district representative shall approve or deny the request in writing, state the reasons for the determination, and if an extension is granted, set forth a new date for submission of the filing.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1143. Time for Filing Protests

- A. Protests based upon alleged improprieties in a solicitation that are apparent before the due date and time for responses to the solicitation, shall be filed before the due date and time for responses to the solicitation.
- B. In cases other than those covered in subsection (A), the interested party shall file the protest within 10 days after the school district makes the procurement file available for public inspection.
- C. The interested party may file a written request with the district representative for an extension of the time limit for protest filing set forth in subsection (B). The written request shall be filed before the expiration of the time limit set forth in subsection (B) and shall set forth good cause as to the specific action or inaction of the school district that resulted in the interested party being unable to file the protest within the 10 days. The district representative shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for submission of the filing.
- D. If the interested party shows good cause and it is advantageous to the school district, the district representative may consider any protest that is not filed timely.
- E. The district representative shall immediately give notice of the protest to the successful contractor if award has been made or, if no award has been made, to all interested parties.

- F. At any time the district representative or hearing officer may refer the protest to the governing board for resolution in accordance with R7-2-1152.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1144. Stay of Procurements During the Protest

The district representative may stay all or part of the procurement or contract if it is determined that there is a reasonable probability the protest will be upheld or that a stay is advantageous to the school district. The district representative shall notify the successful contractor if award has been made or, if no award has been made, all interested parties of the stay in writing no later than the time of issuance of the district representative's decision in accordance with R7-2-1145.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1145. Decision by the District Representative

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve a protest.
- B. The district representative shall issue a written decision within 14 days after a protest has been filed, or after additional information requested by the district representative has been submitted, pursuant to R7-2-1142. The decision shall include:
 - 1. A statement of the decision of the district representative with supporting rationale; and
 - 2. A paragraph substantially as follows: "This is the decision of the district representative of the _____ School District. The decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of the decision."
- C. The district representative shall furnish a copy of the decision to the interested party by any method that provides evidence of receipt.
- D. On agreement of all interested parties, the time limit for decisions set forth in subsection (B) may be extended by the district representative for good cause for a reasonable time not to exceed an additional 30 days. The district representative shall notify the interested party in writing that the time for the issuance of a decision has been extended and the date by which a decision will be issued.
- E. If the district representative fails to issue a decision within the time limits set forth in subsections (B) or (D), the interested party may proceed as if the district representative had issued an adverse decision.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt

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rulemaking at 26 A.A.R. 597, effective July 1, 2020
(Supp. 20-1).

R7-2-1146. Remedies

- A. If the district representative sustains the protest in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed contract award, or contract award does not comply with Articles 10 and 11, the school district shall implement an appropriate remedy.
- B. In determining an appropriate remedy, the district representative shall consider all the circumstances surrounding the procurement or proposed procurement including, but not limited to, the seriousness of the procurement deficiency, the degree of prejudice to other interested parties or to the integrity of the procurement system, the good faith of the parties, the extent of performance, costs to the school district, the urgency of the procurement, the impact of the relief on the mission of the school district, and other relevant issues.
- C. An appropriate remedy may include one or more of the following:
 1. Decline to exercise an option to renew under the contract;
 2. Terminate the contract;
 3. Amend the solicitation;
 4. Issue a new solicitation;
 5. Award a contract consistent with procurement statutes and regulations; or
 6. Such other relief as is determined necessary to ensure compliance with Articles 10 and 11.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1147. Appeals to a Hearing Officer

- A. An appeal to a hearing officer from a decision entered or deemed to be entered by the district representative shall be filed with the district representative within 30 days from the date of decision.
- B. Content of appeal. The appeal shall contain:
 1. The information set forth in R7-2-1142(B); and
 2. The precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- D. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- E. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person

remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.

- F. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1148. Notice of Appeal

The district representative shall within three working days give notice of the filing of the appeal to the governing board and the successful contractor if award has been made.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1149. Stay of Procurement During Appeal

If an appeal is filed and the procurement or contract was stayed by the district representative pursuant to R7-2-1144, the filing of an appeal shall automatically continue the stay unless the hearing officer makes a written determination that the award of the contract without delay is necessary to protect substantial interests of the school district. If no such determination is made, the stay shall automatically end upon written decision of the hearing officer pursuant to R7-2-1151 or R7-2-1181.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1150. District Representative's Response

- A. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- B. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state

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the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.

- C. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- D. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1151. Dismissal Before Hearing

- A. The hearing officer shall dismiss, upon a written determination, an appeal before scheduling a hearing if:
 1. The appeal does not state a valid basis for protest;
 2. The appeal is untimely pursuant to R7-2-1147(A); or
 3. The appeal attempts to raise issues not raised in the protest.
- B. The hearing officer shall notify the interested party and the district representative in writing of a determination to dismiss an appeal before hearing.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1152. Hearing

Hearings on appeals of bid protest decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1153. Remedies

If the hearing officer sustains the appeal in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed award, or award does not comply with Articles 10 and 11, remedies shall be implemented pursuant to R7-2-1146.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1154. Reserved**PART XIX. CONTRACT CLAIMS AND CONTROVERSIES****R7-2-1155. Resolution of Contract Claims and Controversies**

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve contract claims and controversies including claims relating to assignees of the contractor.
- B. The district representative shall receive prior written approval of the governing board for the settlement or resolution of a claim exceeding the dollar amount specified in A.R.S. § 41-2535.
- C. Appeals from decisions of the district representative may be made to the hearing officer pursuant to R7-2-1158.
- D. A claimant shall file a contract claim with the district representative within 180 days after the claim arises. The claim shall include the following:
 1. The name, address, and telephone number of the claimant;
 2. The signature of the claimant or claimant's representative;
 3. Identification of the solicitation or contract number;
 4. A detailed statement of the legal and factual grounds of the claim including copies of the relevant documents; and
 5. The form and dollar amount of the relief requested.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1156. District Representative's Decision

- A. If a controversy cannot be resolved by mutual agreement, the district representative shall issue a written decision within no more than 60 days from receipt of the contractor's written request for a decision. Before issuing a written decision, the district representative shall review the facts pertinent to the claim and secure any necessary assistance from legal, fiscal, and other advisors.
- B. Decision of the district representative. The district representative shall furnish a copy of the decision to the contractor by any method that provides evidence of receipt. The decision shall include:
 1. A description of the claim;
 2. A reference to the pertinent contract provision;
 3. A statement of the factual areas of agreement or disagreement;
 4. A statement of the district representative's decision, with supporting rationale; and
 5. A paragraph substantially as follows:
 "This is the decision of the district representative of the _____ School District. This decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of decision."

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in

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Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1157. Issuance of a Timely Decision

- A. On agreement of all interested parties, the time limit for decisions set forth in R7-2-1156(A) may be extended for good cause for a reasonable time not to exceed 14 days. The district representative shall notify the contractor in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
- B. If the district representative fails to issue a decision within 60 days after the request is filed or within the time prescribed under subsection (A), the contractor may proceed as if the district representative had issued an adverse decision.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1158. Appeals to a Hearing Officer

- A. An appeal from a decision entered or deemed to be entered by the district representative on a contract claim or controversy shall be filed with the district representative within 30 days from the date of decision.
- B. The appeal shall contain the basis for the precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- D. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- E. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- F. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.
- G. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.

- H. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- I. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.
- J. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1159. Hearing

Hearings on appeals of contract claim and controversy decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1160. Reserved**PART XX. DEBARMENT AND SUSPENSION****R7-2-1161. Authority to Debar or Suspend**

- A. Except as provided in A.R.S. § 41-1279.21(B), the governing board has the sole authority to debar or suspend a person from participating in school district procurements.
- B. The causes for debarment or suspension include the following:
 - 1. Conviction of any person or any subsidiary or affiliate of any person for commission of a criminal offense arising out of obtaining or attempting to obtain a public or pri-

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vate contract or subcontract, or in the performance of such contract or subcontract.

2. Conviction of any person or any subsidiary or affiliate of any person under any statute of the federal government, this state or any other state for embezzlement, theft, fraudulent schemes and artifices, fraudulent schemes and practices, bid rigging, perjury, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty which affects responsibility as a school district contractor.
3. Conviction or civil judgment finding a violation by any person or any subsidiary or affiliate of any person under state or federal antitrust statutes.
4. Violations of contract provisions of a character which are deemed to be so serious as to justify debarment action, such as either of the following:
 - a. Knowingly fails without good cause to perform in accordance with the specification or within the time limit provided in the contract.
 - b. Failure to perform or unsatisfactory performance in accordance with the terms of one or more contracts, except that failure to perform or unsatisfactory performance caused by acts beyond the control of the contractor shall not be considered to be a basis for debarment.
5. Any other cause deemed to affect responsibility as a school district contractor, including suspension or debarment of such person or any subsidiary or affiliate of such person by another governmental entity for any cause.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1162. Initiation of Debarment

Upon receipt of information concerning a possible cause for debarment, the school district shall investigate the possible cause. If the school district has a reasonable basis to believe that a cause for debarment exists, the school district may propose debarment under R7-2-1164.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1163. Period of Debarment

- A. The period of time for a debarment shall not exceed three years from the date of the debarment determination.
- B. If debarment is based solely upon debarment by another governmental agency including another school district, the period of debarment may run concurrently with the period established by that other debarring agency.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1164. Notice

- A. If the school district proposes debarment, the school district shall notify the person and affected affiliates in writing within seven days of the proposed debarment by any means evidencing receipt, which notice shall indicate that a hearing shall be scheduled, if requested, in accordance with R7-2-1181 as contested cases.
- B. The notice of debarment shall state:
 1. The basis for debarment;

2. The period, including dates, of the debarment;
3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing with a designated district representative within 10 days after receipt of the notice.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1165. Notice to Affiliates

- A. If the school district proposes to debar an affiliate, the affiliate shall have a right to appear in any hearing on the proposed debarment to show mitigating circumstances.
- B. The affiliate shall in writing advise the school district within 10 days of receipt of the notice under R7-2-1164 of its intention to appear under subsection (A). Failure to provide written notice of appearance within the 10-day period shall be a waiver of the right to appear in the hearing.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1166. Imputed Knowledge

- A. Improper conduct may be imputed to an affiliate for purposes of debarment where the impropriety occurred in connection with the affiliate's duties for or on behalf of, or with the knowledge, approval, or acquiescence of, the contractor.
- B. The improper conduct of a person or its affiliate having a contract with a contractor may be imputed to the contractor for purposes of debarment where the impropriety occurred in connection with the person's duties for or on behalf of, or with the actual or constructive knowledge, approval, or acquiescence of, the contractor.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1167. Reinstatement

- A. The governing board may at any time reinstate a debarred person or rescind the debarment upon a determination that the cause upon which the debarment is based no longer exists or upon a determination that such reinstatement or rescission is advantageous to the school district. The governing board's determination shall include any limitations on the debarred person's ability to contract with the school district.
- B. Any debarred person may request reinstatement by submitting a petition to the school district supported by documentary evidence showing that the cause for debarment no longer exists or has been substantially mitigated.
- C. The school district may require a hearing on the request for reinstatement.
- D. The school district shall make a written decision on reinstatement within 30 days after the request is filed and specify the factors on which it is based.

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Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1168. Suspension

- A. If adequate grounds for debarment exist, the governing board may suspend a person from participating in any procurement or receiving any award in accordance with the procedures in R7-2-1170.
- B. The governing board shall not suspend a person pending debarment unless compelling reasons require suspension to protect school district interests.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1169. Period and Scope of Suspension

- A. Unless otherwise agreed to by the parties, the period of suspension shall not exceed 35 days without satisfying the notice requirements of R7-2-1170. If the notice requirements are satisfied the period of suspension shall not exceed six months.
- B. For purpose of suspension, a person's conduct may be imputed to an affiliate or another person in accordance with R7-2-1166.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1170. Notice and Hearing

- A. The school district shall notify the person suspended by any means evidencing receipt.
- B. The notice of suspension shall state:
 1. The basis for suspension;
 2. The period, including dates, of the suspension;
 3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
 4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing, including the basis for the request, with a designated district representative within 10 days after receipt of the notice.
- C. A hearing requested under this Section shall be conducted pursuant to R7-2-1181.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1171. List of Debarments, Suspensions and Voluntary Exclusions

The school district shall maintain a list of debarment, suspensions, and voluntary exclusions. It is recommended that the school district provide notice of any debarments, suspensions and voluntary exclusions to the state purchasing office.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1172. Reserved**R7-2-1173. Reserved****R7-2-1174. Reserved****R7-2-1175. Reserved****R7-2-1176. Reserved****R7-2-1177. Reserved****R7-2-1178. Reserved****R7-2-1179. Reserved****R7-2-1180. Reserved**

PART XXI. HEARING PROCEDURES

R7-2-1181. Hearing Procedures

- A. If a hearing is required or permitted under Articles 10 and 11, this Section shall apply. Hearing officers shall be selected pursuant to R7-2-1147(D) and (E) or R7-2-1158(E) and (F).
- B. The Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) shall apply where the Act is not inconsistent with Articles 10 and 11.
- C. The hearing officer shall arrange for a hearing to be held within 30 days of receiving required responses and comments from both parties and notify the parties in writing of the time and place of the hearing.
- D. The hearing officer may:
 1. Hold pre-hearing conferences to settle, simplify, or identify the issues in a proceeding, or to consider other matters that may aid in the expeditious disposition of the proceeding;
 2. Require parties to state their positions concerning the various issues in the proceeding;
 3. Require parties to produce for examination those relevant witnesses and documents under their control;
 4. Rule on motions and other procedural items on matters pending before such officer;
 5. Regulate the course of the hearing and conduct of participants;
 6. Establish time limits for submission of motions or memoranda;
 7. Impose appropriate sanctions against any person failing to obey an order under these procedures, which may include:
 - a. Refusing to allow the person to assert or oppose designated claims or defenses, or prohibiting that person from introducing designated matters in evidence;
 - b. Excluding all testimony of an unresponsive or evasive witness; and
 - c. Expelling person from further participation in the hearing;
 8. Take official notice of any material fact not appearing in evidence in the record, if the fact is among the traditional matters of judicial notice; and
 9. Administer oaths or affirmations.
- E. A transcribed record of the hearing shall be made available at cost to any requesting party.
- F. Decision by the hearing officer. A decision by the hearing officer shall be sent within 30 days after the conclusion of the hearing to all parties by any means evidencing receipt. A decision shall contain:
 1. A statement of facts;
 2. A statement of the decision with supporting rationale; and

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3. A statement that the parties may file a motion for rehearing within 15 days from the date a copy of this decision is served upon the party.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

R7-2-1182. Rehearing of Decisions

- A. Procedure; grounds. A decision of the hearing officer may be vacated and new hearing granted on motion of the aggrieved party for any of the following causes materially affecting the party's rights:
 1. Irregularity in the proceedings of the hearing officer or prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing.
 2. Misconduct of the prevailing party.
 3. Accident or surprise not preventable by ordinary prudence.
 4. Material evidence, newly discovered, which despite reasonable diligence was not discovered and produced at the hearing.
 5. Excessive or insufficient damages or penalties.
 6. Error of law occurring at the hearing or during the progress of the proceeding.
 7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- B. Scope. A rehearing may be granted to all or any of the parties and on all or part of the issues in the proceeding for any of the reasons for which rehearings are authorized by law or rule of court. On a motion for a rehearing, the hearing officer may open the decision, take additional testimony, amend findings of fact and conclusions of law or make new findings and conclusions, and direct the entry of a new decision.
- C. Contents of motion; amendment; rulings reviewable.
 1. The motion for rehearing shall be in writing, shall specify generally the grounds upon which the motion is based, and may be amended at any time before it is ruled upon by the hearing officer.
 2. Upon the general ground that the hearing officer erred in admitting or rejecting evidence, the hearing officer shall review all rulings during the hearing upon objections to evidence.
 3. Upon the general ground that the findings of fact or decision are not justified by the evidence, the hearing officer shall review the sufficiency of the evidence.
- D. Time for motion for rehearing. A motion for rehearing shall be filed not later than 15 days after service of the decision upon the party.
- E. Time for serving affidavits. When a motion for rehearing is based upon affidavits they shall be served with the motion. The opposing party has 10 days after such service within which to serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days either by the hearing officer for good cause shown or by the parties by written stipulation. The hearing officer may permit reply affidavits.
- F. On initiative of hearing officer. Not later than 15 days after the date of the decision, the hearing officer may order a rehearing for any reason for which it might have granted a rehearing on

motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the hearing officer may grant a motion for a rehearing, timely served, for a reason not stated in the motion. In either case, the hearing officer shall specify in the order the grounds therefor.

- G. Questions to be considered in rehearing. A rehearing, if granted, shall be only a rehearing of the question or questions with respect to which the decision is found erroneous, if separable. If a rehearing is ordered because the damages or penalties are excessive or inadequate and granted solely for that reason, the decision shall be set aside only in respect of the damages or penalties, and shall stand in all other respects.
- H. Motion on ground of excessive or inadequate damages. When a motion for rehearing is made upon the ground that the damages or penalties awarded are either excessive or insufficient, the hearing officer may grant the rehearing conditionally upon the filing within a fixed period of time, not to exceed 15 days, of a statement by the party adversely affected by reduction or increase of damages or penalties accepting that amount of damages or penalties which the hearing officer shall designate. If such a statement is filed with the prescribed time, the motion for rehearing shall be regarded as denied as of the date of such filing. If no statement is filed, the motion for rehearing shall be regarded as granted as of the date of the expiration of the time period within which a statement may have been filed. No further written order shall be required to make an order granting or denying the rehearing final. If the conditional order of the hearing officer requires a reduction of or increase in damages or penalties, then the rehearing will be granted in respect of the damages or penalties only and the decision shall stand in all other respects.
- I. Number of motions for rehearing. Not more than two motions for rehearing shall be granted to any party in the same action.
- J. Specifications of grounds of rehearing in order. An order granting a motion for rehearing shall specify with particularity the ground or grounds on which the rehearing is granted.
- K. Final decision.
 1. If a motion for rehearing is denied, the final decision denying the motion for rehearing shall be sent within five days after the denial to all parties by any means evidencing receipt. A final decision shall contain a paragraph substantially as follows: "This is the final decision of the hearing officer in the matter of _____."
 2. If the motion for rehearing was granted, after the rehearing is completed, a final decision shall be made and shall be sent within five days after the conclusion of the rehearing to all parties as required in subsection (K)(1). A final decision shall contain:
 - a. A statement of facts;
 - b. A statement of the decision with supporting rationale; and
 - c. A paragraph substantially as stated in subsection (K)(1).

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).
Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1183. Judicial Review

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Any final decision made as a result of a hearing held pursuant to Articles 10 and 11 are subject to judicial review in accordance with A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1184. Exclusive Remedy

Articles 10 and 11 (R7-2-1001 et seq.) provide the exclusive procedure for asserting a cause against the school district and its governing board arising in relation to any procurement conducted under Articles 10 and 11.

Historical Note

Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1185. Qualifications for Hearing Officers

- A. A "hearing officer" means a person assigned to preside at a hearing held pursuant to Articles 10 and 11 and whose duty it is to assure that proper procedures are followed and that the rights of the parties are protected.
- B. A hearing officer shall be:
 - 1. Unbiased - not prejudiced for or against any party in the hearing;
 - 2. Disinterested - not having any personal or professional interest which would conflict with his/her objectivity in the hearing; and
 - 3. Independent - may not be an officer, employee or agent of the contractor or governing board, or of any other public agency involved in the dispute to be settled. A person who otherwise qualifies to conduct a hearing is not an employee of the contractor or governing board solely because he or she is paid by the parties to serve as a hearing officer.
- C. A hearing officer shall have:
 - 1. A minimum of three years of verified experience in the practice of law; or
 - 2. A minimum of three years of verified experience in school procurement or school facilities management and a minimum of one year of verified experience in conducting hearings. Completion of a course or program in conducting a hearing or arbitration may substitute for the one year of verified experience in conducting hearings.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1186. Reserved**R7-2-1187. Reserved****R7-2-1188. Reserved****R7-2-1189. Reserved****R7-2-1190. Reserved****PART XXII. INTERGOVERNMENTAL PROCUREMENTS****R7-2-1191. Cooperative Purchasing Authorized**

- A. A school district may either participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of any materials, services, specified professional services, construction, or construction services with one or more eligible procurement units in accordance with an agreement entered into between the participants. An agreement entered into as provided in R7-2-1191 through R7-2-1195 is exempt from A.R.S. § 11-952(D) and (E). Parties under a cooperative purchasing agreement may:
 - 1. Sponsor, conduct, or administer a cooperative purchasing agreement for the procurement or disposal of any materials, services or construction.
 - 2. Cooperatively use materials or services.
 - 3. Commonly use or share warehousing facilities, capital equipment and other facilities.
 - 4. Provide personnel, except that the requesting public procurement unit shall pay the public procurement unit providing the personnel the direct and indirect cost of providing the personnel, in accordance with the agreement.
 - 5. On request, make available to other public procurement units informational, technical or other services or software that may assist in improving the efficiency or economy of procurement. The public procurement unit furnishing the informational, technical, or other services or software has the right to request reimbursement for the reasonable and necessary costs of providing such services or software.
- B. The activities described in subsections (A)(1) through (A)(5) do not limit what parties may do under a cooperative purchasing agreement.
- C. A nonprofit corporation shall comply with Articles 10 and 11 in any cooperative purchasing agreement the nonprofit corporation administers in which a school district participates.
- D. Whether administering or purchasing from the agreement, this Section does not abrogate the responsibility of each school district to perform due diligence in order to ensure compliance with Articles 10 and 11 notwithstanding the fact that the cooperative purchase is administered by another eligible procurement unit.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1192. Contract Provisions in a Cooperative Purchasing Agreement

Any contract entered pursuant to R7-2-1191 shall provide that:

- 1. Payment for materials and services and inspection and acceptance of materials or services ordered by an eligible procurement unit under a cooperative purchasing agreement shall be the exclusive obligation of such procurement unit;
- 2. The exercise of any rights or remedies by a using eligible procurement unit shall be the exclusive obligation of such procurement unit. The administering public procurement unit, as the contract administrator and without subjecting itself to any liability, may join in the resolution of any controversy;
- 3. Any school district may terminate without notice any cooperative purchasing agreement if another eligible procurement unit fails to comply with the terms of the contract;

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4. Failure of an eligible procurement unit to secure performance from the contractor in accordance with the terms and conditions of its purchase order does not necessarily require any other eligible procurement unit to exercise its own rights or remedies; and
5. An eligible procurement unit shall not use a cooperative purchasing contract as a method for obtaining concessions or reduced prices for non-contract purchases of similar materials or services.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1193. Use of Payments Received by a Supplying Public Procurement Unit

All payments received by a public procurement unit supplying personnel or services shall be available to the supplying public procurement unit to defray the cost of the cooperative program.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4).

R7-2-1194. Public Procurement Units in Compliance with Article Requirements

- A. If the eligible procurement unit administering a cooperative purchase complies with the requirements of Articles 10 and 11, any public procurement unit participating in such a purchase is deemed to have complied with Articles 10 and 11. Public procurement units may not enter into a cooperative purchasing agreement for the purpose of circumventing Articles 10 and 11.
- B. A participating public procurement unit using a contract awarded by another eligible procurement unit shall only purchase awarded materials, services, specified professional services, construction, or construction services in compliance with the terms, conditions and prices in the contract.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1195. Contract Controversies

- A. Under a cooperative purchasing agreement in which a school district is a party, controversies arising between an administering public procurement unit and its bidders, offerors or contractors shall be resolved in accordance with Articles 10 and 11.
- B. Any local public procurement unit which is not subject to R7-2-1181 through R7-2-1185 may enter into an agreement with a school district to establish procedures or use such school district's existing procedures to resolve controversies with contractors, whether or not such controversy arose from a cooperative purchasing agreement.

Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1196. General Services Administration Contracts

- A. The governing board may authorize purchases under a current General Services Administration contract for materials or ser-

vices without complying with the requirements of Articles 10 and 11 if the governing board determines in writing before proceeding with a General Services Administration contract procurement that all of the following apply:

1. The price for materials or services is equal to or less than the contractor's current federal supply contract price with the General Services Administration and is fair and reasonable.
 2. The contractor has indicated in writing that the contractor is willing to extend the current federal supply contract pricing, terms and conditions to the school district.
 3. The purchase order adequately identifies the federal supply contract on which the order is based, including the name of the contractor, contract number and procurement description.
 4. The purchase contract is cost effective based on price, quality and other relevant factors, and is advantageous to the school district.
- B. The school district shall only purchase materials or services awarded under the applicable General Services Administration contract.
- C. The governing board shall comply with all federal requirements applicable to state and local government use of General Services Administration contracts.

Historical Note

Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

R7-2-1197. Reserved

R7-2-1198. Reserved

R7-2-1199. Reserved

R7-2-1200. Reserved

ARTICLE 12. REPEALED

R7-2-1201. Repealed

Historical Note

Adopted effective April 27, 1989 (Supp. 89-2). Repealed effective February 20, 1997 (Supp. 97-1).

ARTICLE 13. CONDUCT**R7-2-1301. Definitions**

In this Article, unless the context otherwise specifies:

1. "Alleging party" means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character or other agency who completes a statement alleging immoral or unprofessional conduct against a certificated individual.
2. "Applicant" means a noncertificated person who has been disciplined by the Board and who has submitted an application requesting reinstatement of the person's legal right to work in a public school, or a person who has submitted an application to the Department requesting an evaluation of the requirements set forth in R7-2-601 et seq., requesting issuance of a certificate pursuant to R7-2-601 et seq., requesting renewal of a certificate issued pursuant to R7-2-601 et seq. or requesting changes of coding to existing files or certificates pursuant to R7-2-601 et seq.
3. "Board" means the State Board of Education.

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4. "Certificated individual" means an individual who holds or has held an Arizona certificate issued pursuant to R7-2-601 et seq.
5. "Complaint" means the filing of a charge by the Board against a certificated individual alleging immoral or unprofessional conduct.
6. "Department" means the Arizona Department of Education.
7. "Hearing" means an adjudicative proceeding held pursuant to A.R.S. Title 41, Chapter 6 and R7-2-701 et seq.
8. "Noncertificated individual" means a noncertificated person defined in A.R.S. § 15-505, as determined by the Board.
9. "PPAC" means the Professional Practices Advisory Committee established pursuant to R7-2-205.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1302. Statement of Allegations

- A. Any person may file, with the Board, a statement of allegations against a certificated or noncertificated individual on forms provided by the Board.
- B. A statement of allegations shall state the facts under which a party is alleging immoral or unprofessional conduct and shall be signed and notarized.
- C. The facts in a statement of allegations shall clearly state the details of the alleged immoral or unprofessional conduct.
- D. A statement of allegations shall contain the names, addresses and telephone numbers of individuals who can be contacted to provide information regarding the allegations contained in the statement. The list of individuals shall also include a brief summary of the substance and extent of each individual's knowledge regarding the allegations contained in the statement.
- E. The alleging party may attach written or other evidence to a statement of allegations at the time that the statement is filed with the Board.
- F. A statement of allegations may be returned to the alleging party if the statement is not complete or not legible.
- G. The Board shall conduct an investigation of all statements of allegations filed pursuant to this Article.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1303. Complaint

- A. Upon completion of an investigation resulting from a statement of allegations, the Board may file a complaint against a certificated or noncertificated individual, may issue or deny certification to an applicant, or may reinstate a noncertificated individual's legal right to work in a public school and matters related to immoral or unprofessional conduct, unfitness to

teach, and the discipline of noncertificated individuals pursuant to A.R.S. § 15-505.

- B. The Board may, at its own discretion, investigate any matter and file a complaint against a certificated or noncertificated individual upon receiving any information, from any source, indicating immoral or unprofessional conduct has occurred.
- C. A hearing shall be held on a complaint before the PPAC.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1303 renumbered to R7-2-1304; new Section R7-2-1303 renumbered from R7-2-1304 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1304. Notification; Investigation

The certificated or noncertificated individual shall have 20 days from service by U.S. mail and email of the notice of investigation to file a written response with the Board.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1304 renumbered to R7-2-1303; new Section R7-2-1304 renumbered from R7-2-1303 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1305. Investigation

- A. Applicants shall certify on forms that are provided by the Department whether the applicant:
 1. Has ever received any disciplinary action, including revocation, suspension or reprimand, involving any professional certification or license;
 2. Is currently under investigation or has ever been the subject of any investigation by the Department of Child Safety or a similar department in this state or another jurisdiction;
 3. Has ever been convicted of a felony offense;
 4. Has ever been arrested, cited and released, or received a criminal summons for any offense, regardless if eventually convicted of a crime or if a conviction was set aside or expunged; or
 5. Has ever been arrested, cited and released, or received a criminal summons for any offense involving a child, regardless if eventually convicted of a crime or if a conviction was set aside or expunged.
- B. Upon receipt of notification that an applicant, certificated, or noncertificated individual has engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsections (A)(1) through (5), the Board shall initiate an investigation.
- C. Applicants, certificated, and noncertificated individuals who are alleged to have engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that

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the alleged conduct occurred, or conduct listed in subsections (A)(1) through (5) shall provide the Board with copies of court records and law enforcement reports pertaining to the offense.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4).
Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1306. Repealed**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).
Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Repealed by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

R7-2-1307. Criminal Offenses

A. The Board shall prohibit a noncertificated individual's employment at a school district or charter school, or revoke, not issue, or not renew the certification or certifications of a certificated individual, who has been convicted of committing or attempting, soliciting, facilitating, or conspiring to commit any of the following criminal offenses in this state or similar offenses in another jurisdiction:

1. Sexual abuse of a minor;
2. Incest;
3. First-degree murder;
4. Second-degree murder;
5. Manslaughter;
6. Sexual assault;
7. Sexual exploitation of a minor;
8. Commercial sexual exploitation of a minor;
9. A dangerous crime against children;
10. Armed robbery;
11. Aggravated assault;
12. Sexual conduct with a minor;
13. Molestation of a child;
14. Exploitation of minors involving drug offenses;
15. Sexual abuse of a vulnerable adult;
16. Sexual exploitation of a vulnerable adult;
17. Commercial sexual exploitation of a vulnerable adult;
18. Child sex trafficking;
19. Child abuse;
20. Abuse of a vulnerable adult;
21. Molestation of a vulnerable adult;
22. Taking a child for the purpose of prostitution;
23. Neglect or abuse of a vulnerable adult;
24. Sex trafficking;
25. Sexual abuse;
26. Production, publication, sale, possession and presentation of obscene items;
27. Furnishing harmful items to minors;
28. Furnishing harmful items to minors by internet activity;
29. Obscene or indecent telephone communications to minors for commercial purposes;
30. Luring a minor for sexual exploitation;
31. Enticement of persons for purposes of prostitution;
32. Procurement by false pretenses of person for purposes of prostitution;
33. Procuring or placing persons in a house of prostitution;

34. Receiving earnings of a prostitute;
35. Causing one's spouse to become a prostitute;
36. Detention of persons in a house of prostitution for debt;
37. Keeping or residing in a house of prostitution or employment in prostitution;
38. Pandering;
39. Transporting persons for the purpose of prostitution, polygamy and concubinage;
40. Portraying adult as a minor;
41. Admitting minors to public displays of sexual conduct;
42. Unlawful sale or purchase of children;
43. Child bigamy;
44. Trafficking of persons for forced labor or services;
45. Kidnapping; or
46. Child enticement.

B. Upon notification by the clerk of the court, magistrate, or court of competent jurisdiction, the Board shall immediately and permanently prohibit a noncertificated individual's employment at a school district or charter school or revoke the certificate or certificates of a certificated individual who has been convicted of any of the following offenses:

1. A dangerous crime against children as defined in A.R.S. § 13-705;
2. Sexual abuse as prescribed in A.R.S. § 13-1404 in which the victim was a minor;
3. Sexual assault as prescribed in A.R.S. § 13-1406 in which the victim was a minor;
4. Sexual conduct with a minor as prescribed A.R.S. § 13-1405;
5. A preparatory offense as prescribed in A.R.S. § 13-1001 of any of the offenses listed in subsections (B)(1), (2), (3) or (4);
6. Any crime that requires the person to register as a sex offender; or
7. An act committed in another state or territory that if committed in this state would have been one of the offenses listed in subsections (B)(1), (2), (3), (4), (5) or (6).

C. If the Board takes disciplinary action against a noncertificated individual or, does not issue, does not renew, or revokes a certificate or certificates due to a person's conviction or admission of an offense listed in subsection (A), but which is not an offense listed in subsection (B), the notice of non-issuance, non-renewal, or revocation shall inform the person of that person's right to request a hearing within 20 days of service of the notice subject to the conditions set forth in subsection (D).

D. Notwithstanding subsection (A), the Board may allow a noncertificated individual to be employed at a school district or charter school or may issue, renew, or not revoke the certificate or certificates of a person who has been convicted of an offense or offenses listed in subsection (A), but which is not an offense listed in subsection (B), if, at a hearing before the PPAC held pursuant to Article 7, the PPAC finds that at least one of the following conditions is met:

1. The individual was previously reviewed, investigated, or disciplined by the Board for the conviction or convictions prior to the implementation of R7-2-1307 on March 27, 2019; or
2. The individual has provided evidence consisting of certified copies of police reports, court orders, or other official records related to the conviction or convictions that demonstrate that all of the following are true:
 - a. The criminal offense or offenses did not involve a minor; and

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- b. The criminal offense or offenses was originally a misdemeanor or reduced to a misdemeanor or the judgment of guilt has been set aside, vacated, expunged, or pardoned.
- E. At the hearing described in subsection (D), the individual shall present, and the PPAC shall consider evidence that the individual meets the conditions set forth in subsection (D). PPAC shall also consider mitigating and aggravating factors surrounding the conviction or convictions at issue, factors bearing on the individual's fitness as an educator, other allegations of unprofessional or immoral conduct, or any other criminal activity.
- F. The criminal offenses set forth in subsection (A) constitute immoral or unprofessional conduct in addition to the acts set forth in R7-2-1308.

Historical Note

Adopted effective December 4, 1998 (Supp. 98-4).
 Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).
 The phrase "paragraphs one, two, three or four" was changed to "subsections (B)(1), (2), (3) or (4)" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2).

R7-2-1308. Unprofessional and Immoral Conduct

- A. Noncertificated individuals and individuals holding certificates issued by the Board pursuant to R7-2-601 et seq. and individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq. shall:
 - 1. Make reasonable efforts to protect pupils from conditions harmful to learning, health, or safety;
 - 2. Account for all funds collected from pupils, parents, or school personnel;
 - 3. Adhere to provisions of the Uniform System of Financial Records related to use of school property, resources, or equipment; and
 - 4. Abide by copyright restrictions, security, or administration procedures for a test or assessment.
- B. Noncertificated individuals and individuals holding certificates issued by the Board pursuant to R7-2-601 et seq. and individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq. shall not:
 - 1. Discriminate against or harass any pupil or school employee on the basis of race, national origin, religion, sex, including sexual orientation, disability, color or age;
 - 2. Deliberately suppress or distort information or facts relevant to a pupil's academic progress;
 - 3. Misrepresent or falsify pupil, classroom, school, or district-level data from the administration of a test or assessment;
 - 4. Engage in a pattern of conduct for the sole purpose or with the sole intent of embarrassing or disparaging a pupil;
 - 5. Use professional position or relationships with pupils, parents, or colleagues for improper personal gain or advantage;

- 6. Falsify or misrepresent documents, records, or facts related to professional qualifications or educational history or character;
- 7. Assist in the professional certification or employment of a person the certificate holder knows to be unqualified to hold a position;
- 8. Accept gratuities or gifts that influence judgment in the exercise of professional duties;
- 9. Possess, consume, or be under the influence of alcohol on school premises or at school-sponsored activities;
- 10. Illegally possess, use, or be under the influence of marijuana, dangerous drugs, or narcotic drugs, as each is defined in A.R.S. § 13-3401;
- 11. Make any sexual advance towards a pupil or child, either verbal, written, or physical;
- 12. Engage in sexual activity, a romantic relationship, or dating of a pupil or child;
- 13. Submit fraudulent requests for reimbursement of expenses or for pay;
- 14. Use school equipment to access pornographic, obscene, or illegal materials; or
- 15. Engage in conduct which would discredit the teaching profession.
- C. Individuals found to have engaged in unprofessional or immoral conduct shall be subject to, and may be disciplined by, the Board.
- D. Procedures for making allegations, complaints, and investigation of unprofessional or immoral conduct shall be as set forth in this Article.
- E. Application forms and certificates shall include the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law.
- F. Individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq shall certify:
 - 1. That they have read and understood the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law; and
 - 2. Whether they have been disciplined or are under investigation in another state for engaging in conduct that is immoral or unprofessional.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1544, effective June 28, 2003 (Supp. 03-2). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

R7-2-1309. Summary Suspension

- A. If a certificate holder is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension of a certificate while other proceedings are pending. The Board shall provide notice to the certificate holder of the meeting pursuant to R7-2-703 and R7-2-704.
- B. If a noncertificated individual is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension.

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sion of the right to work in a school district or charter school while other proceedings are pending. The Board shall provide notice to the noncertificated individual of the meeting pursuant to R7-2-703 and R7-2-704.

- C. Summary suspensions issued by the Board shall remain in effect pending a public hearing and final decision by the Board pursuant to Article 7 of this Chapter.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2).

R7-2-1400. Reserved**ARTICLE 14. CHARTER SCHOOLS****R7-2-1401. Definitions**

For the purpose of this Article the following definitions shall apply:

1. "Applicant" means a person, public body, or private organization that has applied to the State Board of Education to establish a charter school under the provisions of A.R.S. § 15-181 et seq.
2. "Background check" means a report received related to an applicant and the identified governing board members regarding the status of each person's credit and credit history, and any criminal activity identified by the law enforcement agency processing the applicant and governing board member's fingerprints.
3. "Committee" means the Charter School Committee established pursuant to this Article.
4. "Charter School" means a school chartered pursuant to A.R.S. § 15-181 et seq. and sponsored by the Board of Education.
5. "Contract" means a document outlining the terms and conditions of an agreement between the parties.
6. "Governing board" means the governing body responsible for the policy and operational decisions of the charter school formed pursuant to A.R.S. § 15-183 et seq.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

R7-2-1402. Charter School Committee

- A. The Board of Education shall establish a Charter School Committee that shall have the responsibility of reviewing applications and preparing a recommendation for the Board of Education's consideration.
- B. The Board of Education shall appoint the members of the committee. The committee shall consist of seven members as follows:
1. An individual knowledgeable in building construction or renovation;
 2. An individual knowledgeable in finance and accounting and in generally accepted accounting practices;
 3. An individual representing a city in this state who is knowledgeable about zoning and operating permit requirements;
 4. An individual knowledgeable about elementary and high school curricula and the development and evaluation of curricula;

5. An individual knowledgeable about assessments and the administration of assessments;
6. An individual representing the Board of Education;
7. A current operator of a charter school sponsored by the Board of Education.

- C. Terms of each member of the committee shall be for three years. Members may be appointed for subsequent terms upon approval by the Board of Education.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

R7-2-1403. Application

- A. Interested parties or individuals may submit an application for approval by the Board of Education pursuant to A.R.S. § 15-181 et seq. Applications shall be on forms approved by the Board of Education.
- B. Applications shall be evaluated by the committee. The committee shall prepare a recommendation for the Board of Education's consideration. The recommendation shall be based upon a review of all aspects of the application, including, for example, completeness of the application, the viability of the school including the financial viability, the projected funding sources, the number and population to be served, including school-aged students who are deemed to be unserved or underserved.
1. The committee may request additional information as needed to assist in evaluating the application and preparing a recommendation for the Board of Education's consideration.
 2. Recommendations of the committee to the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification.
 3. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to the application.
 4. Action by the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification. The Board of Education shall state the reasons for denial or deferral of the application.
 5. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied an application shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.
- C. An approved application does not constitute an approved contract, and approval of an application shall not be construed to imply that a contract will be issued.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

R7-2-1404. Contract

- A. A contract shall be on forms approved by the Board of Education.
- B. At least once per year, the Board of Education shall consider issuance of a contract to approved applicants.
- C. Upon review and recommendation from the committee, the Board of Education may approve the issuance of a contract,

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approve the issuance of a contract pending receipt of specific information or completion of requirements, defer the issuance of a contract, or deny the issuance of a contract. The Board of Education shall state the reasons for denial or deferral of issuance of a contract.

- D. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to issuance of a charter.
- E. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied issuance of a contract shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

R7-2-1405. Execution of a Contract

- A. Contracts shall be signed by the applicant, or a person with signatory authority for the applicant, within six months from the date of approval of issuance of the contract by the Board of Education, unless an extension of time is granted by the Board of Education. If issuance of a contract was approved by the Board of Education pending receipt of additional information, the contract shall be signed by the applicant or a person with signatory authority for the applicant within six months of receipt of the additional information by the Board of Education.
- B. Contracts which have not been signed pursuant to this Section shall require reapplication and approval during a subsequent application cycle.
- C. The following items shall be submitted to the Board of Education prior to signing of a contract:
 1. Background check, including fingerprint clearance for all authorized signatories and all governing board members approved;
 2. Certificate of Occupancy or a written exemption from the local municipality or county that the certificate is not required for operation of a public school. A set of architectural plans approved by the local planning and zoning office may be submitted in lieu of a certificate of occupancy for the purposes of this subsection for construction of new buildings or renovation of existing buildings. A certificate of occupancy will be required to be submitted prior to opening of the school.
 3. A lease agreement or proof of building availability;
 4. Executed statement of assurances;
 5. Written verification that the facility meets the requirements established by the state and local fire marshal;
 6. Written verification from an insurance company authorized to do business in the state of Arizona that arrangements have been finalized to provide the required amount of insurance;
 7. Proof of local County Health Department approval.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-1406. Amendments to a Contract

- A. Any changes to the contract shall be submitted on forms approved the Board of Education.
- B. All amendments to the contract shall be accompanied by a signed governing board resolution or an official copy of the minutes of a governing board meeting that the amendment was approved by the governing board.
- C. No amendment shall be effective or implemented prior to being approved by the governing board, submitted to and approved by the Board of Education.
- D. Amendments requesting a change in the membership of the governing board shall, in addition to the requirements specified in subsection (B), include a completed fingerprint application and a signed affidavit authorizing a background check.
- E. If an extension of time was granted pursuant to R7-2-1405(A), amendments to update the application shall be submitted at the time the contract is executed.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

R7-2-1407. Revocation of a Contract

- A. The Board of Education may issue a Notice of Intent to Revoke a Contract and Notice of Hearing to any contract holder who is alleged to be in violation of the contract and the governing board.
- B. Within 10 days of receipt of a Notice of Intent to Revoke a Contract and Notice of Hearing, the governing board shall:
 1. Notify the parents or guardians of the students enrolled in the charter school that a Notice of Intent to Revoke a Contract and Notice of Hearing has been received;
 2. Hold a public meeting to inform the public and discuss the specific charges outlined in the Notice of Intent to Revoke a Contract;
 3. Provide the Board of Education with copies of all correspondence and communications used to comply with subsection (B)(1) and minutes of the meeting as evidence of compliance with subsection (B)(2);
 4. Provide the Board of Education with the names and mailing addresses of parents or guardians of all students enrolled in the charter school at the time the Notice of Intent to Revoke a Contract and Notice of Hearing was received.
- C. Hearings held pursuant to a Notice of Intent to Revoke a Contract and Notice of Hearing shall be held in accordance with Sections R7-2-701 through R7-2-709.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word "above" was removed from subsection (3) to reflect current standards in Chapter style and format (Supp. 21-2).

R7-2-1408. Renewal of Contract

When considering renewal of a contract, the following, as a minimum, shall be provided to the Board of Education:

1. Assessment results, including scores of the norm-referenced achievement test, the scores of the Arizona's Instrument to Measure Standards (AIMS), and scores of any school assessment programs;
2. Results of any audits conducted, including independent audits, Uniform System of Financial Records or Uniform System of Financial Records for Charter Schools compliance audits, or any audits conducted by the Auditor General's Office;

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3. Enrollment reports that include enrollment figures, funding sources, budget updates, and financial reporting of expenditures;
4. All complaints received;
5. Copies of Board of Education minutes where consideration and action was taken on all issues related to the charter school;
6. Any other reports, information, or materials pertinent to the charter school.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

ARTICLE 15. EMPOWERMENT SCHOLARSHIP ACCOUNTS**R7-2-1501. Definitions**

In this Article, unless the context otherwise specifies:

1. "Administratively complete" means an ESA application that contains all components required by statute or this Article.
2. "Board" means the State Board of Education.
3. "Curriculum" means a course of study for content areas or grade levels, including any supplemental materials required or recommended by the curriculum, approved by the Department.
4. "Department" means the Arizona Department of Education.
5. "Eligible postsecondary institution" means a community college as defined in A.R.S. § 15-1401, a university under the jurisdiction of the Arizona Board of Regents, or an accredited private postsecondary institution.
6. "Empowerment scholarship account" or "ESA" means an account administered by the Department and funded by the state to provide options for the education of qualified students pursuant to A.R.S. § 15-2401 et seq.
7. "Hearing Officer" means a non-partial representative with either at least three years of verified experience in the practice of law or at least one year of verified experience in conducting hearings, who oversees hearings pursuant to this Article.
8. "Informal Settlement Conference" means a meeting between the Department and the Parent in an attempt to settle the appeal prior to an appeal hearing. The Board and the Hearing Officer do not attend.
9. "Misuse of funds" means the use of ESA funds on goods or services not permitted by A.R.S. § 15-2402, this Article or the Department pursuant to R7-2-1507.
10. "Parent" means a resident of this state who is the parent, stepparent, legal guardian, or account holder of a qualified student.
11. "Program" means the Empowerment Scholarship Account Program.
12. "Qualified school" means a nongovernmental primary or secondary school or a preschool for pupils with disabilities that is located in this state or, for qualified students who reside within the boundaries of an Indian reservation in this state, and that is located in an adjacent state and that is within two miles of the border of the state in which the qualified student resides, and that does not discriminate on the basis of race, color or national origin.
13. "Qualified student" means a resident of this state who:
 - a. Is any of the following:
 - i. Identified as having a disability under section 504 of the rehabilitation act of 1973 (29 U.S.C. 794);
 - ii. Identified by a school district or by an independent third party pursuant to A.R.S. § 15-2403(J) as a child with a disability as defined in A.R.S. § 15-731 or § 15-761;
 - iii. A child with a disability who is eligible to receive services from a school district under A.R.S. § 15-763;
 - iv. Attending a school or school district that was assigned a letter grade of D or F pursuant to A.R.S. § 15-241 for the most recent year in which letter grades were assigned or is currently eligible to attend kindergarten and who resides within the attendance boundary of a school that was assigned a letter grade of D or F pursuant to A.R.S. § 15-241 for the most recent year in which letter grades were assigned. A child who meets the requirements of this item and who meets the income eligibility requirements for free and reduced-price lunches under the National School Lunch and Child Nutrition Acts (42 U.S.C. 1751 through 1793) is not subject to R7-2-1501(12)(b);
 - v. A previous recipient of a scholarship issued pursuant to A.R.S. § 15-891 or this Section, unless the qualified student's parent has been removed from eligibility in the Program for failure to comply pursuant to A.R.S. § 15-2403(C);
 - vi. A child of a parent who is a member of the armed forces of the United States and who is on active duty or was killed in the line of duty. A child who meets the requirements of this subsection is not subject to R7-2-1501(12)(b);
 - vii. A child who is a ward of the juvenile court and who is residing with a prospective permanent placement pursuant to A.R.S. § 8-862 and the case plan is adoption or permanent guardianship;
 - viii. A child who was a ward of the juvenile court and who achieved permanency through adoption or permanent guardianship;
 - ix. A child who is the sibling of a current or previous ESA recipient or of an eligible qualified student who accepts the terms of and enrolls in an ESA;
 - x. A child who resides within the boundaries of an Indian reservation in this state as determined by the Department or a tribal government; or
 - xi. A child of a parent who is legally blind or deaf or hard of hearing as defined in A.R.S. § 36-1941.
 - b. And, except as provided in R7-2-1501(12)(a)(iv) and R7-2-1501(12)(a)(vi), who meets any of the following requirements:
 - i. Attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 45 days of the current or prior fiscal year and who transferred from a governmental primary or secondary school under a contract to participate in an ESA. Kindergarten students who are enrolled in

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- Arizona online instruction must receive 100 hours of logged instruction to be eligible pursuant to this subsection. First, second and third grade students who are enrolled in Arizona online instruction must receive 200 hours of logged instruction to be eligible pursuant to this subsection. Fourth, fifth and sixth grade students who are enrolled in Arizona online instruction must receive 250 hours of logged instruction to be eligible pursuant to this subsection. Seventh and eighth grade students who are enrolled in Arizona online instruction must receive 275 hours of logged instruction to be eligible pursuant to this subsection. High school students who are enrolled in Arizona online instruction must receive 250 hours of logged instruction to be eligible pursuant to this subsection. For the purposes of this subsection, students may accumulate days of enrollment and hours of instruction in the current or prior fiscal year, or a combination thereof;
- ii. Previously participated in an ESA;
 - iii. Received a scholarship under A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester before attending a qualified school;
 - iv. Was eligible for an Arizona scholarship for pupils with disabilities and received monies from a school tuition organization pursuant to A.R.S. § 43-1505 or received an Arizona scholarship for pupils with disabilities but did not receive monies from a school tuition organization pursuant to A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester prior to attending a qualified school;
 - v. Attended a nonpublic school for pupils with disabilities in the prior year if placement at the school was approved by the Department and contracted for by a public school district;
 - vi. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a kindergarten program in a school district or charter school in this state or attended a program for preschool children with disabilities. For the purposes of this item, a child is eligible to enroll in a kindergarten program if the child is at least five years of age on January 1 of the current school year, is under seven years of age, and has not already completed a kindergarten program and is not enrolled in grade one of a private or governmental school in the current year; or
 - vii. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a program for preschool children with disabilities in this state.
14. “Stay” means a Parent may have access to a terminated ESA account pending the resolution of their appeal.
 15. “Substantively complete” means an ESA application that meets all substantive criteria required by statute or this Article.
 16. “Supplemental materials” referenced in A.R.S. § 15-2401(2), means relevant materials directly related to the course of study for which they are being used that introduce content and instructional strategies or that enhance, complement, enrich, extend or support the curriculum.
 17. “Treasurer” means the Office of the State Treasurer.
 18. Unless otherwise specifically defined herein, all defined terms shall have the same meaning as those ascribed to them in the A.R.S., Title 41.
- Historical Note**
- New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).
- R7-2-1501.01. Expanded Qualified Student Definition**
- Notwithstanding A.R.S. § 15-2401 and R7-2-1501, beginning in the 2022-2023 school year, unless the context otherwise requires, “Qualified Student” includes a resident of this state who both:
1. Is eligible to enroll in a public school in this state in any of the following:
 - a. A preschool program for children with disabilities,
 - b. A kindergarten program, or
 - c. Any of grades 1 through 12.
 2. Does not otherwise qualify for an Arizona Empowerment Scholarship Account pursuant to this Article.
- Historical Note**
- New Section made by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).
- R7-2-1502. General Provisions**
- A. This Section is adopted pursuant to A.R.S. § 15-2403.
 - B. The Department and the Treasurer shall administer and provide general supervision and oversight of the Program pursuant to A.R.S. § 15-2401 et seq and this Article.
 - C. The Department and the Board shall include intermediate Saturday, Sundays, and legal holidays when computing days under this Article. If the final day of a deadline established pursuant to this Article falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline.
 - D. Unless otherwise specified, the Department shall serve a notice or decision that removes a parent from the Program, through personal delivery, first class mail, or certified mail to the parent’s last address with the Department, and also by any other method or methods that are reasonably determined to give actual notice to the parent, including electronic mail, text message, phone call, or through an online portal. Each parent shall provide the Department with the parent’s mailing address, home address, phone number and email and shall inform the Department of any change of mailing address, home address, phone number or email within 30 days of the change. For all other communications that do not contain notice of removal from the Program, the Board and the Department may communicate through any method or meth-

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ods, including first class mail, certified mail, electronic mail, text message, phone call or through an online portal.

- E. A document is filed with the Board or the Department on the date it is received by the Board or the Department, as established by the Board's or the Department's date stamp on the face of the document. A notice or decision containing an appealable action issued by the Board or the Department pursuant to this Article is served on a party as follows:
1. On the date it is personally served,
 2. Five days after it is mailed by first class mail, or
 3. On the date of the return receipt if it is mailed by certified mail.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4).

R7-2-1503. Department Responsibilities

The Department shall:

1. On or before March 1 of each year, provide the Board with a handbook, developed in consultation with parents of children on the Program, that includes information relating to policies and processes of ESAs and complies with A.R.S. § 15-2401 et seq and this Article. The Board shall adopt the handbook on or before May 1 of each year. The Board shall limit substantive changes to the handbook to once every three years. The Board may approve changes to the handbook more frequently than every three years to conform and comply with changes to statute or this Article or at the Board's discretion. The handbook shall be posted on the Department's website and distributed to parents and shall clearly identify changes from the prior version, and include the date and time the new handbook was changed:
 - a. The yearly handbook, when adopted, shall become effective July 1st of each fiscal year.
 - b. If the yearly handbook is adopted after July 1st, the newly adopted handbook would become effective immediately following adoption.
2. Establish a dedicated call center for exclusive use for the ESA Program that works in conjunction with the Exceptional Student Services division of the Department or its successor division. Subject to review and approval by the Board, the Department may contract with a third party to operate the call center;
3. Implement customer service performance management policies, procedures, and metrics;
4. Provide training to parents who use the private financial management firm contracted to assist with financial management of the program;
5. Provide a quarterly report to the Board on the ESA Program, including:
 - a. The number of students in the program disaggregated by eligibility, grade level and the school district or charter school associated with each student:
 - i. The total number of special needs students by grade level,
 - ii. The number of special needs students by disability category, and
 - b. The annual award amount associated with each student;
 - c. The number of ESA applications received, approved and denied in the preceding quarter, including the justification for the denied applications;
 - d. The number of applications processed within 30 days of receipt and the number of administratively incomplete applications. Provide the reasons the administratively incomplete applications were not approved;
 - e. A summary of any parent input or feedback collected pursuant to R7-2-1503(6) and how the Department is responding to concerns submitted as part of the process;
 - f. Information on the private financial management firm contracted to assist with financial management of the Program, including:
 - i. The number and eligibility type of accounts utilizing the firm,
 - ii. The number of providers and vendors on the firm's platform,
 - iii. Communications and training provided to parents,
 - iv. Concerns from parents submitted to the Department, the Treasurer and the private financial management firm and how the Department, Treasurer and private financial management firm are addressing the concerns, and
 - g. Information regarding appeals filed with the Board that were resolved prior to a hearing;
 - h. Information related to the audits completed, including:
 - i. Scope of the audit,
 - ii. Data and narratives on audit findings from the Quarter,
 - iii. Data and narratives of finding outcomes from the Quarter, and
 - i. Summary of all outages within the Department, private financial management firm, Department of Treasury, GAO, ADOA, etc. that cause a delay of the ESA program;
 - j. Information related to MCC Codes, including:
 - i. Cumulative list of all MCC code expansions requested and specific reason for each denial,
 - ii. Cumulative list of all MCC code expansions and exceptions granted by the Department, and
 - k. Data related reimbursement submissions, including:
 - i. The average number of days it takes a reimbursement submission to be assigned to a Department staffer,
 - ii. The average number of days it takes a reimbursement submission to be reviewed by a Department staffer,
 - iii. The average number of days it takes a reimbursements submission to be approved by a Department staffer, and
 - l. Provide data related to Help Desk Tickets, including:
 - i. The quantity of help desk tickets not responded to within three business days,
 - ii. The quantity of help desk tickets prematurely closed and reopened, and
 - m. Provide data related to the escalation of Help Desk Tickets, including:

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- i. The quantity of escalated help desk tickets by category type,
- ii. The average number of days to resolution,
- iii. A summary of resolutions, and
- n. Provide updates on the bidding process for all eligible Department contracts, including:
 - i. A.R.S. § 15-2403(A): The treasurer may contract with private financial management firms to manage Arizona empowerment scholarship accounts,
 - ii. A.R.S. § 15-2403(B): The Department shall conduct or contract for annual audits of Arizona empowerment scholarship accounts to ensure compliance with A.R.S. § 15-2402(B)(4),
 - iii. A.R.S. § 15-2403(B): The Department shall also conduct or contract for random, quarterly and annual audits of Arizona empowerment scholarship accounts as needed to ensure compliance with A.R.S. § 15-2402(B)(4),
 - iv. A.R.S. § 15-2403(J): The Department shall contract with an independent third party for the purposes of determining whether a qualified student is eligible to receive educational therapies or services pursuant to A.R.S. § 15-2402(B)(4)(c),
 - v. R7-2-1503(2): Subject to review and approval by the Board, the Department may contract with a third party to operate the call center,
 - vi. Any other eligible Department contracts, and
- o. The date of the most recent update to the online database of approved expenses and disallowed expenses. A summarization of the changes made.
- p. An approximation of the most common award amount. Provide the method or methods and Formula utilized to calculate award amounts.
- q. Any other information the Board requests.
- 6. Establish and provide to the Board a process to collect parent input and feedback regarding the Program.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

R7-2-1504. Application and Account Activation

- A. The Department shall accept applications to participate in the Program between July 1 and June 30 of each year.
- B. The Department shall provide information for prospective applicants on eligibility.
- C. The Department shall enroll and issue an award letter to eligible applicants within 30 days after receipt of a completed application and all required documentation. The award letter shall include information on how to activate the account and the amount of ESA funding the student will receive.
- D. Within 30 days of issuing the award letter, the Department shall issue the contract to eligible applicants.
- E. Prior to issuing a notice of a denied application, the Department shall provide notice describing the administrative or substantive incompleteness of the application and provide the applicant 30 days to provide the missing documentation or

information. The Department shall include the justification for the denial and, if the application was substantively incomplete, the Department shall include the applicant's right to appeal.

- F. Pursuant to R7-2-1511, a person who has had an application denied due to being substantively incomplete may file a written request for a hearing within 30 days after being served the notice of denial. Administratively incomplete applications are not appealable.
- G. If the Board finds in favor of a parent who appealed a denied application, the Department shall expedite the contract and funding to the parent to the extent possible.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4).

R7-2-1505. Contract Between Parent and Department

- A. To enroll a qualified student in an ESA, a parent of the qualified student shall sign a contract with the Department. The parent:
 - 1. Shall use a portion of the ESA monies allocated annually to provide an education for the qualified student in at least the subjects of reading, grammar, mathematics, social studies and science, unless the ESA is allocated monies according to a transfer schedule other than quarterly transfers pursuant to A.R.S. § 15-2403(F). This subsection does not require a parent to spend a portion of ESA monies on each subject every quarter;
 - 2. Shall not enroll the qualified student in a school district or charter school, and shall release the school district from all obligations to educate the qualified student. This subsection does not:
 - a. Relieve the school district or charter school that the qualified student previously attended from the obligation to conduct an evaluation pursuant to A.R.S. § 15-766, or
 - b. Require a qualified student to withdraw from a school district or charter school before enrolling for an ESA if the qualified student withdraws from the school district or charter school before receiving any monies in the qualified student's ESA.
 - c. Prevent a qualified student from applying in advance for an ESA to be funded beginning the following school year.
 - 3. Shall not accept a scholarship from a school tuition organization pursuant to A.R.S., Title 43 concurrently with an ESA for the qualified student in the same year a parent signs the contract pursuant to this Section;
 - 4. Shall use the monies deposited in the qualified student's ESA only for the expenses listed in A.R.S. § 15-2402(B)(4);
 - 5. Shall not file an affidavit of intent to homeschool pursuant to A.R.S. § 15-802(B)(2) or (3);
 - 6. Shall not use monies deposited in the qualified student's account for any of the following:
 - a. Computer hardware or other technological devices, except as provided in R7-2-1505(B) and A.R.S. § 15-2402(B)(4)(p); or
 - b. Transportation of the pupil, except for transportation services described in A.R.S. § 15-2402(B)(4)(o).
 - 7. Shall submit expenses and documentation as required in R7-2-1508.

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B. If a qualified student meets any of the criteria specified in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(J), the qualified student may use the following additional services:

1. Educational therapies from a licensed or accredited practitioner or provider including and up to any amount not covered by insurance if the expense is partially paid by a health insurance policy for the qualified students,
2. A licensed or accredited paraprofessional or educational aide,
3. Tuition for vocational and life skills education approved by the Department, and
4. Associated goods and services that include, but are not limited to, educational and psychological evaluations, assistive technology rentals and braille translation goods and services approved by the Department. Associated goods as described in this subsection may include computer hardware or technological devices that assist in accessing educational materials or services and that are associated with the qualified student's needs. Parents that are seeking to use Program funds for an associated good or service pursuant to this subsection shall provide to the Department the special education course of study, service or educational need that the good or service is associated with or may provide the Department with the most current individualized education program, evaluation, or a letter from a qualified service provider. Parents are not advised to contact their districts seeking to update or change their students' individualized education programs or request special education reevaluations in order to make ESA purchases.
5. Pursuant to A.R.S. § 15-2403(J)(2), the Department shall accept independent educational evaluations that are obtained by the parent of a student and performed by a qualified examiner. A "qualified examiner" is defined in A.R.S. § 15-2403(J)(2). A "parent" is defined in R7-2-1501. Such evaluations shall not be denied based solely on the age of the evaluation.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

R7-2-1506. Contract Renewal

A. A parent is eligible to renew an ESA if:

1. Pursuant to R7-2-1508, the parent submitted expenses and documentation or submitted quarterly attestations;
2. If required, the Department approved expenses pursuant to R7-2-1508;
3. The parent spent monies to provide an education in at least reading, grammar, mathematics, social studies, and science for the contract year pursuant to R7-2-1505(A)(1); and
4. The parent does not owe the Department monies for disallowed expenses. A parent remains eligible to renew an ESA if the parent has an unresolved appeal regarding a disallowed expense.

B. A student with a disability as defined in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or

by an independent third party under A.R.S. § 15-2403(J), may continue on the Program until the end of the school year in which the student reaches the age of 22, if the student or the parent provides documentation to the Department that demonstrates the student has not finished high school.

C. A parent shall renew ESAs on an annual basis as follows:

1. The Department shall provide renewal contracts on or before May 1 to each parent who meets R7-2-1506(A) of this Section;
2. Each parent shall submit the renewal contract to the Department on or before June 30; and
3. Within 30 days of receipt, the Department shall notify each parent of the renewal of the contract. The Department may provide notification through an online portal.

D. If a parent does not submit a renewal contract pursuant to R7-2-1506(C), the Department shall temporarily close the account and cease funding to the ESA until the parent submits the appropriate signed renewal contract. During the temporary closure, funding shall remain in the account until the parent signs the appropriate renewal contract in a format provided by the Department or the Department closes the ESA pursuant to R7-2-1506(E).

E. After an ESA has been temporarily closed for non-renewal pursuant to R7-2-1506(D), a parent may submit the appropriate signed renewal contract in a format provided by the Department to reactivate the ESA. If a parent does not submit a renewal contract for a period of three academic years, the Department shall provide notice through certified mail, email and telephone, if applicable, that the ESA will be closed. To renew the ESA, the parent shall submit a renewal contract within 60 days of receipt of the notification. If the parent does not submit a renewal contract within 60 days, the Department shall close the ESA and return any remaining monies in the ESA to the state general fund. Notwithstanding R7-2-1506(C)(1) and (2), a parent may submit the appropriate signed renewal contract between July 1 and June 30 for the purposes of this subsection.

F. Notwithstanding R7-2-1506(E), on the qualified student's graduation from a postsecondary institution or after any period of four consecutive years after high school graduation in which the student is not enrolled in an eligible postsecondary institution, but not before this time as long as the account holder continues using a portion of account monies for eligible expenses each year and is in good standing, the qualified student's Arizona empowerment scholarship account shall be closed and any remaining monies shall be returned to the state general fund.

G. Pursuant to R7-2-1511, a parent whose contract was not renewed by the Department may file a written request for a hearing within 30 days after being served the notice of the non-renewal.

H. At the written request of a parent, the Department shall extend the renewal contract timeframe for up to 30 days from the deadline prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R.

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542 (February 10, 2023), effective January 23, 2023
(Supp. 23-1).

R7-2-1507. Use of Funds

- A. The Department shall establish and maintain a database of approved expenses and disallowed expenses for the current and upcoming fiscal years pursuant to A.R.S. § 15-2401 et seq, and this Article. The Department shall make the database available to parents online and disaggregate the approved expenses by eligibility category.
- B. The Department shall establish a process to review an expense before making an administrative decision to deny the expense. The Department shall provide a copy of the process to the Board and include the process in the handbook adopted pursuant to R7-2-1503.
- C. The Department shall not request repayment for an expense it has approved for a specific ESA. The Department shall treat similar expenditures by similarly situated account holders in the same manner. This Section does not create authorization for an account holder to expend funds in a manner not permitted by statute.
- D. The Department shall consider all account holder requests for MCC Code expansions. Any MCC code exceptions granted to one parent, shall be extended to all parents within five business days.
- E. Pursuant to R7-2-1511, a parent who has had an expense disallowed by the Department may file a written request for a hearing within 30 days after being served the notice of the disallowed expense.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).
Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

R7-2-1508. Review of Expenses

- A. The Department may conduct or contract for random or annual audits as needed to ensure monies are used only for expenses that were approved or allowed at the time the expense was made. The Department shall use record retention requirements that were in place at the time the expense was made to determine compliance. The Department may only audit account activity from the last two fiscal years, including the current fiscal year.
- B. The Department shall provide annual notice to each parent of when and how the Department will conduct reviews of expenses and audits. The notice may be provided in the handbook adopted pursuant to R7-2-1503. Notwithstanding any other Section, the Department may review expenses less frequently using a risk-based approach, if the Department provides notice to parents and the Board pursuant to this Section.
- C. Parents shall submit expenses that shall include, but are not limited to, the following:
 - 1. Invoices for each vendor, individual or product;
 - 2. Invoices for private schools, which shall include the following:
 - a. The name of the qualified student,
 - b. The name of the private school,
 - c. The transaction date,
 - d. Tuition or fee amounts, and
 - e. Total charged to the card, and for reimbursements, proof of method of payment;

- 3. Invoices for tutors, paraprofessionals, service type or therapists which shall include:
 - a. Name of the qualified student,
 - b. The name of one of the following: the vendor, facility, therapist or tutor,
 - c. A description of the services,
 - d. The transaction date,
 - e. The rate amounts,
 - f. Any processing fees, and
 - g. Total charged to the card, and for reimbursements, proof of method of payment.
- D. For debit card transactions, a parent shall submit all debit card transaction expense receipts to the Department as follows:
 - 1. On or before October 31 for quarter one,
 - 2. On or before January 31 for quarter two,
 - 3. On or before April 30 for quarter three, and
 - 4. On or before July 31 for quarter four.
- E. The Department shall review and approve expenses and make its next quarterly disbursement of funds within 30 days of the deadlines prescribed in R7-2-1508(D).
- F. On receipt and approval of debit card transaction expense receipts or reimbursements, the Department shall notify the parent through electronic mail or through an online portal. The Department shall not withhold funds for a subsequent quarter if it fails to review expenses, debit card transaction expense receipts or reimbursements within 30 days of the deadline. A parent may submit corrected debit card transaction expense receipts any time prior to the quarterly submission deadline.
- G. If a parent fails to submit debit card transaction expense receipts, if required, by the deadlines prescribed in R7-2-1508(D) or submits incomplete debit card transaction expense receipts or reimbursements, the Department shall:
 - 1. Serve notice to the parent of the deficiencies,
 - 2. Provide the parent 15 days from the date of receipt of the notice to submit complete debit card transaction expense receipts or reimbursements, and
 - 3. Review debit card transaction expense receipts or reimbursements submitted pursuant to this subsection within five days of receipt from the parent.
- H. Following the 15 day period provided in R7-2-1508(G)(2), the Department may remove a parent from the Program for failing to submit required debit card transaction expense receipts or failing to correct the deficiencies of a debit card transaction expense receipt.
- I. Pursuant to R7-2-1511, a parent that has been removed from the Program may file a written request for a hearing within 30 days after being served the notice of removal. Except in cases in which the Board has found misuse of funds or fraud pursuant to R7-2-1509, the Department shall not withhold funding to one qualified student's ESA due to deficiencies in the expense reporting of a sibling's account.
- J. At the written request of a parent, the Department shall extend the deadlines prescribed in R7-2-1508(D) for up to 30 days from the deadlines prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.
- K. If a parent does not make any expenses in a quarter, the parent shall submit attest to that fact in a format provided by the Department.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect cur-

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rent standards in Chapter style and format (Supp. 21-2).
Amended by final exempt rulemaking at 28 A.A.R. 187
(January 14, 2022), effective December 13, 2021 (Supp.
21-4). Amended by final exempt rulemaking at 29 A.A.R.
542 (February 10, 2023), effective January 23, 2023
(Supp. 23-1).

R7-2-1509. Misuse of Funds

- A.** Based on a finding that a parent knowingly misuses funds, the Department shall temporarily suspend the account and provide notice to the parent. The notice shall:
1. Include the reason for the temporary suspension and a detailed description of the disallowed expense; and
 2. Provide the parent 15 days, not including weekends, to either:
 - a. Present documentation that demonstrates the expense is allowable or that the parent was victim to identity theft or fraud; or
 - b. Agree to repay the amount.
- B.** The Department shall review the documentation submitted pursuant to R7-2-1509(A)(2)(a) within five days of receipt to determine if the expense is allowable or if the parent was victim to identity theft or fraud. If the Department determines the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension.
- C.** If the Department determines the documentation fails to demonstrate the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall provide notification to the parent that the amount must be repaid. The Department shall withhold the disbursement of any additional ESA funds until repayment is made. The Department may agree to a gradual repayment plans at the request of the parent and shall reinstate additional ESA funding once repayment has begun. The Department may remove a parent from the Program that fails to repay an amount or agree to a repayment plan.
- D.** Once a parent agrees to a gradual repayment plan or repays an amount pursuant to R7-2-1509(A)(2)(b) or R7-2-1509(C), the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension as follows:
1. Within one day, if the repayment is made by cashier's check or money order; or
 2. Within seven days, if repayment is made by personal check.
- E.** Except in cases which the Attorney General determines that a parent or account holder has committed fraud, any expenditure from an Arizona Empowerment Scholarship Account for a purchase that is deemed ineligible pursuant to A.R.S. § 15-2402 and that is subsequently repaid by the parent or account holder shall be credited back to the Arizona Empowerment Scholarship Account balance within 30 days after the receipt of payment.
- F.** Pursuant to R7-2-1511, a parent who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.
- G.** The Department shall refer a case to the Board if a parent does not file an appeal pursuant to R7-2-1511 and either:
1. Fails to repay the amount of a disallowed expense; or
 2. Fails to make a payment on a gradual repayment plan.
- H.** On a finding of misuse of monies, the Board may refer the case to the Attorney General who may bring an action to

recover the monies. Upon obtaining evidence of fraudulent use of an account, the Board may refer the case to the Attorney General for the purpose of a criminal investigation.

- I.** A parent or qualified student is not eligible to enroll a qualified student in the ESA Program if that parent was an account holder on an account that was referred to the Attorney General for misuse of monies unless the parent's expense was subsequently found to be allowable or the parent was the victim of identity theft or fraud.
- J.** If a parent commits fraud, the Department shall withhold funds from all accounts in the parent's name and close the accounts.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).
Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

R7-2-1510. Corrective Action

- A.** Except for misuse of funds or failing to submit debit card transaction expense receipts pursuant to R7-2-1508, if the Department finds that a parent violated A.R.S. § 15-2401 et seq, this Article or the terms and conditions set forth by the Department in the contract signed by the parent, the Department shall:
1. Temporarily suspend the account;
 2. Provide notice to the parent of the violation, including an explanation of the violation; and
 3. Provide the parent 15 days to correct the violation.
- B.** The Department may remove a parent or qualified student from the Program for failing to correct a violation pursuant to this Section.
- C.** Pursuant to R7-2-1511, a parent or qualified student who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).
Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

R7-2-1511. Appeals

- A.** A parent may appeal to the Board any administrative decision the Department makes pursuant to A.R.S. Title 15, Chapter 19, Article 1, including determinations of allowable expenses, removal from the Program or enrollment eligibility.
- B.** Stay
1. Pending the resolution of an appeal during which an account is suspended, a parent may request a stay on the account suspension.
 - a. Included in the request for a hearing filed pursuant to R7-2-1511(F), a parent may file a request to the Board to stay an account suspension. Such request shall be in writing and shall address the matters stated in the Department's notice in R7-2-1511(E).
 - b. The Department may file a response to the parent's request to stay the suspension of the account. Such

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response shall be filed with the Board within five business days of receipt of the parent's request to stay the suspension. Such response shall be in writing and shall address the matters stated in the parent's request.

- c. Within 10 business days after receipt of the Department's response, the executive director of the Board or the executive director's designee shall make a written determination to either:
 - i. Proceed with suspension of the account, or
 - ii. Stay all or part of the suspension of the account if there is a reasonable probability that the appeal will be upheld or that the stay is in the best interest of the State. If a stay is issued, the Department may not withhold funding or contract renewal for the account holder on account of the appealed administrative decision during the stay unless directed by the Board to do so.
 - d. The executive director or the executive director's designee shall provide the parent and the Department with a written copy of the stay determination including the basis for the determination.
- C.** Notwithstanding any other Section, the Department may, with the agreement of the account holder on the resolution, informally resolve a disputed administrative action at any time without a formal appeal pursuant to this Article.
- D.** The Department, on its website and in the parent handbook, shall provide information on the Board's appeals process.
- E.** The Department shall provide parents with written notice of an appealable action taken by the Department. Such written notice shall inform the parents of his/her right to request a hearing on the action and shall include the following:
- 1. The statute or rule that is alleged to have been violated or on which the action is based;
 - 2. Identify, with reasonable particularity, the nature of any alleged violation or action;
 - 3. Include a description of the parent's right to request a hearing on the appealable agency action; and
 - 4. Include a description of the parent's right to request an informal settlement conference.
- F.** Within 30 days after being served with notice of an appealable action, a parent may file a request for a hearing. The notice must be in writing and shall state the following:
- 1. The identity of the party requesting the hearing,
 - 2. The mailing address of the party requesting the hearing,
 - 3. The agency that rendered the decision related to the appealable action,
 - 4. Identification of the action being appealed,
 - 5. A concise statement of the reasons for the request for hearing,
 - 6. A copy of the administrative decision issued by the Department, and
 - 7. Any other information or documentation requested by the Board applicable to the appeal process.
- G.** If good cause is submitted, the Board may accept a request for a hearing that is not filed in a timely manner. Such request must be made in writing and state the basis for not filing the request on time.
- H.** If a parent requests a hearing pursuant to R7-2-1511(F) and includes all of the items listed in R7-2-1511(F)(1) through (7), the Board shall schedule a hearing.
- I.** The Board shall provide all parties with a written notice at least 20 days prior to the date set for the hearing. The notice shall include:
- 1. A statement of the time, place and nature of the hearing;
 - 2. A statement of the legal authority and jurisdiction under which the hearing is to be held;
 - 3. A reference to the particular sections of the statutes and rules involved; and
 - 4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- J.** All notices shall be served via personal delivery or certified mail, return receipt requested or by any other method reasonably calculated to effect actual notice on the agency and all parties to the action at each party's last address of record.
- K.** A hearing on the appealable action shall be held after a complete appeal is filed and may be advanced or delayed on the agreement of the parties or on a showing of good cause.
- L.** Informal Settlement Conference
- 1. A parent may request an informal settlement conference be held with the Department. The request shall be in writing and shall be filed with the Department, and a copy provided to the Board, no later than 10 days after the Board provides notice that the appeal is complete. The Department shall hold an informal settlement conference within seven days after receiving the request. The Department shall notify the Board of the result of the informal settlement conference within five days of the conclusion of the informal settlement conference or prior to the hearing date, whichever is first. The request for an informal settlement conference does not alter the date the hearing is to be held.
 - 2. If an informal settlement conference is held, a person with the authority to act on behalf of the Department must represent the Department at the conference. The Department representative shall notify the parent in writing that statements, either written or oral, made at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations are inadmissible in any subsequent administrative hearing.
- M.** Informal disposition may be made by stipulation, agreed settlement, consent order or default.
- N.** Hearing Process
- 1. All hearings shall be conducted before a hearing officer pursuant to this Section.
 - 2. The parties to the appealable agency action have the right to be represented by legal counsel or to proceed without counsel, to submit evidence and to cross-examine witnesses.
 - a. Pursuant to A.R.S. § 15-2403(E), a parent may designate a representative, not necessarily an attorney, before any hearing held pursuant to this Section. Any designated representative who is not an attorney admitted to practice may not charge for any services rendered in connection with such a hearing.
 - b. The fact that a representative participated in the hearing or assisted the account holder is not grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
 - 3. The Board shall schedule a prehearing conference on request of any party. A prehearing conference may be held for the following purposes:
 - a. Clarify or limit procedural, legal or factual issues;

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- b. Consider amendments to any pleading;
 - c. Identify and exchange lists of witnesses and exhibits intended to be introduced at the hearing;
 - d. Obtain stipulations or rulings regarding testimony, exhibits, facts or law;
 - e. Schedule deadlines, hearing dates and locations if not previously set; or
 - f. Allow the parties opportunity to discuss settlement.
 - 4. The record in a contested case shall include:
 - a. All pleadings, motions and interlocutory rulings.
 - b. Evidence received or considered.
 - c. A statement of matters officially noticed.
 - d. Objections and offers of proof and rulings thereon.
 - e. Proposed findings of fact and conclusions of law and exceptions thereto.
 - f. Any decision, opinion, recommendation or report of the hearing officer.
 - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
 - 5. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
 - 6. A participant of record shall not communicate, either directly or indirectly, with the Hearing Officer about any substantive issue in a pending matter unless:
 - a. All participants of record are present;
 - b. Communication is during a scheduled proceeding, where an absent participant of record fails to appeal after proper notice; or
 - c. Communication is by written motion with copies to all participants of record.
 - 7. The Hearing Officer may postpone, continue, or cancel a hearing for good cause upon the written request of either party. The participant of record must establish good cause for the written request.
 - 8. For good cause shown, the hearing officer may grant continuances and extensions of time for filing notices or other documents.
 - 9. The Hearing Officer may direct a party to submit additional memorandum or information within a reasonable period of time. The Hearing Officer shall grant the opposing party a reasonable period of time to respond to the additional memorandum or information.
 - 10. Upon written request, any party may request an opportunity to compare a document copy with the original. The Hearing Officer may grant the request if the record establishes good cause.
- O. Conduct of Hearing**
- 1. All hearings shall be recorded. The Board shall secure either a court reporter or an electronic means of producing a clear and accurate record of the proceeding.
 - 2. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
 - 3. The parties may submit proposed findings of fact and conclusions of law prior to the hearing. The hearing officer may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.
 - 4. All interested parties shall be ready and present with all witnesses and documents at the time and place specified in the notice of hearing and shall be prepared at such time to dispose of all issues and questions involved in the appeal. An interested party shall arrange for the presence of that party's witnesses at a hearing.
 - 5. If a party fails to appear at a hearing, the hearing body may proceed with the presentation of the evidence of the appearing party.
 - 6. The Hearing Officer conducting the hearing may close the hearing to other than interested parties to the extent necessary to protect the interests and rights of the interested parties, within the requirements of A.R.S. §§ 38-431.01, and 38-431.03.
 - 7. The Hearing Officer may conduct all or part of the hearing by telephone other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
 - 8. Conduct at any hearing that is disruptive or shows contempt for the proceeding shall be grounds for exclusion from further participation.
- P. Evidence**
- 1. All witnesses shall testify under oath or affirmation. The hearing officer shall administer oaths and affirmations.
 - 2. The hearing officer shall afford interested parties an opportunity either to present oral or documentary evidence, or both, and to conduct such cross-examination as may be required for a full and fair disclosure of the facts. The hearing officer may limit the time of oral argument.
 - 3. The hearing officer may choose to admit evidence, a witness' deposition, or a witness' affidavit and determine evidentiary weight of all submitted evidence. The party taking a witness' deposition or affidavit shall bear all deposition-related or affidavit-related costs. The hearing officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning, to exclude evidence the hearing officer determines to be irrelevant, immaterial or unduly repetitious, and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- Q. Stipulations.** Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.
- R. Final Administrative Decision**
- 1. The hearing officer shall issue a written recommendation within 20 days after the hearing is concluded. The written recommendation shall contain a concise explanation of the reasons supporting the recommendation, including the findings of fact and conclusions of law.
 - 2. The hearing officer shall serve a copy of the recommendation on the Board. On request of the Board, the hearing officer shall also transmit to the Board the record of the hearing as described in A.R.S. § 12-904.
 - 3. At one of the following two regularly scheduled meetings of the Board after the hearing officer sends a copy of the recommendation to the Board, the Board may review the recommendation and accept, reject or modify it.
 - a. If the Board declines to review the hearing officer's recommendation, the Board shall serve a copy of the recommendation on all parties.

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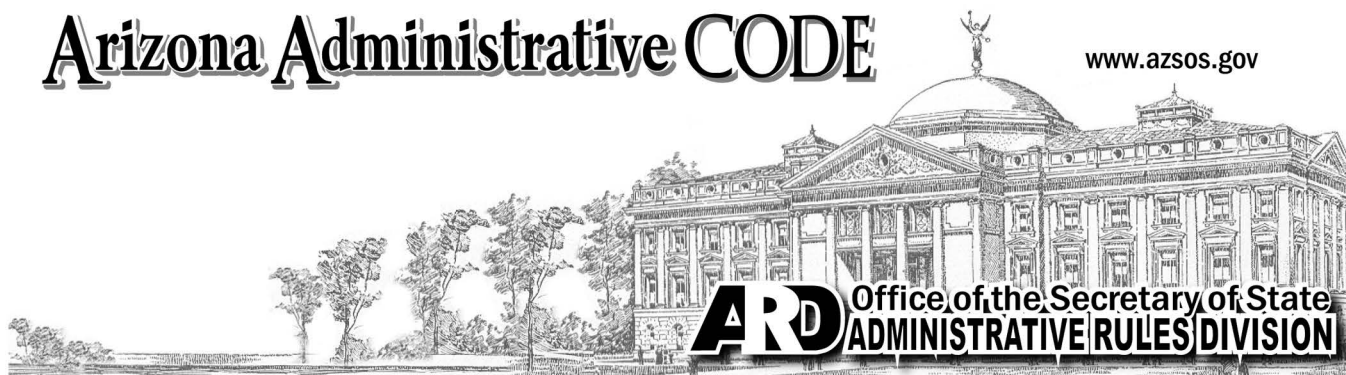
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- b. If the Board rejects or modifies the recommendation, the Board shall serve on all parties, a copy of the hearing officer's recommendation with the rejection or modification and a written justification setting forth the reasons for the rejection or modification of each finding of fact or conclusion of law.
 4. The Board shall provide all parties with at least 20 days written notice of the date, time and location of the public meeting at which the Board will consider the hearing officer's recommendation.
- S. Rehearing and Review of Decisions
 1. A party may file a motion for rehearing or review within 10 days after service of the final administrative decision. The motion shall be in writing and state the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provided to the opposing party. When a motion of rehearing is based on new evidence, the new evidence shall be served to the Board with the written motion.
 2. The opposing party may file a response to the motion for rehearing within 15 days after the date the motion for rehearing is filed. The response shall be in writing and address the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provide to the moving party.
 3. A rehearing of a final administrative decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
 - a. Except as provided for in R7-2-1511(O)(2), irregularity in the administrative proceedings of the hearing, or abuse of discretion, whereby the moving party was deprived of a fair hearing;
 - b. Misconduct of the hearing officer; or
 - c. Newly discovered materials which could not with reasonable diligence have been discovered and produced at the hearing.
 4. The filed motion shall be considered at one of the following two regularly scheduled meetings of the Board.
 5. Service is complete on personal service or five days after the date the final administrative decision is mailed to the party's last known address.
 6. After a hearing has been held and a final administrative decision has been entered a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective January 1, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

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TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

9 A.A.C. 10

Supplement Information Supp. 25-3

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

For questions, contact:

Name: Stacie Gravito
Title: Office Chief
Telephone: (602) 542-1020
Fax: (602) 364-1150
Email: Stacie.Gravito@azdhs.gov
Department: Department of Health Services
Office: Office of Administrative Counsel and Rules
Address: 150 N. 18th Ave., Suite 200
Phoenix, AZ 85007
Website: www.azdhs.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 25-2, 1-339 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

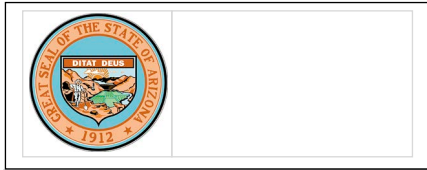
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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

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

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Administrative Rules Division

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

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

Authority: A.R.S. §§ 36-132(A)(1), 36-136, 36-405, and 36-406

Supp. 25-3

Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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Article 2, consisting of Sections R9-10-201 through R9-10-233, adopted effective February 23, 1979.

Former Article 2, consisting of Sections R9-10-201 through R9-10-250, renumbered as Sections R9-10-301 through R9-10-335 as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days.

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Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.

Former Article 3, consisting of Sections R9-10-301 through R9-10-335, repealed effective February 4, 1981.

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Article 5, consisting of Sections R9-10-501 through R9-10-518, renumbered to New Article 21, R9-10-2101 through R9-10-2118; New Article 5, consisting of Sections R9-10-501 through R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-

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518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.

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Article 6, consisting of Sections R9-10-601 through R9-10-618, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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R9-10-624.	Repealed	142

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.

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ARTICLE 8. ASSISTED LIVING FACILITIES

Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 8, consisting of Sections R9-10-801 through R9-10-867, repealed effective October 20, 1982.

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ARTICLE 9. OUTPATIENT SURGICAL CENTERS

Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).

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ARTICLE 10. OUTPATIENT TREATMENT CENTERS

Article 10, consisting of Sections R9-10-1001 through R9-10-1017, made new by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1).

Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1).

Article 10, consisting of R9-10-1011 through R9-10-1030, repealed by summary action, interim effective date of July 21, 1995.

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ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

Article 11, consisting of Sections R9-10-1101 through R9-10-1109 adopted effective July 22, 1994 (Supp. 94-3).

Article 11, consisting of Sections R9-10-1111 through R9-10-1127 repealed effective July 22, 1994 (Supp. 94-3).

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ARTICLE 12. HOME HEALTH AGENCIES

Article 12, consisting of Sections R9-10-1201 through R9-10-1230, repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

Article 12, consisting of Sections R9-10-1201 through R9-10-1230, adopted effective February 4, 1981.

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ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

New Article 13, consisting of Sections R9-10-1301 through R9-10-1317, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.

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Article 14, consisting of Sections R9-10-1401 through R9-10-1412, adopted effective February 1, 1994 (Supp. 94-1).

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Article 15, consisting of Sections R9-10-1501 through R9-10-1515, were either amended, renumbered and repealed by final rulemaking which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Section editor's notes referring to the adoption under an exemption have been removed in this Article (Supp. 18-4).

Selected Sections in Article 15 were subsequently amended by final rulemaking in Supp. 10-2 which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 18-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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Article 17, consisting of Sections R9-10-1711 through R9-10-1713, R9-10-1715 through R9-10-1723, and R9-10-1731 through R9-10-1734, repealed effective July 6, 1994 (Supp. 94-3).

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ARTICLE 1. GENERAL**R9-10-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
 - a. The same:
 - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
 - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;
 - c. Making derogatory remarks or verbally harassing a patient; or
 - d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
 - a. A patient is undergoing treatment, such as through:
 - i. One or more surgical procedures to remove the cancer;
 - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
 - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
 - b. There is no treatment; or
 - c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
 - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - d. A health care institution license.
22. "Application packet" means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - d. Licensing of a health care institution.
23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.

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27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
28. "Available" means:
 - a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;
 - b. For equipment and supplies, physically retrievable at a health care institution; and
 - c. For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.
29. "Behavioral care"
 - a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
 - i. Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
 - (1) Direction provided by a behavioral health professional, and
 - (2) Medication ordered by a medical practitioner or behavioral health professional; or
 - ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
 - b. Does not include court-ordered behavioral health services.
30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. "Behavioral health inpatient facility" means a health care institution other than a general hospital, rural general hospital, or special hospital that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
 - a. Have a limited or reduced ability to meet the individual's basic physical needs;
 - b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled.
32. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
 - a. Requires nursing services,
 - b. May require medical services, and
 - c. May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
 - a. Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
 - b. Health-related services.
35. "Behavioral health professional" means the following licensed professionals that provide services specifically within the scope of practices defined by their profession:
 - a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - i. Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
 - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
 - b. A psychiatrist as defined in A.R.S. § 36-501;
 - c. A psychologist as defined in A.R.S. § 32-2061;
 - d. A physician;
 - e. A behavior analyst as defined in A.R.S. § 32-2091; or
 - f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse;
 - g. A clinical nurse specialist as described in A.R.S. § 32-1601; or
 - h. Psychiatric physician assistant.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
 - a. Limits the individual's ability to be independent, or
 - b. Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37 and 9 A.A.C. 10 Article 13.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
 - a. With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or

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- b. Health-related services.
40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-10-104.01.
45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
49. "Clinical oversight" means:
- Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures and, if applicable, a patient's treatment plan;
 - Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;
 - Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and
 - Recommending training for a behavioral health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
- Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
 - Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
52. "Common area" means licensed space in health care institution that is:
- Not a resident's bedroom or a residential unit,
 - Not restricted to use by employees or volunteers of the health care institution, and
 - Available for use by visitors and other individuals on the premises.
53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
54. "Conspicuously posted" means placed:
- At a location that is visible and accessible; and
 - Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
60. "Counseling facility" means a health care institution that only provides counseling, which may include:
- DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
64. "Current" means up-to-date, extending to the present time.

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65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, house-cleaning, home maintenance, money management, and appropriate social interactions.
66. "Danger to others" has the same meaning as in A.R.S. § 36-501.
67. "Danger to self" has the same meaning as in A.R.S. § 36-501.
68. "Detoxification services" means behavioral health services and medical services provided to an individual to:
 - a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and
 - b. Reduce or eliminate the individual's dependence on alcohol or other drugs.
69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.
71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
75. "Discharge" means a documented termination of services to a patient by a health care institution.
76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as house-keeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-10-104.01.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.
97. "Garbage" has the same meaning as in A.A.C. R18-13-302.
98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Habilitation services" means activities provided to an individual to assist the individual with habilitation, as defined in A.R.S. § 36-551.
102. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
103. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
104. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
105. "Home health agency" has the same meaning as in A.R.S. § 36-151.
106. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
107. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
108. "Home health services" has the same meaning as in A.R.S. § 36-151.
109. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
110. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient

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- beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
111. "Immediate" means without delay.
 112. "Immediate jeopardy" means a situation in which a patient or resident has suffered or is likely to suffer serious injury, serious harm, serious impairment, or death as a result of a licensee's noncompliance with one or more health and safety requirements.
 113. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
 - a. On the premises of a health care institution, or
 - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
 114. "Infection control" means to identify, prevent, monitor, and minimize infections.
 115. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.
 116. "Informed consent" means:
 - a. Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
 - b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient's representative.
 117. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
 118. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.
 119. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.
 120. "Interval note" means documentation updating a patient's:
 - a. Medical condition after a medical history and physical examination is performed, or
 - b. Behavioral health issue after an assessment is performed.
 121. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
 122. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
 123. "License" means:
 - a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
 - b. Written approval issued to an individual to practice a profession in this state.
 124. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
 125. "Licensee" means an owner approved by the Department to operate a health care institution.
 126. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
 127. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
 128. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
 129. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
 130. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
 131. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
 132. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
 133. "Medical staff bylaws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
 134. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
 135. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
 - a. Biologicals as defined in A.A.C. R18-13-1401,
 - b. Prescription medication as defined in A.R.S. § 32-1901, or
 - c. Nonprescription drug as defined in A.R.S. § 32-1901.
 136. "Medication administration" means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
 137. "Medication error" means:
 - a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. The administration of a medication:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.
 138. "Mental disorder" means the same as in A.R.S. § 36-501.
 139. "Mobile clinic" means a movable structure that:
 - a. Is not physically attached to a health care institution's facility;
 - b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and
 - c. Is not intended to remain in one location indefinitely.
 140. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
 141. "Neglect" has the same meaning:

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- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
 - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
142. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
143. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
144. "Nursing care institution administrator" means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.
145. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.
146. "Observation chair" means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided,
 - b. Allows an individual to fully recline, and
 - c. Is used by the individual while receiving crisis services.
147. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.
148. "Occupational therapy assistant" has the same meaning as in A.R.S. § 32-3401.
149. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
150. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
151. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.
152. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
153. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
- a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
 - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
154. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
155. "Order" means instructions to provide:
- a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - b. Behavioral health services to a patient from a behavioral health professional.
156. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
157. "Outing" means a social or recreational activity that:
- a. Occurs away from the premises,
 - b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
 - c. Lasts longer than two hours.
158. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
159. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services, or physical health services and behavioral health services, including medication services for the diagnosis and treatment of patients.
160. "Overall time-frame" means the same as in A.R.S. § 41-1072.
161. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
162. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.
163. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
164. "Participant's representative" means the same as "patient's representative" for a participant.
165. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
166. "Patient's representative" means:
- a. A patient's legal guardian;
 - b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
 - c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
167. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
168. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
169. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
170. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
171. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine the cause of illness, injury, or disease.
172. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
173. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
174. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
175. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
176. "Placement evaluation" means the same as in A.R.S. § 36-551.

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177. "Pre-petition screening" has the same meaning as "prepetition screening" in A.R.S. § 36-501.
178. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a resident or patient.
179. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
180. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
181. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
- An observed patient response to a physical health service or behavioral health service provided to the patient,
 - A patient's significant change in condition, or
 - Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
182. "PRN" means pro re nata or given as needed.
183. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
184. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
185. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
186. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder under the direction of a licensed psychiatrist or licensed nurse practitioner.
187. "Psychotropic medication" means a chemical substance that:
- Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
 - Is provided to a patient to address the patient's behavioral health issue.
188. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
189. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
190. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
191. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
192. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
193. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
194. "Regular basis" means at recurring, fixed, or uniform intervals.
195. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
196. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
197. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
198. "Resident's representative" means the same as "patient's representative" for a resident.
199. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.
200. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.
201. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
202. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.
203. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
204. "Risk" means potential for an adverse outcome.
205. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
206. "Rural general hospital" means a subclass of hospital:
- Having 50 or fewer inpatient beds,
 - Located more than 20 surface miles from a general hospital or another rural general hospital, and
 - Requesting to be and being licensed as a rural general hospital rather than a general hospital.
207. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
208. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
209. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

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210. "Secure behavioral health residential facility" has the same meaning as in A.R.S. § 36-425.06.
211. "Self-injury" means any intentional act of causing harm or injury to oneself and may include, but is not limited to, actions such as cutting, burning, hitting, scratching, or other forms of physical harm which as a result may require care from a health care provider.
212. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
213. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.
214. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
215. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
216. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
217. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
218. "Signature" means:
- A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
 - An electronic signature.
219. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
220. "Single dwelling unit" has the same meaning as "single family residence" in A.R.S. § 33-1310.
221. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
222. "Speech-language pathologist" means an individual licensed according to A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
223. "Special hospital" means a subclass of hospital that:
- Is licensed to provide hospital services within a specific branch of medicine; or
 - Limits admission according to age, gender, type of disease, or medical condition.
224. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
225. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
- Alters the individual's behavior or mental functioning;
 - Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - Impairs, reduces, or destroys the individual's social or economic functioning.
226. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
227. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
228. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
229. "Substantial" when used in connection with a modification means:
- An addition or removal of an authorized service;
 - The addition or removal of a colocator;
 - A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 - A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - A change in the building where a health care institution is located that affects compliance with:
 - Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
 - Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
230. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
231. "Supportive services" has the same meaning as in A.R.S. § 36-151.
232. "Surgical procedure" means the excision of or incision in a patient's body for the:
- Correction of a deformity or defect;
 - Repair of an injury; or
 - Diagnosis, amelioration, or cure of disease.
233. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
234. "System" means interrelated, interacting, or interdependent elements that form a whole.
235. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
236. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
237. "Telehealth" has the same meaning as in A.R.S. § 36-3601.
238. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
239. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
240. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
241. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
242. "Transport" means a licensed health care institution:

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- a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
 - b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
243. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.
244. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
245. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
246. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
247. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
248. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

- A. A person may apply for a license as one of the following classes or subclasses of health care institution:
- 1. General hospital;
 - 2. Rural general hospital;
 - 3. Special hospital;
 - 4. Behavioral health inpatient facility;
 - 5. Nursing care institution;
 - 6. Intermediate care facility for individuals with intellectual disabilities;

- 7. Recovery care center;
- 8. Hospice inpatient facility;
- 9. Hospice service agency;
- 10. Behavioral health residential facility;
- 11. Adult residential care institution;
- 12. Assisted living center;
- 13. Assisted living home;
- 14. Adult foster care home;
- 15. Outpatient surgical center;
- 16. Outpatient treatment center; unless exempt pursuant to A.R.S. § 36-402;
- 17. Abortion clinic;
- 18. Adult day health care facility;
- 19. Home health agency;
- 20. Substance abuse transitional facility;
- 21. Behavioral health specialized transitional facility;
- 22. Counseling facility;
- 23. Adult behavioral health therapeutic home;
- 24. Behavioral health respite home;
- 25. Unclassified health care institution;
- 26. Pain management clinic; or
- 27. Secure behavioral health residential facility.

- B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.
- C. The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- D. A health care institution shall comply with the requirements in Article 17 of this Chapter if:
- 1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
 - 2. The Department determines that the health care institution is an unclassified health care institution.
- E. The Department may conduct on-site monitoring inspections of health care institutions that are found to not be in substantial compliance with the applicable licensure requirements specified in this Chapter, as outlined in Table 1.2.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-103. Licensing Exceptions

- A. A health care institution license is required for each health care institution facility except:

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1. A facility exempt from licensing under A.R.S. § 36-402, or
 2. A health care institution's administrative office.
- B.** Unless required by another Article in this Chapter, the Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
 2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
 3. A facility operated by a licensed health care institution that is:
 - a. Adjacent to and contiguous with the licensed health care institution premises; or
 - b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
 - i. Owned by the health care institution, or
 - ii. Leased by the health care institution with exclusive rights of possession;
 4. A mobile clinic operated by a licensed health care institution; or
 5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution; or
 6. A home health agency or hospice agency that provides off-site services, as specified as medical services, nursing services, behavioral health services, health-screening services, or health-related services provided by a licensed health care institution in an area that is:
 - a. Not located on the health care institution's premises;
 - b. Used to provide medical services, nursing services, behavioral health services, health-screening services, or health-related services of a limited duration; and
 - c. Used for purposes other than providing medical services, nursing services, behavioral health services, health-screening services, or health-related services when not used by the health care institution.
- C.** A health care institution shall maintain at the health care institution, a current and valid documentation of any certificate or permit issued by a local jurisdiction related to the operation of the health care institution and provide copies to the Department for review upon request.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-104. Architectural Plans and Specifications**
- A.** For the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit as part of the health care institution license application to the Department an application packet including:
1. An application in a Department-provided format that contains:
 - a. For construction of a new health care institution:
 - i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
 - ii. The name and mailing address of the health care institution's governing authority;
 - iii. The requested health care institution class or subclass; and
 - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
 - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
 - i. The health care institution's license number,
 - ii. The name and mailing address of the licensee,
 - iii. The health care institution's class or subclass, and
 - iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
 - c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and email address;
 - d. A notarized attestation from an architect registered pursuant to A.R.S. Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department. For a modification of a health care institution, authorities having jurisdiction may grant approval to renovate portions of a structure, space, or system if the facility operations and patient safety in renovated and existing areas are not jeopardized by existing features of areas retained without complete corrective measures which minimize restriction on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety;
 - e. A narrative description of the project;
 - f. The estimated total project cost including the costs of:
 - i. Site acquisition,
 - ii. General construction,
 - iii. Architect fees,
 - iv. Fixed equipment, and
 - v. Movable equipment;
 - g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
 - h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;
 - i. If construction or modification of a health care institution requires a project engineer, a statement signed

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and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and

- j. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
 - a. A building permit for the construction or modification issued by the local governmental agency; or
 - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
 - i. The health care institution's name, street address, city, state, zip code, and county;
 - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
 - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in R9-10-104.01:
 - a. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
 - b. For each facility, on architectural plans and specifications, a floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
4. The estimated total project cost including the costs of:
 - a. Site acquisition,
 - b. General construction,
 - c. Architect fees,
 - d. Fixed equipment, and
 - e. Movable equipment;
5. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
 - a. A copy of the certificate of occupancy for the facility,
 - b. Documentation that the facility was approved for occupancy, or
 - c. Documentation that a certificate of occupancy for the facility is not available.
- B. The Department may conduct on-site facility reviews during the construction or modification of a health care institution.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13;

effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Publication error corrected in R9-10-104(A)(1) removing "provided by the Department;" publication error corrected in R9-10-104(B) removing "submitting;" with both amendments made at 25 A.A.R. 1583. Publication error corrected in R9-10-104(A), incorporated by reference Section updated as amended at 25 A.A.R. 3481 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-104.01. Codes and Standards

- A. For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:
 1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
 2. If a conflict occurs among the codes and standards incorporated by reference in subsection (B), the more restrictive codes and standards shall govern over the less restrictive.
- B. The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:
 1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at www.fgiguidelines.org;
 2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at www.nfpa.org/catalog:
 - a. NFPA70 National Electrical Code,
 - b. NFPA101 Life Safety Code, and
 - c. 2012 Supplements;
 3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org;
 4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
 - a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]";
 - b. Section 101.2 is modified by deleting the "Exception";
 - c. Section 101.4.7 is deleted,
 - d. Sections 103.1 through 103.3 are deleted,
 - e. Sections 104.1 through 104.11.2 are deleted,
 - f. Sections 105.1 through 105.7 are deleted,
 - g. Sections 106.1 through 106.3 are deleted,
 - h. Sections 107.1 through 107.5 are deleted,
 - i. Sections 108.1 through 108.4 are deleted,
 - j. Sections 109.1 through 109.6 are deleted,
 - k. Sections 110.1 through 110.6 are deleted,
 - l. Sections 111.1 through 111.4 are deleted,

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- m. Sections 112.1 through 112.3 are deleted,
 - n. Sections 113.1 through 113.3 are deleted,
 - o. Sections 114.1 through 114.4 are deleted,
 - p. Sections 115.1 through 115.3 are deleted,
 - q. Sections 116.1 through 116.5 are deleted, and
 - r. Appendices A, B, C, D, K, L, and M are deleted;
5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Sections 103.1 through 103.4.1 are deleted,
 - c. Sections 104.1 through 104.7 are deleted,
 - d. Sections 105.1 through 105.5 are deleted,
 - e. Sections 106.1 through 106.5.3 are deleted,
 - f. Sections 107.1 through 107.6 are deleted,
 - g. Sections 108.1 through 108.7.3 are deleted,
 - h. Sections 109.1 through 109.7 are deleted,
 - i. Sections 110.1 through 110.4 are deleted, and
 - j. Appendix B is deleted;
6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Sections 103.1 through 103.4.1 are deleted,
 - c. Sections 104.1 through 104.7 are deleted,
 - d. Sections 105.1 through 105.4.1 are deleted,
 - e. Sections 106.1 through 106.6.3 are deleted,
 - f. Sections 107.1 through 107.7 are deleted,
 - g. Sections 108.1 through 108.7.3 are deleted,
 - h. Sections 109.1 through 109.7 are deleted,
 - i. Sections 110.1 through 110.4 are deleted, and
 - j. Appendix A is deleted;
7. As adopted by the Office of the State Fire Marshal;
8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Section 101.2 is modified by deleting the “Exception”,
 - c. Sections 103.1 through 103.4.1 are deleted,
 - d. Sections 104.1 through 104.7 are deleted,
 - e. Sections 105.1 through 105.5 are deleted,
 - f. Sections 106.1 through 106.6.3 are deleted,
 - g. Sections 107.1 through 107.6 are deleted,
 - h. Sections 108.1 through 108.7.3 are deleted,
 - i. Sections 109.1 through 109.7 are deleted, and
 - j. Sections 110.1 through 110.4 are deleted;
9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
 - b. Sections 103.1 through 103.4.1 are deleted,
 - c. Sections 104.1 through 104.7 are deleted,
 - d. Sections 105.1 through 105.5 are deleted,
 - e. Sections 106.1 through 106.4.3 are deleted,
 - f. Sections 107.1 through 107.9 are deleted,
 - g. Sections 108.1 through 108.7.2 are deleted,
 - h. Sections 109.1 through 109.7 are deleted, and
 - i. Sections 110.1 through 110.4 are deleted.
- C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

Historical Note

New Section made by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-105. License Application

- A. A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:
- 1. An application in a Department-provided format provided by the Department including:
 - a. The health care institution's:
 - i. Name;
 - ii. Street address, city, state, zip code;
 - iii. Mailing address;
 - iv. Telephone number;
 - v. Email address;
 - vi. Tax ID number; and
 - vii. Class or subclass listed in R9-10-102 for which licensing is requested;
 - b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
 - c. Whether the health care institution is located in a leased facility;
 - d. Whether the health care institution is ready for a licensing inspection by the Department;
 - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
 - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
 - g. Owner information including:
 - i. The owner's name, mailing address, telephone number, and email address;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the

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- governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
- vii. If the owner is a sole proprietorship, a copy of the applicant's;
 - (1) U.S. Passport, current or expired;
 - (2) Birth certificate;
 - (3) Naturalization documents; or
 - (4) Documentation of legal resident alien status.
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - ix. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - x. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- h. The name and mailing address of the governing authority;
 - i. The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
 - j. Signature required in A.R.S. § 36-422(B);
2. Documentation from the property owner that the property owner approves the health care institution to operate and has exclusive rights of possession on the specified property;
 3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
 4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
 5. Except for a home health agency, a hospice service agency, or a nursing-supported group home, one of the following:
 - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an application packet as required in R9-10-104(A); or
 - b. If the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
 - i. One of the following:
 - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances, specific to the class or subclass of the health care institution;
 - (2) A certificate of occupancy specific to the class or subclass of the health care institution; or
 - (3) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
 - ii. The licensed capacity requested by the applicant for the health care institution;
 - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
 - iv. If applicable, the respite capacity requested by the applicant for the health care institution;
 - v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
 - vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
 6. The health care institution's proposed scope of services; and
 7. The applicable application fee required by R9-10-106.
- B.** In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.
- C.** The Department shall approve or deny a license application in this Section according to R9-10-108.
- D.** A health care institution license is valid:
1. Unless, as specified in A.R.S. § 36-425(C):
 - a. The Department revokes or suspends the license according to R9-10-112, or
 - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or
 2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October

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1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-106. Fees

- A.** An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural plans and specifications review fee as follows:
 1. Fifty dollars for a project with a cost of \$100,000 or less;
 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B.** An applicant submitting an application for a health care institution license shall submit to the Department an application fee of \$50.
- C.** Except as provided in subsection (D) or (E), an applicant submitting an application for a health care institution license or a licensee submitting annual health care institution licensing fees shall submit to the Department the following licensing fee:
 1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
 2. For a behavioral health facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
 3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
 4. For a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, or a nursing-supported group home:
 - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
 - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
 - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
 - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, a pain management clinic, or an unclassified health care institution:
 - a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
7. For an outpatient treatment center that is not a behavioral health facility and provides:
 - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
 - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.
- D.** In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an application for a single group hospital license or a licensee with a single group license submitting annual health care institution licensing fees shall submit to the Department an additional fee of \$365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).
- E.** Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F.** In addition to the applicable fees in subsections (C) and (D), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).
- G.** All fees are nonrefundable except as provided in A.R.S. § 41-1077.
- H.** The Department may charge up to \$1,000 per visit for an on-site monitoring inspection fee, as determined by a provider agreement or notice, according to A.R.S. § 36-405(D).
- I.** If the Department provides in-service training to a health care institution that requests in-service training relating to regulatory compliance outside of the survey process, the Department may charge up to \$500 an hour for the in-service training, according to A.R.S. § 36-405(E).

Historical Note

New Section R9-10-106 renumbered from R9-10-122 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085

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(June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-107. Submission of Health Care Institution Licensing Fees

- A.** An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
 1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
 2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B.** Except as specified in subsection (D), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
 1. The following information in a Department-provided format:
 - a. The licensee's name, and
 - b. The facility's name and license number;
 2. The applicable annual licensing fees in R9-10-106.
- C.** If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (B), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- D.** A licensee may submit to the Department the information in subsection (B)(1) and applicable annual licensing fees in R9-10-106:
 1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
 2. If an alternate licensing fee due date has been established for the licensee according to subsections (E) and (F):
 - a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
 - b. By the alternate licensing fee due date;
 - c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
 - d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).
- E.** Except as specified in subsection (G), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
 1. The licensee's name and email address,
 2. The facility's name and license number,
 3. The current licensing fee due date,
 4. The proposed alternate licensing fee due date,
 5. The reason the licensee is requesting an alternate licensing fee due date, and
 6. The name of the health care institution's administrator or individual representing the health care institution as des-

igned in A.R.S. § 36-422 and the dated signature of the administrator or individual.

- F.** The Department shall review a request made according to subsection (E) according to R9-10-108.
- G.** A licensee may not request an alternate licensing fee due date according to subsection (E):
 1. More frequently than once in each three-year period, or
 2. For a facility for which the payment of licensing fees is not up-to-date.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-108. Time-frames

- A.** The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.
 1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
 2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
 3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
 4. For a health care institution license application packet, an application packet for a modification or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).
 5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.

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1. The Department may conduct an onsite inspection of the facility:
 - a. As part of the substantive review for issuing a health care institution license; or
 - b. As part of the substantive review for approving a modification of a health care institution's license.
2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
 - a. For a health care institution license application or modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
 - b. For a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department's written request to the applicant;
 - c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
 - d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
8. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

Table 1.1 Time-frames

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

Historical Note

New Table 1 made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Table 1 number amended to Table 1.1 and contents amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Table 1.1 amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Table 1.1 amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Table 1.1 heading added for clarity by the Division (Supp. 21-2). Table 1.1 amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-109. Changes Affecting a License**A.** A licensee shall ensure that:

1. The Department is notified in writing at least 30 calendar days before the effective date of:
 - a. Except as provided in subsection (H), a change in the name of:
 - i. A health care institution, or
 - ii. The licensee;
 - b. A change in the hours of operation:
 - i. Of an administrative office, or
 - ii. For providing physical health services or behavioral health services to patients of the health care institution;

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- c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services; or
 - d. A change in the geographic region to be served by the hospice service agency or home health agency; and
- 2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).
- B.** If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:
 - 1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
 - 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- C.** A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.
- D.** If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.
- E.** If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:
 - 1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and
 - 2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
 - a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
 - b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
 - i. Scope of services; and
 - ii. Policies and procedures; and
 - c. The collaborating health care institution has verified the provider's skills and knowledge.
- F.** If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:
 - 1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
 - a. The counseling facility's name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
 - 2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
 - a. The counseling facility's name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.
- G.** If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:
 - 1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
 - a. The affiliated outpatient treatment center's name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility will begin receiving administrative support;
 - 2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center;
 - 3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
 - a. The affiliated counseling facility's name,
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
 - 4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
 - a. The affiliated counseling facility's name,

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- b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.
- H.** A governing authority shall submit a license application required in R9-10-105 for:
- 1. A change in ownership of a health care institution;
 - 2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services; or
 - 3. A change in a health care institution's class or subclass.
- I.** A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
- 1. The health care institution has not ceased operations for more than 30 calendar days,
 - 2. A modification has not been made to the health care institution,
 - 3. The services the health care institution is authorized by the Department to provide are not changed, and
 - 4. The location of the health care institution's premises is not changed.
- J.** To request a duplicate license, a licensee shall submit a written request to the Department for the duplicate license in a format provided by the Department that includes:
- 1. The licensee's name and address,
 - 2. The licensee's license number and expiration date,
 - 3. The licensee's signature and date of signature, and
 - 4. If applicable, the fee in R9-10-106.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-110. Modification of a Health Care Institution

- A.** A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
- 1. An addition or removal of an authorized service;
 - 2. An addition or removal of a collocator;
 - 3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 - 4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - 5. A change in the building where a health care institution is located that affects compliance with:
 - a. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
 - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- B.** A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01 shall

submit an application, according to R9-10-104(A), for a modification of the health care institution described in subsections (A)(3) through (5).

- C.** A licensee of a health care institution shall submit an application for a modification of the health care institution in a Department-provided format that contains:
- 1. The following information in a Department-provided format:
 - a. The health care institution's name, mailing address, email address, and license number;
 - b. A narrative description of the modification, including as applicable:
 - i. The services the licensee is requesting be added or removed as an authorized service;
 - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
 - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
 - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;
 - v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
 - vi. The change being made in the physical plant; and
 - vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-10-104.01; and
 - c. The name and email address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and
 - 2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
 - a. A floor plan showing the location of each collocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a collocator;
 - b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
 - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
 - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
 - c. Any other documentation to support the requested modification; and

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3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.
- D. The Department shall approve or deny a request for a modification described in subsection (C) according to R9-10-108.
- E. A licensee shall not implement a modification described in subsection (C) until an approval or amended license is issued by the Department.
- F. A licensee shall submit the applicable fee according to R9-10-106.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-110 renumbered to Section R9-10-111; new Section R9-10-110 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-111. Enforcement Actions

- A. If the Department determines that an applicant or licensee is violating applicable statutes or rules, the Department may take action according to A.R.S. Title 36, Chapter 4, R9-10-112 or, Table 1.2.
- B. The Department may impose civil money penalties on a licensed health care institution that violates Title 36 or this Chapter, with penalties assessed per resident or patient impacted by the violation as determined by the Department based on the following factors:
 1. The civil penalty may be up to \$1,000 per violation, pursuant to A.R.S. § 36-431.01, if one or more of the following aggravating factors apply:
 - a. The violation is repeated;
 - b. Actual harm occurred;
 - c. The violation poses a potential threat for actual harm or to health and safety, including to patients, staff, or residents;
 - d. Immediate jeopardy exists due to the type and severity of the violation;
 - e. The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety;
 - f. The length of time the violation occurred;
 - g. Patterns of noncompliance; or
 - h. The total number of violations; and
 2. In determining the final penalty, the Department shall consider and reduce the penalty if one or more of the following mitigating factors apply:
 - a. The violation was isolated,
 - b. No actual harm occurred,
 - c. No immediate jeopardy was present,
 - d. The facility reported the violation to the Department,
 - e. The facility promptly corrected the violation,
 - f. The number of persons affected by the violation,
 - g. The size of the facility and the financial impact of the penalty, or
 - h. The length of time the violation occurred.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 97, effective January 1, 2014 (Supp. 13-4). Section R9-10-111 renumbered to Section R9-10-112; new Section R9-10-111 renumbered from R9-10-110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-112. Denial, Revocation, or Suspension of License

- A. The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
 1. Provides false or misleading information to the Department;
 2. Has had in any state or jurisdiction any of the following:
 - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
 - b. A health care professional license or certificate denied, revoked, or suspended;
 3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
 4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient; or
 5. Has operated a health care institution without seeing a patient within twelve consecutive months.
- B. The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1, 2003 (Supp. 03-1). Section R9-10-112 renumbered to R9-10-113; new Section R9-10-112 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-112 renumbered to Section R9-10-113; new Section R9-10-112 renumbered from R9-10-111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-113. Tuberculosis Screening

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- A. If a health care institution is subject to the requirements of this Section, as specified in an Article in this Chapter, the health care institution's chief administrative officer shall ensure that the health care institution establishes, documents, and implements tuberculosis infection control activities that:
1. Are consistent with recommendations in Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333, available at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
 2. Include:
 - a. For each individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution and who is subject to the requirements of this Section, baseline screening, on or before the date specified in the applicable Article of this Chapter, that consists of:
 - i. Assessing risks of prior exposure to infectious tuberculosis,
 - ii. Determining if the individual has signs or symptoms of tuberculosis, and
 - iii. Obtaining documentation of the individual's freedom from infectious tuberculosis according to subsection (B)(1);
 - b. If an individual may have a latent tuberculosis infection, as defined in A.A.C. R9-6-1201:
 - i. Referring the individual for assessment or treatment; and
 - ii. Annually obtaining documentation of the individual's freedom from symptoms of infectious tuberculosis, signed by a medical practitioner, occupational health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101;
 - c. Annually providing training and education related to recognizing the signs and symptoms of tuberculosis to individuals employed by or providing volunteer services for the health care institution;
 - d. Annually assessing the health care institution's risk of exposure to infectious tuberculosis;
 - e. Reporting, as specified in A.A.C. R9-6-202, an individual who is suspected of exposure to infectious tuberculosis; and
 - f. If an exposure to infectious tuberculosis occurs in the health care institution, coordinating and sharing information with the local health agency, as defined in A.A.C. R9-6-101, for identifying, locating, and investigating contacts, as defined in A.A.C. R9-6-101.
- B. A health care institution's chief administrative officer shall:
1. For an individual for whom baseline screening and documentation of freedom from infectious tuberculosis is required by an Article in this Chapter, as specified in subsection (A)(2)(a), obtain one of the following as evidence of freedom from infectious tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test that:
 - i. Is recommended by the U.S. Centers for Disease Control and Prevention (CDC),
 - ii. Was administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution, and
 - iii. Includes the date and the type of tuberculosis screening test;
 - b. If the individual had a history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, compliance with subsection (A)(2)(b); or
 - c. If the individual had a positive Mantoux skin test or other tuberculosis screening test according to subsection (B)(1)(a) and does not have history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, a written statement:
 - i. That the individual is free from infectious tuberculosis, signed by a medical practitioner or local health agency, as defined in A.A.C. R9-6-101; and
 - ii. Dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
 2. As part of the annual assessment of the health care institution's risk of exposure to infectious tuberculosis according to subsection (A)(2)(d), ensure that documentation is obtained for each individual required to be screened for infectious tuberculosis that:
 - a. Indicates the individual's freedom from symptoms of infectious tuberculosis; and
 - b. Is signed by a medical practitioner, occupational health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101.

Historical Note

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-113 renumbered to Section R9-10-114; new Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees

- A. The following definitions apply in this Section:
1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,
 - b. Listening to the patient's heart and lungs, and
 - c. Checking the patient for edema.
 2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
 3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.

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4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
 - a. Dialyzer size,
 - b. Blood-flow rate,
 - c. Dialysate-flow rate, and
 - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
 - a. The blood-flow rate,
 - b. The mixing and temperature of dialysate,
 - c. The dialysate-flow rate,
 - d. The addition of anticoagulant, and
 - e. The fluid-removal rate.
19. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423(A).
20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
22. "Medical person" means:
 - a. A physician who is experienced in dialysis;
 - b. A registered nurse practitioner who is experienced in dialysis;
 - c. A nurse who is experienced in dialysis;
 - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
 - e. An experienced hemodialysis technician trainee approved by the governing authority.
23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
24. "Patient" means an individual who receives hemodialysis.
25. "pH test" means a determination of the acidity of a dialysate.
26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
 1. Perform hemodialysis under direct supervision, and
 2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient's:
 1. Fistula that is not established, or
 2. Graft that is not established.
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
 1. Access a patient's central line catheter;
 2. Respond to a hemodialysis-machine alarm;
 3. Draw blood for laboratory tests;
 4. Perform a water-contaminant test on a water system used for hemodialysis;
 5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
 6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
 7. Prime a dialyzer;
 8. Test a hemodialysis machine for germicide presence;
 9. Perform a hemodialysis machine safety check;
 10. Prepare a dialysate;
 11. Perform a conductivity test and a pH test on a dialysate;
 12. Assess a patient;
 13. Check and record a patient's vital signs, weight, and temperature;
 14. Determine the amount and rate of fluid removal from a patient;
 15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;

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16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
 17. Initiate or discontinue a patient's hemodialysis;
 18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
 19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- E.** An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
 - a. Fistula that is not established; or
 - b. Graft that is not established; or
 2. Provide direct observation.
- F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
 2. The date, time, and hemodialysis task performed;
 3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- G.** If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

Historical Note

Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1).

Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-114 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-114 renumbered to Section R9-10-115; new Section R9-10-114 renumbered from R9-10-113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
 - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
 - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
 - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;

- e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
 - f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
 - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
2. A behavioral health paraprofessional receives supervision according to policies and procedures;
 3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
 - a. The scope and extent of the services provided,
 - b. The acuity of the patients receiving services, and
 - c. The number of patients receiving services;
 4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
 5. When clinical oversight is provided electronically:
 - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
 - b. A secure connection is used, and
 - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
 6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1).

Amended by final rulemaking 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-115 renumbered to Section R9-10-116; new Section R9-10-115 renumbered from R9-10-114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-116. Nutrition and Feeding Assistant Training Programs

- A.** For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B.** An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:

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1. An application in a Department-provided format that contains:
 - a. The name of the agency;
 - b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
 - c. The address where the nutrition and feeding assistant training program records are maintained;
 - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
 - i. The information presented for each topic,
 - ii. The amount of time allotted to each topic,
 - iii. The skills an individual is expected to acquire for each topic, and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
 - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
 - f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
 2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C.** For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D.** Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
1. Issue an approval of the agency's nutrition and feeding assistant training program;
 2. Provide a notice of administrative completeness to the agency that submitted the application; or
 3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E.** If the Department provides a notice of deficiencies to an agency:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
 2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
 3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F.** Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
 2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
 2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H.** The Department shall issue:
1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
 2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
 - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
 - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- I.** An individual in charge of a nutrition and feeding assistant training program shall ensure that:
1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
 - a. Feeding techniques;
 - b. Assistance with feeding and hydration;
 - c. Communication and interpersonal skills;
 - d. Appropriate responses to resident behavior;
 - e. Safety and emergency procedures, including the Heimlich maneuver;
 - f. Infection control;
 - g. Resident rights;
 - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
 - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
 2. An individual providing the training course is:
 - a. A physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A registered dietitian,
 - f. A licensed practical nurse,
 - g. A speech-language pathologist, or
 - h. An occupational therapist; and
 3. An individual taking the training course completes:
 - a. At least eight hours of classroom time, and
 - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J.** An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
1. The name of the agency approved to operate the nutrition and feeding assistant training program;

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2. The name of the individual completing the training course;
 3. The date of completion;
 4. The name, signature, and professional license of the individual providing the training course; and
 5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K.** The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
1. Provides false or misleading information to the Department;
 2. Does not comply with the applicable statutes and rules;
 3. Issues a training completion certificate to an individual who did not:
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire; or
 4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
 2. Pattern of non-compliance,
 3. Types of violations,
 4. Severity of violations, and
 5. Number of violations.
- Historical Note**
- Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-116 renumbered to Section R9-10-117; new Section R9-10-116 renumbered from R9-10-115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- R9-10-117. Repealed**
- Historical Note**
- Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-117 renumbered to Section R9-10-118; new Section R9-10-117 renumbered from R9-10-116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Repealed by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).
- R9-10-118. Collaborating Health Care Institution**
- A.** An administrator of a collaborating health care institution shall ensure that:
1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
 2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
 - a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
 - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
 - i. Provider's name;
 - ii. Street address;
 - iii. License number;
 - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
 - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
 - (1) Individuals 18 years of age or older, or
 - (2) Individuals less than 18 years of age;
 - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
 - vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
 - c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
 - i. Scope of services,
 - ii. Policies and procedures, and
 - iii. Documentation of the review and update of policies and procedures;
 - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
 - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
 - i. The provider's skills and knowledge;
 - ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
 - iii. Verification of the provider's skills and knowledge; and
 - iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;
 3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
 4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
 5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:

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- a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;
 - b. That includes:
 - i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and
 - c. That is documented.
- B.** For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:
1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
 2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based on the referred patient's developmental levels, social skills, verbal skills, and personal history;
 3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
 4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
 5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
 6. A patient's treatment plan is reviewed and updated at least once every 12 months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
 7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
 - a. Documents the review; and
 - b. If applicable:
 - i. Updates the patient's treatment plan, and
 - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
 8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
- 9.** In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:
- a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
 - b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
 - c. Documentation received according to and required by subsection (B)(7),
 - d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
 - e. Any follow-up actions taken by the collaborating health care institution related to the patient.
- C.** For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

Historical Note

New Section R9-10-118 renumbered from R9-10-117 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). The word twelve has been changed to the numeral 12 in subsection (B)(6) for consistency in Chapter style and format (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-119. Abortion Reporting

- A.** A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(D) and (E), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
1. The final disposition of the fetal tissue from the abortion; and
 2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
 - a. The name and address of the person or persons accepting custody of the fetal tissue,
 - b. The amount of any compensation received by the licensed health care institution for the transferred fetal tissue, and
 - c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.
- B.** A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:
1. Transfers custody of the fetal tissue:
 - a. To a funeral establishment, as defined in A.R.S. § 32-1301;
 - b. To a crematory, as defined in A.R.S. § 32-1301; or
 - c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
 2. Complies with requirements in A.A.C. R18-13-1405.

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- C. For purposes of this Section, the following definition applies: “Fetal tissue” means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

Historical Note

New Section made by emergency rulemaking at 21 A.A.R. 1787, effective August 14, 2015 for 180 days (Supp. 15-3). Emergency expired February 10, 2016. Section amended by emergency rulemaking at 22 A.A.R. 420, effective February 11, 2016, for an additional 180 days; filed in the Office February 8, 2016 (Supp. 16-1). New Section made by final rulemaking at 22 A.A.R. 1343, with an immediate effective date upon filing under A.R.S. § 41-1032(A)(1) and (4) of May 5, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-120. Opioid Prescribing and Treatment

- A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.
- B. In addition to the definitions in A.R.S. §§ 32-3248.01 and 36-401(A) and R9-10-101, the following definitions apply in this Section:
1. “Episode of care” means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge, the completion of the patient’s treatment plan, or 90 days from the start of service provision to the patient, whichever is later.
 2. “Order” means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. As applicable and except when contrary to medical judgment for a patient, are consistent with A.R.S. § 32-3248.01 and the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
 - i. Centers for Disease Control and Prevention, or
 - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
 - c. As applicable, include how, when, and by whom:
 - i. A patient’s profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient’s substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient’s representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient’s representative;
 2. Include in the plan for the health care institution’s quality management program a process for:
 - a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);
 3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient’s death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient’s death within one working day after the health care institution learns of the patient’s death; and
 4. Ensure that informed consent, if required from a patient or the patient’s representative, includes:
 - a. The patient’s:
 - i. Name,
- v. Informed consent is obtained from a patient or the patient’s representative and, if applicable, in what situations, described in subsection (G), (H), or (I), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;
- d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
- i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
 - ii. History of substance use disorder,
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
- e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient who is not an inpatient, as defined in R9-10-201;
- f. Include that, if continuing control of a patient’s pain after discharge is medically indicated due to the patient’s medical condition, a method for continuing pain control will be addressed as part of discharge planning;
- g. Include the frequency of the following for a patient being prescribed an opioid for longer than a 30-calendar-day period:
- i. Face-to-face interactions with the patient,
 - ii. Conducting an assessment of a patient’s substance use risk,
 - iii. Renewal of a prescription for an opioid without a face-to-face interaction with the patient, and
 - iv. Monitoring the effectiveness of the treatment;
- h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
- i. As applicable and consistent with A.R.S. § 32-3248.01, cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and
 - j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;

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- ii. Date of birth or other patient identifier, and
 - iii. Condition for which opioids are being prescribed;
 - b. That an opioid is being prescribed or ordered;
 - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
 - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
 - e. Alternatives to a prescribed or ordered opioid;
 - f. The name and signature of the individual explaining the use of an opioid to the patient; and
 - g. The signature of the patient or the patient's representative and the date signed.
- D.** Except as provided in subsection (H) or (I), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
1. Before prescribing an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
 - b. Except as exempted by A.R.S. § 36-2606(H), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
 - e. Explains alternatives to a prescribed opioid; and
 - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
 - i. Is also prescribed or ordered a sedative-hypnotic medication, or
 - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
 2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
 - a. The patient's diagnosis;
 - b. The patient's medical history, including co-morbidities;
 - c. The opioid to be prescribed;
 - d. Other medications or herbal supplements being taken by the patient;
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment, and
 - iii. Alternative treatments tried by or planned for the patient;
 - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
 - g. Other factors relevant to the patient's being prescribed an opioid; and
- E.** Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
1. Before ordering an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
 - i. During the patient's same episode of care; or
 - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
 - b. Except as exempted by A.R.S. § 36-2606(H), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
 - e. If applicable, explains alternatives to an ordered opioid; and
 - f. Obtains informed consent from the patient or the patient's representative, according to subsection (D)(1)(f); and

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2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
 - a. The patient's diagnosis;
 - b. The patient's medical history, including co-morbidities;
 - c. The opioid being ordered and the reason for the order;
 - d. Other medications or herbal supplements being taken by the patient; and
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment,
 - iii. Alternative treatments tried by or planned for the patient,
 - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
 - v. Other factors relevant to the patient's being ordered an opioid.
- F.** For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
 - c. Include how, when, and by whom a patient's need for opioid administration is assessed;
 - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
 - e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;
 2. Include in the plan for the health care institution's quality management program a process for:
 - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);
 3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and
 4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
 - a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
 - b. Monitors the patient's response to the opioid; and
 - c. Documents in the patient's medical record:
 - i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
 - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- G.** A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:
1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
 - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
 - b. Ordering and administering opioids in an emergency situation, and
 - c. Complying with the requirements in subsection (E) after the emergency is resolved;
 2. The order for the administration of an opioid is:
 - a. Part of the treatment for a patient in an emergency, and
 - b. Issued in accordance with policies and procedures; and
 3. The emergency situation is documented in the patient's medical record.
- H.** The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:
1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
 2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
 3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
 4. Ordering an opioid as part of treatment:
 - a. For a patient receiving a surgical procedure or other invasive procedure; or
 - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.

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- I. The requirements in subsections (D)(1)(c) through (f) do not apply to a health care institution's prescribing an opioid as part of treatment for a patient with chronic, intractable pain who has had an established health professional-patient relationship with the prescribing medical practitioner for at least 90 days before the opioid is prescribed.

Historical Note

New Section made by emergency rulemaking at 23 A.A.R. 2203, effective July 28, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section renewed by emergency rulemaking at 24 A.A.R. 303, effective January 25, 2018, for 180 days; new Section made by final rulemaking at 24 A.A.R. 657, with an immediate effective date of March 6, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by final expedited rulemaking at 28 A.A.R. 3568 (November 18, 2022), with an immediate effective date November 2, 2022 (Supp. 22-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-121. Disease Prevention and Control

- A. This Section applies:
1. When the Governor has declared a state of emergency, as defined in A.R.S. § 26-301, to address a situation described under A.R.S. § 36-787; and
 2. To health care institutions licensed under Article 4, 5, or 8 of this Chapter.
- B. The following definitions apply in this Section:
1. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
 2. "Infection" has the same meaning as in A.A.C. R9-6-101.
 3. "Respiratory symptoms" means coughing, shortness of breath, or wheezing not known to be caused by asthma or another chronic lung-related disease.
- C. An administrator or manager, as applicable, shall ensure that policies and procedures are established, documented, and implemented, to protect the health and safety of a resident, that:
1. Cover screening and triage of personnel members, employees, visitors, and, except as provided in subsection (E), any other individuals entering the facility;
 2. Cover the manner and frequency of assessing residents to determine a change in a resident's medical condition;
 3. Establish disinfection protocols and schedules for frequently touched surfaces; and
 4. Specify requirements for distancing residents who exhibit symptoms of a communicable disease from other residents to reduce the chance for infection of another individual.
- D. An administrator or manager, as applicable, shall ensure that:
1. Except as provided in subsection (E), before entering the facility, each individual, including a personnel member, employee, or visitor, is screened for fever or respiratory symptoms indicative of a communicable disease;
 2. If an individual refuses to be screened, the individual is excluded from entry to the facility;
 3. If an individual is determined to have a fever or respiratory symptoms, the individual is excluded from entry to the facility until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner;
 4. If an individual, other than a resident, develops a fever or respiratory symptoms while in the facility, the individual is required to leave the facility and not return until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner; and
5. If insufficient personnel members are available to meet the needs of all residents in the facility, the administrator or manager, as applicable, implements the disaster plan required in R9-10-424, R9-10-523, or R9-10-819, as applicable, which may include moving a resident to a different facility.
- E. An administrator or manager, as applicable, may allow an emergency medical care technician, as defined in A.R.S. § 36-2201, to enter the facility without screening if the emergency medical care technician is responding to a call for providing emergency medical services, as defined in A.R.S. § 36-2201, to a resident or other individual in the facility.
- F. An administrator or manager, as applicable, shall ensure that:
1. An assessment of a resident includes whether the resident has a fever or respiratory symptoms indicative of a communicable disease and is documented in the resident's medical record; and
 2. If a resident is found to have a fever or respiratory symptoms indicative of a communicable disease:
 - a. The resident is evaluated by a medical practitioner within 24 hours to determine what services need to be provided to the resident and what precautions need to be taken by the facility, and the evaluation is documented in the resident's medical record;
 - b. To reduce the chance for infection of another individual, the resident is:
 - i. Kept at a distance of at least six feet from other residents; or
 - ii. If not possible to keep the resident at a distance from other residents, required to wear a face-mask;
 - c. A personnel member:
 - i. Takes precautions, which may include the use of gloves and a facemask or other personal protection equipment, while providing services to the resident; and
 - ii. Removes and, if applicable, disposes of the personal protection equipment and washes the personnel member's hands with soap and water for at least 20 seconds or, if soap and water are not available, uses a hand sanitizer containing at least 60% alcohol immediately after providing services to the resident and before providing services to another resident;
 - d. Linens, dishes, utensils, and other items used by the resident are:
 - i. Kept separate from similar items used by a resident who does not have a fever or respiratory symptoms indicative of a communicable disease; and
 - ii. Disinfected or disposed of in a manner to reduce the chance for infection of another individual; and
 - e. Surfaces touched by the resident are disinfected before another individual touches the surface.
- G. An administrator or manager, as applicable, shall ensure that door handles, tables, chair backs and arm rests, light switches, and other frequently touched surfaces are cleaned and disinfected, according to policies and procedures, with:
1. An alcohol solution containing at least 70% alcohol;

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2. A bleach solution containing four teaspoons of bleach per quart of water; or
3. An EPA-approved household disinfectant.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by emergency rulemaking at 26 A.A.R. 509, with an immediate effective date of March 16, 2020, for 180 days (Supp. 19-1). Emergency expired. New Section made by final rulemaking at 26 A.A.R. 2793, with an immediate effective date of October 7, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-122. Memory Care Services Training Program Application and Renewal

A. An applicant shall apply for approval to operate a memory care services training program by submitting:

1. An application in a Department-provided format that contains:
 - a. The name of the entity;
 - b. The name, telephone number, and email address of the individual in charge of the proposed memory care services training program;
 - c. The address where the memory care services training program records are maintained;
 - d. The address and telephone number of each facility from which training services will be provided;
 - e. A description of the minimum eight hours of initial memory care services training for staff and contractors, that includes:
 - i. One of the following:
 - (1) Dementia care training curriculum from a nationally recognized organization; or
 - (2) The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - aa. Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
 - bb. Communication techniques with cognitively impaired residents;
 - cc. Managing challenging behaviors such as aggression, wandering, and agitation;
 - dd. Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - ee. Implementation of individualized service planning for residents receiving memory care services;
 - ff. Emergency and safety protocols specific to memory care;
 - gg. Recognizing, preventing, and reporting abuse, neglect, or exploitation;
 - hh. Activities of daily living specific to residents receiving memory care services;
 - ii. Palliative care and end-of-life training; and

- jj. Medication management and administration; and
- ii. In addition to R9-10-122(A)(1)(e)(i):
 - (1) The amount of time allotted to each topic;
 - (2) The skills an individual is expected to acquire for each topic; and
 - (3) The testing method used to verify an individual has acquired the stated skills for each topic;
- f. A description of the minimum four hours of annual memory care services training for staff and contractors, including:
 - i. The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
 - (1) Managing challenging behaviors such as aggression, wandering, and agitation;
 - (2) Techniques for promoting dignity, comfort, and emotional well-being of residents;
 - (3) Recognizing, preventing, reporting abuse, neglect, or exploitation; and
 - (4) Implementation of individualized service planning for residents receiving memory care services;
 - ii. The amount of time allotted to each topic;
 - iii. The skills an individual is expected to acquire for each topic; and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
- g. A description of the minimum four hours of memory care services training for a manager, including:
 - i. The evidence-based information presented for each of the following required topics:
 - (1) Development and implementation of individualized service planning for residents receiving memory care services; and
 - (2) Staffing levels and resource allocation;
 - ii. Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
 - (1) Supervisory skills for leading interdisciplinary teams;
 - (2) Effective delegation and team-building strategies;
 - (3) Conflict resolution and managing workplace dynamics;
 - (4) In-depth understanding of state regulations specific to memory care services;
 - (5) Monitoring care outcomes and resident satisfaction;
 - (6) Engaging with families during crises or challenging situations;
 - (7) Leading meetings and facilitating collaboration among staff;
 - (8) Advocacy for residents and families;
 - (9) Coaching and mentoring staff for professional growth;
 - (10) Staying updated on advancements in dementia care;
 - (11) Developing emergency protocols;
 - (12) Cultural competency to ensure inclusivity and sensitivity in care;
 - (13) Strategies to improve staff retention and

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- job satisfaction;
 - (14) Supporting mental health and wellness among team members;
 - (15) Room assignments, operations, and environmental standards; or
 - (16) Identification and implementation of control measures for infectious diseases;
 - iii. The amount of time allotted to each topic;
 - iv. The skills an individual is expected to acquire for each topic; and
 - v. The testing method used to verify an individual has acquired the stated skills for each topic;
 - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information as specified in subsection (H)(2); and
 - i. The signature of the individual in charge of the proposed memory care services training program and the date signed; and
 - 2. A copy of the materials used for providing the memory care services training program.
- B.** The memory care services training program shall include in-person components and may incorporate online components. The in-person component shall include a demonstration of the individual's skills and knowledge necessary to provide memory care services.
- C.** The memory care services training program shall review the topics and materials provided in the memory care services training at least once every 12 months to ensure the information is current and evidence-based, and if necessary, update the materials based on the most up-to-date source or sources for evidence-based practice or practices.
- D.** For annual renewal, at least 60 days before the expiration of approval, a memory care services training program shall submit to the Department, in a Department-provided format:
- 1. The memory care services training program's approval number; and
 - 2. The information in subsection (A).
- E.** For an application for an approval of a memory care services training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- F.** Within 30 calendar days after the receipt of an application in subsection (A), the Department shall:
- 1. Issue an approval of the applicant's memory care services training program;
 - 2. Provide a notice of administrative completeness to the applicant that submitted the application; or
 - 3. Provide a notice of deficiencies to the applicant that submitted the application, including a list of the information or documents needed to complete the application.
- G.** If the Department provides a notice of deficiencies to an applicant:
- 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
 - 2. If the applicant does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
 - 3. If the applicant submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- H.** Within the substantive review time-frame, the Department:
- 1. Shall issue or deny an approval of a memory care services training program; and
 - 2. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.
- I.** If the Department issues a written comprehensive request or a supplemental request for information:
- 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
 - 2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- J.** The Department shall issue:
- 1. An approval for an applicant to operate a memory care services training program if the Department determines that the applicant and the application comply with A.R.S. § 36-405.03 and this Section, or
 - 2. A denial for an applicant that includes the reason for the denial and the process for appeal of the Department's decision if:
 - a. The Department determines that the applicant does not comply with A.R.S. § 36-405.03 and this Section, or
 - b. The applicant does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- K.** The Department may deny, revoke, or suspend an approval to operate a memory care services training program if a memory care services training program provider or an applicant applying to operate a memory care services training program:
- 1. Provides false or misleading information to the Department,
 - 2. Does not comply with the applicable statutes and rules,
 - 3. Issues a training certificate of completion to an individual who did not,
 - a. Complete the memory care services training program, or
 - b. Demonstrate the skills the individual was expected to acquire, or
 - 4. Does not implement the memory care services training program as described in or use the materials submitted with the application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
- 1. Repeated violations of statutes or rules,
 - 2. Pattern of non-compliance,
 - 3. Types of violations,
 - 4. Severity of violations, and
 - 5. Number of violations.

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Historical Note

New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3). Amended by exempt rulemaking at 14 A.A.R. 3958, effective September 26, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 2100, effective January 1, 2010 (Supp. 09-4). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-123. Notification of Change

- A.** A memory care services training program provider shall notify the Department in writing at least 30 days before the effective date of:
1. Termination of the provision of the memory care services training program, or
 2. A change in the:
 - a. Name under which the memory care services training program provider does business,
 - b. Address or telephone number of a facility where memory care services trainings are provided,
 - c. Administrator, or
 - d. Memory care services training program topics provided, and
- B.** The Department shall review the notification of change for subsection (A) and:
1. If the information complies with the requirements in this Article, the Department shall approve the change, or
 2. If the information does not comply with the requirements in this Article, the Department shall send notification to the memory care services training program provider with reasons for the determination of non-compliance.
- C.** The Department may conduct an on-site inspection as part of the notification of change process.
- D.** The memory care services training program provider retains the existing expiration date of the application approval.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-124. Administration, Monitoring

- A.** A memory care services training program provider shall designate an administrator who meets the qualifications established by the memory care services training program provider.
- B.** An applicant or memory care services training program provider shall provide the Department access to records and all areas of a facility according to A.R.S. § 41-1009 within two hours after the Department's request.

Historical Note

Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-125. Memory Care Services Trainer Eligibility

- A.** An individual is eligible to be a memory care services trainer if the individual:
1. Is a registered nurse with:
 - a. A Certified Dementia Practitioner (CDP) or an equivalent certification, demonstrating knowledge in dementia care best practices and behavioral management;
 - b. An Alzheimer's Disease and Dementia Care Training (ADCT) certification or an equivalent program recognized by a national or state accrediting body;
 - c. A Gerontological Nurse Certification (RN-BC) issued by the American Nurses Credentialing Center or an equivalent certification specializing in the care of older adults;
 - d. An End-of-Life and Palliative Care Certification from a recognized body, emphasizing care for late-stage dementia and end-of-life situations; or
 - e. Two years of experience providing memory care services; or
 2. Has a current memory care services certificate of completion.
- B.** An individual, who is not a registered nurse, is eligible to become a memory care services trainer,
1. If the individual has a:
 - a. Bachelor's degree or higher in a relevant field, including but not limited to:
 - i. Gerontology,
 - ii. Psychology,
 - iii. Social Work,
 - iv. Education, or
 - v. Nursing-related disciplines; or
 - b. Minimum of three years of direct experience in memory care, dementia care, or a related field, such as:
 - i. Providing care for individuals with Alzheimer's disease or other forms of dementia, or
 - ii. Developing and implementing memory care programs; and
 2. Holds one or more of the following certifications:
 - a. Certified Dementia Practitioner (CDP),
 - b. Certified Alzheimer's Disease and Dementia Care Trainer (CADDCT),
 - c. Certified Activity Director (ADC) with a specialization in memory care, or
 - d. Any equivalent certification recognized by a national accrediting body;
 3. Demonstrates experience in adult education or staff training, including:
 - a. Conducting workshops, seminars, or training sessions in a health care or memory care setting; or
 - b. Developing training materials specific to memory care;
 4. Has completed cultural competency training to ensure inclusivity and sensitivity in care and training approaches;
 5. Possesses strong communication skills and the ability to tailor training to diverse audiences, including care staff and family members; or
 6. Has a valid certificate of completion issued according to R9-10-126.
- C.** An individual is ineligible to become a memory care services trainer if the individual has:

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1. A history of substantiated allegation or allegations of abuse, neglect, or exploitation of a vulnerable individual or individuals; or
2. A record of disciplinary action or actions related to professional misconduct.

Historical Note

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-126. Memory Care Services Certificate of Completion

- A.** Memory care services training programs, approved by the Department according to R9-10-122, shall provide staff and contractors who complete the training, a certificate of completion that may be used to work at an assisted living facility that is licensed to provide directed care services with the following information:
1. The title of the certificate is clearly stated as, "Certificate of Completion";
 2. The name, address, email address, and telephone number of the individual completing the memory care services training;
 3. Title of the training program;
 4. Name of the training organization or provider;
 5. Contact information for the training organization;
 6. The date the individual successfully completed the memory care services training;
 7. The address where the memory care services training and assessment was held;
 8. The name of the memory care services trainer;
 9. The number of hours completed;
 10. The training topics covered;
 11. A statement confirming the trainee's successful completion of the training;
 12. Signature of the trainer; and
 13. Date of issuance.

- B.** A memory care services trainer shall ensure that each individual seeking a memory care services certificate of completion has completed comprehensive training, demonstrated understanding of the topics covered in R9-10-122(A), and achieved a passing score of at least 70% on an examination covering the applicable topics.
- C.** The memory care services training program and an assisted living facility providing memory care services shall maintain a record of the certificate of completion that is kept on file and available with the information specific in subsection (A).
- D.** A memory care services trainer shall comply with:
1. A.R.S. § 36-405.03, and
 2. Applicable requirements in this Article.
- E.** A Department-approved training program shall issue the certificate of completion to the individual who has successfully completed the training program within 10 calendar days of completion.
- F.** An assisted living facility may accept a certificate of completion issued under this Section if:
1. The certificate is issued by a Department-approved training program; and
 2. The certificate holder does not have a lapse of working at an assisted living facility that is licensed to provide directed care services for a period of 12 or more consecutive months, pursuant to A.R.S. § 36-405.03.
- G.** Before the date of issuance of a memory care services certificate of completion, an individual seeking the certificate shall complete the minimum eight hours of initial memory care services training and complete the minimum four hours of annual continuing education training within the preceding 12 consecutive months and achieve a passing score of at least 70% on an examination covering the memory care services training topics specified in R9-10-122(A).

Historical Note

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

Table 1.2. Violation Severity and Remedy Matrix

Severity Level	Criteria	Action
Level 1	If the violation is isolated and has no actual physical or psychosocial harm with no potential of physical or psychosocial harm.	Technical Assistance, or Written plan of correction.
Level 2	If the violation is isolated and has no actual physical or psychosocial harm, with potential for minimal physical or psychosocial harm.	Written plan of correction, Provider agreement, or Civil money penalties up to \$500.
Level 3	If the violation is isolated and has no actual physical or psychosocial harm, with potential for more than minimal physical or psychosocial harm.	Written plan of correction, Directed plan of correction, Provider agreement, On-site monitoring inspection fee up to \$500, or Civil money penalties up to \$1,000.
Level 4	The violation resulted in actual physical or psychosocial harm that is not immediate jeopardy; The licensee provided false or misleading information; The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety; or If the violation is repeated, or if there is a pattern with no actual physical or psychosocial harm, with potential for minimal or more than minimal physical or psychosocial harm.	Written plan of correction, On-site plan of correction, or Provider agreement. On-site monitoring inspection fee up to \$750, Civil money penalties, Suspension, Intermediate sanctions, or Revocation.

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Level 5	Immediate jeopardy to health and safety.	Directed plan of correction; Provider agreement; On-site monitoring inspection fee up to \$1,000; Civil money penalties; Suspension; Intermediate sanctions; Revocation; or Other remedies, as applicable, in Title 41, Chapter 6.
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Historical Note

Table 1.2 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

ARTICLE 2. HOSPITALS**R9-10-201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
2. "Aftercare" means assistance provided to a patient by another individual in the patient's residence, which is not part of a health care institution, following care provided at a hospital, and may include:
 - a. Assisting the patient with activities of daily living, and
 - b. Following the discharge instructions provided by the hospital.
3. "Aftercare provider" means an individual who:
 - a. May be a friend or relative of a patient or be the patient's representative,
 - b. Is designated by the patient or the patient's representative to perform aftercare tasks, and
 - c. Is not compensated for performing aftercare tasks for the patient.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
 - a. Continuous monitoring and multi-system assessment,
 - b. Complex and specialized rapid intervention, and
 - c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.
8. "Diet" means food and drink provided to a patient.
9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
12. "Drug formulary" means a written list of medications available and authorized for use developed according to R9-10-218.
13. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
14. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
15. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
16. "Inpatient" means an individual who:
 - a. Is admitted to a hospital as an inpatient according to policies and procedures,
 - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
 - c. Receives hospital services for 24 consecutive hours or more.
17. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
18. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
19. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
20. "Neonate" means an individual:
 - a. From birth until discharge following birth, or
 - b. Who is designated as a neonate by hospital criteria.
21. "Nurse anesthetist" has the same meaning as "certified registered nurse anesthetist" in A.R.S. § 32-1601.
22. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
23. "Nursery" means an area in a hospital designated only for neonates.
24. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
25. "On duty" means that an individual is at work and performing assigned responsibilities.
26. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
27. "Outpatient" means an individual who:
 - a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
 - b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.

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28. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
29. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
30. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
31. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
32. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
33. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
34. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
35. "Surgical services" means medical services involving a surgical procedure.
36. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
37. "Unit" means a designated area of an organized service.
38. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4).

Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and Article 1 of this Chapter, an applicant for a hospital license shall include:
 1. On the application the requested licensed capacity for the hospital, including:
 - a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
 - b. If applicable, the number of inpatient beds for each multi-organized service unit;
 2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
 - a. Individuals who are under 18 years of age, and
 - b. Individuals 18 years of age and older; and

3. A list, in a Department-provided format, of medical staff specialties and subspecialties, as in a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.
- B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department, in a Department-provided format, for each satellite facility under the single group license:
 1. The name, address, email address, and telephone number of the satellite facility;
 2. The class or subclass of the satellite facility, according to R9-10-102;
 3. The name and email address of the administrator;
 4. A list of services to be provided at the satellite facility; and
 5. The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.
- C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department in a Department-provided format for each accredited satellite facility under the single group license:
 1. The name, address, email address, and telephone number of the accredited satellite facility;
 2. The class or subclass of the accredited satellite facility, according to R9-10-102;
 3. The name and email address of the administrator;
 4. A list of services to be provided at the accredited satellite facility;
 5. The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
 6. A copy of the accredited satellite facility's current accreditation report.
- D. A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
 1. The information required in subsections (B)(1) through (5), or
 2. The information and documentation required in subsections (C)(1) through (6).
- E. A governing authority shall:
 1. Notify the Department:
 - a. At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;
 - b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:
 - i. The information required in subsections (B)(1) through (5), or
 - ii. The information and documentation required in subsections (C)(1) through (6); and
 - c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and

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2. Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-203. Administration**A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
2. Establish, in writing:
 - a. A hospital's scope of services,
 - b. Qualifications for an administrator,
 - c. Which organized services are to be provided in the hospital, and
 - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-204;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
 - b. Not present on a hospital's premises for more than 30 calendar days;
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
9. For a health care institution under a single group license, except for outpatient treatment centers, that are exempt pursuant to A.R.S. § 36-402, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.

B. An administrator:

1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospi-

tal services and environmental services provided by or at the hospital;

2. Has the authority and responsibility to manage the hospital; and
3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the prevention and reporting of abuse, neglect, and exploitation of minors and vulnerable adults in compliance with A.R.S. §§ 13-3620 and 46-454 including:
 - i. Annual training for personnel members who have patient interaction, prescribed in the hospital's policies and procedures on how to recognize the signs and symptoms of minor or vulnerable adult abuse, neglect, and exploitation;
 - ii. Reporting suspected abuse, neglect or exploitation of a minor or vulnerable adult;
 - iii. Submitting to the Department reports of suspected abuse, neglect or exploitation that are filed with law enforcement or the Department of Economic Security; and
 - iv. Maintaining documentation relating to an abuse, neglect, or exploitation investigation for at least 12 months after an initial allegation, including any steps taken to stop or deter substantiated abuse, neglect, or exploitation;
 - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - f. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - g. Cover use of private duty staff, if applicable;
 - h. Cover diversion, including:
 - i. The criteria for initiating diversion;
 - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
 - iii. The method for notifying emergency medical services providers of initiation of diversion, the

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- type of diversion, and termination of diversion;
and
- iv. When the need for diversion will be reevaluated;
 - i. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
 - j. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - k. Cover health care directives;
 - l. Cover medical records, including electronic medical records;
 - m. Cover quality management, including incident reports and supporting documentation;
 - n. Cover contracted services;
 - o. Cover tissue and organ procurement and transplant;
 - p. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable, that comply with A.R.S. § 36-407.03; and
 - q. Cover a workplace violence prevention plan according to A.R.S. § 36-420.03;
2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transport, and transfer;
 - b. Cover discharge planning and discharge, including the requirements in R9-10-225(B) for an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation;
 - c. Cover the provision of hospital services;
 - d. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
 - e. Include when general consent and informed consent are required;
 - f. Include the age criteria for providing hospital services to pediatric patients;
 - g. Cover dispensing, administering, and disposing of medication;
 - h. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - i. Cover infection control;
 - j. Cover restraints that:
 - i. Require an order, including the frequency of monitoring and assessing the restraint; or
 - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
 - k. Cover seclusion of a patient including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a patient in seclusion;
 - l. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
 - m. Cover telehealth, if applicable; and
 - n. Cover environmental services that affect patient care;
 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 4. Policies and procedures are available to personnel members;
 5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
 6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
 7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D. An administrator of a special hospital shall ensure that:
 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
 2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.
 - E. An administrator shall provide written notification to the Department of a patient's:
 1. Death associated with the use of restraints or seclusion by the hospital, within one working day after the patient's death;
 2. Death caused by suicide occurring within the hospital, within one working day after the patient's death; and
 3. Self-injury, within two working days after the patient inflicts a self-injury on the premises that requires medical treatment by a physician.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4004, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-204. Quality Management

- A. A governing authority shall ensure that an ongoing quality management program is established that:
 1. Complies with the requirements in A.R.S. § 36-445; and
 2. Evaluates the quality of hospital services and environmental services related to patient care.
- B. An administrator shall ensure that:
 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

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- a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
 - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
 - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
 - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
 3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
 4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and
 5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-205. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by

exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-206. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospital's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
 - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
 - c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
 - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
 - b. Required to maintain current qualifications in cardiopulmonary resuscitation;

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6. A personnel record for each personnel member is established and maintained and includes:
 - a. The personnel member's name, date of birth, and contact telephone number;
 - b. The personnel member's starting date and, if applicable, ending date;
 - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
 - d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(5);
 - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
 - f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for a personnel member includes:
 - a. The subject matter,
 - b. The date of the in-service education, and
 - c. The signature of the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-207. Medical Staff

- A.** A governing authority shall ensure that:
 1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
 2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
 3. A medical staff member complies with medical staff bylaws and medical staff regulations;
 4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
 5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
 6. A medical staff member is available to direct patient care;
 7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
 - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;
 - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
 - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
 - i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
 - j. Establishing a time-frame for a medical staff member to complete a patient's medical record;
 - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
 - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
 - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
 - i. Establishing criteria for patient selection;
 - ii. Obtaining informed consent before administering the investigational medication or device; and
 - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
 1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(5);
 2. A record for each medical staff member is established and maintained that includes:
 - a. A completed application for clinical privileges;
 - b. The dates and lengths of appointment and reappointment of clinical privileges;
 - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
 3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:

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- a. As soon as possible, but not more than two hours after the time of the Department's request, if the individual is a current medical staff member; and
- b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-208. Admission

- A.** An administrator shall ensure that:
1. A patient is admitted as an inpatient on the order of a medical staff member;
 2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
 3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
 4. The informed consent obtained in subsection (A)(3) or the lack of consent in an emergency is documented in the patient's medical record;
 5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 6. If a physician or other medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission; and
 7. A patient or the patient's representative is given an opportunity to:
 - a. Designate an individual who is willing to participate in discharge planning and act as the patient's aftercare provider;
 - b. Provide contact information for the patient's aftercare provider; and
 - c. Change the patient's designated aftercare provider before discharge.
- B.** If a patient is admitted after a suicide attempt or exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of an inpatient assessment.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-208 renumbered to R9-10-214; new Section R9-10-208 renumbered from R9-10-210 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4).

Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-209. Discharge Planning; Discharge

- A.** For an inpatient, an administrator shall ensure that discharge planning:
1. Is completed before discharge occurs;
 2. Identifies the specific needs of the patient after discharge, if applicable;
 3. Includes the participation of the patient or patient's representative and, if applicable, the patient's aftercare provider;
 4. If the patient is being discharged to the patient's residence, which is not part of a health care institution:
 - a. Includes at least one attempt, which is documented in the patient's medical record, to notify the patient's aftercare provider, if designated, before the patient's discharge; and
 - b. Prepares the patient, the patient's representative, or the patient's aftercare provider, as applicable, to carry out the discharge instructions required in subsection (B)(3)(a), including:
 - i. Answering questions about the discharge instructions and aftercare; and
 - ii. Providing a demonstration of the aftercare tasks to the patient, the patient's representative, or the patient's aftercare provider, as applicable;
 5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
 6. Is documented in the patient's medical record.
- B.** For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
1. There is a discharge summary that includes:
 - a. A description of the patient's medical condition and the medical services provided to the patient, and
 - b. The signature of the medical practitioner coordinating the patient's medical services;
 2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice;
 3. If the patient is not being transferred:
 - a. There are documented discharge instructions; and
 - b. The patient or patient's representative and the patient's aftercare provider, if designated, is provided with a copy of the discharge instructions; and
 4. If the patient is being transferred, the transfer complies with R9-10-211.
 5. If applicable, the discharge or transfer information required in A.R.S. § 36-420.04.
- C.** For an inpatient discharge or a transfer of an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of discharge planning.
- D.** Except as provided in subsection (E), an administrator shall ensure that an outpatient is discharged according to policies and procedures.
- E.** For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
1. A discharge order is documented by a medical practitioner who provided medical services to the patient

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before the patient is discharged, unless the patient leaves against a medical staff member's advice; and

2. Discharge instructions are documented and provided to the patient or patient's representative and the patient's aftercare provider, if designated before the patient is discharged, unless the patient leaves the hospital against a medical staff member's advice.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-209 renumbered to R9-10-212; new Section R9-10-209 renumbered from R9-10-211 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-210. Transport

- A. For a transport of a patient, the administrator of a sending hospital shall ensure that:
 1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
 - c. Specify the information in the sending hospital's patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
 - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
 - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
 - i. Patient's medical condition, and
 - ii. Mode of transport; and
 2. Documentation in the patient's medical record includes:
 - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport to the receiving health care institution;
 - d. The date and time of the patient's return to the sending hospital, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

- B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
 - c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending health care institution, if applicable; and
 - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending health care institution that is not provided at the time of the patient's return; and
2. Documentation in the patient's medical record includes:
 - a. The date and time the patient arrived at the receiving hospital;
 - b. The medical services provided to the patient at the receiving hospital;
 - c. Any adverse reaction or negative outcome the patient experienced at the receiving hospital, if applicable;
 - d. The date and time the receiving hospital returned the patient to the sending health care institution, if applicable;
 - e. The mode of transportation to return the patient to the sending health care institution, if applicable; and
 - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-210 renumbered to R9-10-208; new Section R9-10-210 renumbered from R9-10-212 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-211. Transfer

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;

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- c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
- d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
 - i. Patient's medical condition, and
 - ii. Mode of transfer;
- 2. One of the following accompanies the patient during transfer:
 - a. A copy of the patient's medical record for the current inpatient admission; or
 - b. All of the following for the current inpatient admission:
 - i. A medical staff member's summary of medical services provided to the patient,
 - ii. A care plan containing up-to-date information,
 - iii. Consultation reports,
 - iv. Laboratory and radiology reports,
 - v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
 - vi. Medical staff member's orders in effect at the time of transfer, and
 - vii. Any known allergy; and
- 3. Documentation in the patient's medical record includes:
 - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and
 - e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.
- 1. A patient is treated with dignity, respect, and consideration;
- 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
 - i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
- 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse examination or withdraw consent for treatment before treatment is initiated;
 - c. Is informed of:
 - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
 - iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
 - iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
 - d. Except in an emergency, is provided a description of the health care directives policies and procedures:
 - i. If an inpatient, at the time of admission; or
 - ii. If an outpatient:
 - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
 - (2) If the hospital services include a planned series of treatments, at the start of each series;
 - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.

Historical Note

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-211 renumbered to R9-10-209; new Section R9-10-211 renumbered from R9-10-213 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-212. Patient Rights**A.** An administrator shall ensure that:

- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;
- 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
- 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:**C.** A patient has the following rights:

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1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To have access to a telephone;
 5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 6. To receive a referral to another health care institution if the hospital is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
 7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
 8. To participate or refuse to participate in research or experimental treatment;
 9. To participate in visitation, in compliance with A.R.S. § 36-407.03; and
 10. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
 6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a hospital maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a medical record for an inpatient contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergy, including medication allergies or sensitivities;
 2. Medication information that includes:
 - a. A medication ordered for the patient; and
 - b. A medication administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction the patient has to the medication;
 3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 4. A medical history and results of a physical examination or an interval note;
 5. If the patient provides a health care directive, the health care directive signed by the patient;
 6. An admitting diagnosis;
 7. The date of admission and, if applicable, the date of discharge;
 8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;
 9. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 10. Orders;
 11. Care plans;
 12. Documentation of hospital services provided to the patient;
 13. Progress notes;
 14. The disposition of the patient after discharge;

Historical Note

Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-213. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff member according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by a medical staff member or medical practitioner;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;

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15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);
 16. A discharge summary; and
 17. If applicable:
 - a. A laboratory report,
 - b. A pathology report,
 - c. An autopsy report,
 - d. A radiologic report,
 - e. A diagnostic imaging report,
 - f. Documentation of restraint or seclusion, and
 - g. A consultation report.
- D.** An administrator shall ensure that a hospital's medical record for an outpatient contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergy including medication allergies or sensitivities;
 2. If necessary for treatment, medication information that includes:
 - a. A medication ordered for the patient; and
 - b. A medication administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction the patient has to the medication;
 3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 4. An admitting diagnosis or reason for outpatient medical services;
 5. Orders;
 6. Documentation of hospital services provided to the patient; and
 7. If applicable:
 - a. A laboratory report,
 - b. A pathology report,
 - c. An autopsy report,
 - d. A radiologic report,
 - e. A diagnostic imaging report,
 - f. Documentation of restraint or seclusion, and
 - g. A consultation report.
- E.** In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
1. Documentation of treatment the patient received before arrival at the hospital, if available;
 2. The patient's medical history;
 3. An assessment, including the name of the individual performing the assessment;
 4. The patient's chief complaint;
 5. The name of the individual who treated the patient in the emergency room, if applicable; and
 6. The disposition of the patient after discharge.

Historical Note

Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp.

79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-213 renumbered to R9-10-211; new Section R9-10-213 renumbered from R9-10-228 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-214. Nursing Services

- A.** An administrator shall ensure that:
1. Nursing services are provided 24 hours a day, and
 2. A nurse executive is appointed who is qualified according to policies and procedures.
- B.** A nurse executive shall designate a registered nurse who is present on the hospital's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C.** A nurse executive shall ensure that:
1. Policies and procedures for nursing services are established, documented, and implemented;
 2. An acuity plan is established, documented, and implemented that includes:
 - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
 - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
 - c. A policy and procedure stating the steps a hospital will take to:
 - i. Obtain the necessary nursing personnel to meet patient acuity, and
 - ii. Make assignments for patient care according to the acuity plan;
 3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
 4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
 5. There is at least one registered nurse on the hospital's premises whether or not there is a patient;
 6. A general hospital has at least two registered nurses on the general hospital's premises when there is more than one patient;
 7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on the special hospital's premises when there is more than one patient;
 8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on the special hospital's premises when there is more than one patient;
 9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on the rural general hospital's premises. If there is only one registered nurse on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present on the rural general hospital's premises within 15 minutes after being called;

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10. If a hospital has a patient in a unit, there is at least one registered nurse present in the unit;
11. If a hospital has more than one patient in a unit, there is at least one registered nurse and one additional nursing personnel member present in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
 - a. During the delivery of a neonate,
 - b. In an operating room, and
 - c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

Historical Note

Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-214 renumbered to R9-10-215; new Section R9-10-214 renumbered from R9-10-208 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-215. Surgical Services

An administrator of a general hospital shall ensure that:

1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
 - a. The date of the surgical procedure,
 - b. The patient's name,
 - c. The type of surgical procedure,
 - d. The time in and time out of the operating room,
 - e. The name and title of each individual performing or assisting in the surgical procedure,
 - f. The type of anesthesia used,
 - g. An identification of the operating room used, and
 - h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;

8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
 - a. A preoperative diagnosis;
 - b. Each diagnostic test performed in the hospital;
 - c. A medical history and physical examination as required in subsection (11) and an interval note as required in subsection (12);
 - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
 - e. Informed consent according to policies and procedures;
14. In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed;
15. A physician discharges a patient from the designated area in subsection (2); and
16. A smoke evacuation system is used in each designated area to prevent exposure to surgical smoke as described in A.R.S. § 36-434.01.

Historical Note

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31, 1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-215 renumbered to R9-10-216; new Section R9-10-215 renumbered from R9-10-214 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-216. Anesthesia Services

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;

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2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
 - a. A pre-anesthesia evaluation, if applicable;
 - b. An intra-operative anesthesia record;
 - c. The postoperative status of the patient upon leaving the operating room; and
 - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

Historical Note

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-216 renumbered to R9-10-217; new Section R9-10-216 renumbered from R9-10-215 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-217. Emergency Services

- A. An administrator of a general hospital or a rural general hospital shall ensure that:
 1. Emergency services are provided 24 hours a day in a designated area of the hospital;
 2. Emergency services are provided as an organized service under the direction of a medical staff member;
 3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
 4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
 5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
 6. A roster of on-call medical staff members is available in the emergency services area;
 7. There is a chronological log of emergency services provided to patients that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient including discharge, transfer, or admission; and
 8. The chronological log required in subsection (A)(7) is maintained:
 - a. In the emergency services area for at least 12 months after the date of the emergency services; and
 - b. By the hospital for at least an additional four years.
- B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).

- C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.
- D. An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in R9-10-104.01.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-217 renumbered to R9-10-218; new Section R9-10-217 renumbered from R9-10-216 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-218. Pharmaceutical Services

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - a. Develop a drug formulary,
 - b. Update the drug formulary at least once every 12 months,
 - c. Develop medication usage and medication substitution policies and procedures, and
 - d. Specify which medications and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:

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- a. Contains medication, supplies, and equipment as specified in policies and procedures;
- b. Is available to a unit; and
- c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
 - a. Order medication, and
 - b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An assessment of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
 - a. A medication administration error,
 - b. An adverse reaction to a medication, and
 - c. A pharmacy medication dispensing error.
16. If applicable, policies and procedures are established for donated medicine according to A.R.S. § 32-1909.
- c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
6. A hospital that offers surgical services provides pathology services on the hospital's premises or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
 - a. Available to the medical staff:
 - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital's premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital's premises; and
 - b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood and blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
 - a. The availability of blood and blood products through the contract, and
 - b. The process for delivery of blood and blood products through the contract; and
12. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-218 renumbered to R9-10-219; new Section R9-10-218 renumbered from R9-10-217 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-219. Clinical Laboratory Services and Pathology Services

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
 - a. Is able to provide clinical laboratory services when needed by the patients,
 - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-219 renumbered to R9-10-220; new Section R9-10-219 renumbered from R9-10-218 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-220. Radiology Services and Diagnostic Imaging Services

A. An administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;

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2. A copy of a certificate documenting compliance with subsection (A)(1) is provided to the Department for review upon the Department's request;
 3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
 4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
 5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
 6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
 - a. On the special hospital's premises, or
 - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.
- B.** An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:
1. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a medical staff member; and
 - b. According to an order that includes:
 - i. The patient's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and
 - iv. The reason for the procedure;
 2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
 3. A radiologic or diagnostic imaging patient report is prepared that includes:
 - a. The patient's name;
 - b. The date of the procedure;
 - c. A medical staff member's or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The adverse reaction to the radiopharmaceutical, if any; and
 4. A radiologic or diagnostic imaging report is included in the patient's medical record.
1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
 2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
 3. Admission and discharge criteria for intensive care services are established;
 4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are established and documented in policies and procedures;
 5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
 - a. With at least one registered nurse assigned for every two patients, and
 - b. According to an acuity plan as required in R9-10-214;
 6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
 7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
 8. Private duty staff do not provide hospital services in an intensive care unit;
 9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
 10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
 - a. Ventilatory assistance equipment,
 - b. Respiratory and cardiac monitoring equipment,
 - c. Suction equipment,
 - d. Portable radiologic equipment, and
 - e. A patient weighing device for patients restricted to a bed; and
 11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

Historical Note

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-221 renumbered to R9-10-222; new Section R9-10-221 renumbered from R9-10-220 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-222. Respiratory Care Services

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
 - a. The patient's name;
 - b. The name and signature of the ordering individual;

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-220 renumbered to R9-10-221; new Section R9-10-220 renumbered from R9-10-219 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-221. Intensive Care Services

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

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- c. The type, frequency, and, if applicable, duration of treatment;
- d. The type and dosage of medication and diluent; and
- e. The oxygen concentration or oxygen liter flow and method of administration;
- 3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services;
 - c. The effect of respiratory care services;
 - d. If applicable, any adverse reaction to respiratory care services; and
 - e. The authentication of the individual providing the respiratory care services; and
- 4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.
- e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
- 7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;
- 8. The perinatal services unit provides fetal monitoring;
- 9. The perinatal services unit has ultrasound capability;
- 10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
- 11. Policies and procedures specify:
 - a. Security measures to prevent neonatal abduction, and
 - b. How the hospital determines to whom a neonate may be discharged;
- 12. A neonate is discharged only to an individual who:
 - a. Is authorized according to subsection (A)(11), and
 - b. Provides identification;
- 13. A neonate's medical record identifies the individual to whom the neonate is discharged;
- 14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;
- 15. Intensive care services for neonates comply with the requirements in R9-10-221;
- 16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
- 17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
- 18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
- 19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.

Historical Note

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-222 renumbered to R9-10-223; new Section R9-10-222 renumbered from R9-10-221 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-223. Perinatal Services

- A.** An administrator of a hospital that provides perinatal organized services shall ensure that:
 - 1. Perinatal services are provided in a designated area under the direction of a medical staff member;
 - 2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
 - 3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
 - 4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
 - 5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
 - 6. A chronological log of perinatal services provided to patients is maintained that includes:
 - a. The patient's name;
 - b. The date, time, and mode of the patient's arrival;
 - c. The disposition of the patient including discharge, transfer, or admission time;
 - d. The following information for a delivery of a neonate:
 - i. The neonate's name or other identifier;
 - ii. The name of the medical staff member who delivered the neonate;
 - iii. The delivery time and date; and
 - iv. Complications of delivery, if any; and
- B.** An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).
- C.** In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
 - a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
 - b. Compliance with A.R.S. § 36-2301.01, if applicable;
 - c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
 - d. A medical record to be established and maintained for a fetus delivered alive;

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2. The medical record of a patient receiving an abortion procedure contains:
 - a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
 - b. A link to the medical record of a fetus delivered alive; and
3. For a fetus delivered alive, a medical record contains:
 - a. An identification of the fetus, including:
 - i. The name of the patient from whom the fetus was delivered alive, and
 - ii. The date the fetus was delivered alive;
 - b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
 - d. If applicable, information about medication administered to the fetus delivered alive; and
 - e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

Historical Note

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-223 renumbered to R9-10-224; new Section R9-10-223 renumbered from R9-10-222 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-224. Pediatric Services

- A. An administrator of a hospital that provides pediatric services or pediatric organized services according to the requirements in this Section shall ensure that:
 1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
 2. Policies and procedures are established, documented, and implemented for:
 - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
 - b. Visitation of a pediatric patient, including age limits if applicable;
 3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
 4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B. An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C. An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing

services to an adult patient and a pediatric patient according to this Section:

1. A pediatric patient is not placed in a patient room with an adult patient, and
 2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D. A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
 1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
 2. Except as provided in subsections (H) and (I), ensure that an adult patient is:
 - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
 - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
 - E. Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
 - F. Subsection (G) only applies to a general hospital or rural general hospital that:
 1. Does not provide pediatric organized services;
 2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
 3. Has a licensed capacity of less than 100; and
 4. Is located in a county with a population of less than 500,000.
 - G. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
 1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
 2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.
 - H. Subsection (I) only applies to a general hospital or a rural general hospital that:
 1. Provides pediatric organized services in a patient care unit;
 2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to an adult patient in a pediatric organized services patient care unit;
 3. Has a licensed capacity of less than 100; and
 4. Is located in a county with a population of less than 500,000.
 - I. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (D)(1).

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8

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A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 18 A.A.R. 1719, effective June 30, 2012 (Supp. 12-2). Section R9-10-224 renumbered to R9-10-225; new Section R9-10-224 renumbered from R9-10-223 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-225. Psychiatric Services

- A.** An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
 2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
 3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
 4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
 5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
 - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
 - b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - c. Establish the process for developing and implementing a patient's care plan including:
 - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
 - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
 - iii. Informing the patient that the patient has the right to refuse any treatment;
 - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
 - v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
 - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
- e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
 - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - ii. Is absent against medical advice; or
 - iii. Is under 18 years of age;
 - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
 - i. The qualifications of a medical staff member or personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
 - g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - h. Establish procedures for internal review of the use of restraint or seclusion;
 - i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
 - j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
6. If time-out is used in the organized psychiatric services unit or special hospital, a time-out:
 - a. Takes place in an area that is unlocked, lighted, quiet, and private;

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- b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
 - c. Is time-limited and does not exceed two hours per incident or four hours per day;
 - d. Does not result in a patient's missing a meal if the patient is in time-out at mealtime;
 - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time-out; and
 - f. Is documented in the patient's medical record, to include:
 - i. The date of the time-out,
 - ii. The reason for the time-out,
 - iii. The duration of the time-out, and
 - iv. The action planned and taken to address the reason for the time-out;
7. Restraint or seclusion is:
- a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
- a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
9. Restraint or seclusion is:
- a. Only ordered by a physician or a registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
10. An order for restraint or seclusion includes:
- a. The name of the individual ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
- a. Four continuous hours for a patient who is 18 years of age or older,
 - b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
 - c. One continuous hour for a patient who is younger than nine years of age;
12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
- a. Face-to-face monitoring by a medical staff member or personnel member, or
 - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
- a. Includes:
 - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
15. When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;

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- iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. A patient is monitored and assessed according to policies and procedures;
 - e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
16. If a patient is placed in seclusion, the room used for seclusion:
- a. Is approved for use as a seclusion room by the Department under R9-10-104;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):
- a. A piece of equipment is available for use in the room used for seclusion that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
 - v. Allows a patient's body to recline; and
 - vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
18. A seclusion room may be used for services or activities other than seclusion if:
- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;
 - c. Policies and procedures are established, documented, and implemented that:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;
19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the face-to-face assessment required in subsection (A)(12)(a);
 - d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
 - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
 - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.
- B.** For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the admission requirements in R9-10-208 and discharge planning requirements in R9-10-209, an administrator shall ensure that:
- 1. The patient receives a suicide assessment; and
 - 2. The patient or the patient's representative receives:
 - a. The results of the suicide assessment in subsection (B)(1);
 - b. Information about the availability of age-appropriate, suicide crisis services, including contact information;
 - c. Specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
 - i. Another health care institution;

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- ii. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
- iii. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state; and
- d. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through difi.az.gov, developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.

- C. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-225 renumbered to R9-10-227; new Section R9-10-225 renumbered from R9-10-224 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-226. Behavioral Health Observation/Stabilization Services

An administrator of a hospital that is authorized to provide behavioral health observation/stabilization services shall ensure that:

- 1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
- 2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-226 renumbered to R9-10-229; new Section R9-10-226 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-227. Rehabilitation Services

An administrator shall ensure that:

- 1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
- 2. Rehabilitation services are provided according to an order; and
- 3. The medical record of a patient receiving rehabilitation services includes:

- a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
- b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
- c. The rehabilitation services provided,
- d. The patient's response to the rehabilitation services, and
- e. The authentication of the individual providing the rehabilitation services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-227 renumbered to R9-10-231; new Section R9-10-227 renumbered from R9-10-225 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-228. Multi-organized Service Unit

- A. A governing authority may designate the following as a multi-organized service unit:

- 1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
- 2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
- 3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
- 4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
- 5. A unit that provides medical and nursing services to adult and pediatric patients.

- B. An administrator shall ensure that:

- 1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
- 2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
- 3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 for all organized services provided in the multi-organized service unit.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-228 renumbered to R9-10-213; new Section R9-10-228 renumbered from R9-10-234 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-229. Social Services

An administrator of a hospital that provides social services shall ensure that:

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1. A registered nurse or another personnel member designated according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
3. A medical staff member, nurse, patient, patient's representative, or member of the patient's family may request social services;
4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
5. The patient has privacy when communicating with a personnel member providing social services; and
6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-229 renumbered to R9-10-230; new Section R9-10-229 renumbered from R9-10-226 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-230. Infection Control

An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
 - a. The collection and analysis of infection control data;
 - b. The actions taken relating to infections and communicable diseases; and
 - c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
 - a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
 - i. Isolating a patient;
 - ii. Sterilizing equipment and supplies;
 - iii. Maintaining and storing sterile equipment and supplies;
 - iv. Using personal protective equipment such as gowns, masks, or face protection;
 - v. Disposing of biohazardous medical waste; and
 - vi. Moving and processing soiled linens and clothing;
 - b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
 - i. Working in the hospital,
 - ii. Providing patient care, or
 - iii. Providing environmental services;
5. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
 - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
 - ii. The work that the medical staff member performs; and
6. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
7. Tuberculosis screening is performed for a personnel member or medical staff member:
 - a. On or before the date the personnel member or medical staff member begins providing services at or on behalf of the hospital, and
 - b. As part of a tuberculosis infection control program according to R9-10-113;
8. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
9. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
10. An infection control committee is established according to policies and procedures and consists of:
 - a. At least one medical staff member,
 - b. The individual directing the infection control program, and
 - c. Other personnel identified in policies and procedures; and
11. The infection control committee:
 - a. Develops a plan for preventing, tracking, and controlling infections;
 - b. Reviews the type and frequency of infections and develops recommendations for improvement;
 - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
 - d. Maintains a record of actions taken and minutes of meetings.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-230 renumbered to R9-10-233; new Section R9-10-230 renumbered from R9-10-229 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R9-10-231. Dietary Services

An administrator shall ensure that:

1. Dietary services are provided according to 9 A.A.C. 8, Article 1;

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2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
 - a. Performed according to policies and procedures, and
 - b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

Historical Note

Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-231 renumbered to R9-10-232; new Section R9-10-231 renumbered from R9-10-227 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-232. Disaster Management

An administrator shall ensure that:

1. A disaster plan is developed and documented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals;
 - b. Assigned personnel responsibilities; and
 - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
 - a. The date and time of the drill;
 - b. A critique of the drill; and

- c. Recommendations for improvement, if applicable; and

6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

Historical Note

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp. 79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-232 renumbered to R9-10-234; new Section R9-10-232 renumbered from R9-10-231 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-233. Environmental Standards

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing environmental services at or on behalf of the hospital, and
 - b. According to R9-10-113;
2. The hospital premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
6. Equipment used to provide hospital services is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

Historical Note

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 2374, effective February 29, 2008 (Supp. 08-2). New Section R9-10-233 renumbered from R9-10-230 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended

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by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R9-10-234. Physical Plant Standards**A.** An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 in effect on the date the hospital submitted the application packet including the notarized attestation of architectural plans according to R9-10-104;
2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

Historical Note

New Section made by final rulemaking 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Section R9-10-234 renumbered to R9-10-228; new Section R9-10-234 renumbered from R9-10-232 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Duplicate language in subsection (A)(1) corrected (Supp. 22-2).

R9-10-235. Administrative Separation

- A.** In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section: "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of serious harm to other individuals or a serious risk to the safety or security of a hospital.
- B.** Only a hospital established according to A.R.S. § 36-202 may use administrative separation.
- C.** An administrator appointed according to A.R.S. § 36-205 shall ensure that:
 1. Administrative separation:
 - a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and
 - b. Is not used:
 - i. In conjunction with a restraint,
 - ii. As a method to manage behaviors, or
 - iii. If prohibited by law; and

2. Policies and procedures are established, documented, and implemented for administrative separation that:
 - a. Include the process and criteria for requesting an administrative separation;
 - b. Include the process and deadlines for approving a request for an administrative separation;
 - c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;
 - d. Include the process for providing a patient access to:
 - i. Incoming mail, and
 - ii. An advocate or legal representative;
 - e. Include the process for providing treatment to a patient while in administrative separation;
 - f. Include the process for establishing investigative goals; and
 - g. Include the process for determining when administrative separation will no longer be used for a patient.

Historical Note

New Section R9-10-235 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-301. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Child and adolescent residential treatment services" means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:

- Under 18 years of age, or
- Under 21 years of age and meets the criteria in R9-10-318(B).

Historical Note

New Section R9-10-301 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-302. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
 - a. Under 18 years of age, and
 - b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;

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8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

Historical Note

New Section R9-10-302 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-303. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health in-patient facility;
2. Establish, in writing:
 - a. A behavioral health inpatient facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
 - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;

- c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Include methods to prevent abuse or neglect of a patient, including:
 - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
 - ii. Reporting of abuse or neglect of a patient;
 - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - f. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - g. Cover first aid training;
 - h. Cover the requirements in subsection (J), if applicable;
 - i. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
 - j. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - k. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The behavioral health inpatient facility to respond to a patient's complaint;
 - l. Cover health care directives;
 - m. Cover medical records, including electronic medical records;
 - n. Cover quality management, including incident reports and supporting documentation;
 - o. Cover contracted services; and
 - p. Cover when an individual may visit a patient in the behavioral health inpatient facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, treatment plan, transport, and transfer;
 - b. Cover discharge planning and discharge, including the requirements in R9-10-309(B) for a patient who was admitted after a suicide attempt or who exhibits suicidal ideation;
 - c. Cover the provision of behavioral health services and physical health services;
 - d. Include when general consent and informed consent are required;
 - e. Cover restraint and, if applicable, seclusion;
 - f. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - h. Cover infection control;

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- i. Cover telehealth, if applicable;
 - j. Cover environmental services that affect patient care;
 - k. Cover patient outings;
 - l. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
 - m. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
 - n. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
 - o. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - p. Cover the security of a patient's possessions that are allowed on the premises; and
 - q. Cover smoking and the use of tobacco products on the premises;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.
- D.** An administrator shall designate a:
1. Medical director who:
 - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
 - b. Is a physician or registered nurse practitioner; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
 2. Clinical director who:
 - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
 - b. Is a behavioral health professional; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
 3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.
- E.** An administrator shall provide written notification to the Department of a patient's:
1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F.** Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.
- G.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (G)(1); and
 - c. The report in subsection (G)(2);
 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (G)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall establish and document the criteria for determining when a patient's absence is unauthorized, including the criteria for a patient who:
1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 2. Is absent against medical advice; or
 3. Is under the age of 18.
- I.** An administrator shall:
1. For a patient who is under a court's jurisdiction, within an hour after determining that the patient's absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
 2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
 3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient's absence that includes the:
 - a. Name of a patient absent without authorization;
 - b. If applicable, name of the person notified as required in subsection (I)(1); and
 - c. Date of the notification; and

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4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.
- J. If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
 1. The on-call schedule is documented;
 2. Personnel members are aware of:
 - a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility,
 - b. The process through which the on-call physician or registered nurse practitioner is contacted,
 - c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
 - d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
 3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
 - a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made,
 - b. The name of the individual making the request,
 - c. The reason for the request,
 - d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health in-patient facility, and
 - e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
 4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
 5. Documentation related to the request is included in the medical record of the applicable patient.

Historical Note

New Section R9-10-303 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-304. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-304 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-305. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-305 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-306. Personnel

A. An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

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- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
 - 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
 - 1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
 - 2. As specified in R9-10-113.
- F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 - 1. The individual's name, date of birth, and contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the employee's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G. An administrator shall ensure that personnel records are:
 - 1. Maintained:
 - a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure that:
 - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
 - 1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - 2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
 - 3. Is maintained for at least 12 months after the last date on the daily staffing schedule.
- J. An administrator shall ensure that:
 - 1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,
 - 2. A registered nurse is present on the behavioral health inpatient facility's premises, and
 - 3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

Historical Note

New Section R9-10-306 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

R9-10-307. Admission; Assessment

- A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:

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1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner or clinical director;
3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
4. Except in an emergency or as provided in subsections (A)(6) and (7), general consent is obtained from a patient or, if applicable, the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 24 hours after admission and documents the medical history and physical examination in the patient's medical record within 24 hours after admission;
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record within seven calendar days after admission;
10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient's behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and whenever the patient has a significant change in condition or experiences an event that affects treatment;
11. If the patient was admitted after a suicide attempt or exhibits suicidal ideation, the behavioral health assessment in subsection (A)(10) includes a suicide assessment;
12. If a behavioral health assessment in subsection (A)(10), including a suicide assessment in subsection (A)(11) if applicable, is conducted by a:
 - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
13. When a patient is admitted, a registered nurse:
 - a. Conducts a nursing assessment of a patient's medical condition and history;
 - b. Determines whether the:
 - i. Patient requires immediate physical health services, and
 - ii. Patient's behavioral health issue may be related to the patient's medical condition and history;
 - c. Determines the acuity of the patient's medical condition;
 - d. Documents the patient's nursing assessment and the determinations required in subsection (A)(13)(b) and (c) in the patient's medical record; and
 - e. Signs the patient's medical record;
14. A behavioral health assessment:
 - a. Documents the patient's:
 - i. Presenting issue, including the acuity of the patient's presenting issue;
 - ii. Substance abuse history;
 - iii. Co-morbidity;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Court-ordered evaluation;
 - vi. Court-ordered treatment;
 - vii. Criminal justice record;
 - viii. Family history;
 - ix. Behavioral health treatment history;
 - x. Symptoms reported by the patient; and
 - xi. Referrals needed by the patient, if any; and
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. Recommendations for staffing levels or personnel member qualifications related to the patient's treatment to ensure patient health and safety;
 - iii. For a patient who:
 - (1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or
 - (2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient's treatment plan is completed; and
 - iv. The signature and date signed of the personnel member conducting the behavioral health assessment;
15. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
16. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
17. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
18. The request in subsection (A)(16) and the opportunity in subsection (A)(17) are documented in the patient's medical record;

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19. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within eight hours after admission;
20. Except as provided in subsection (A)(19), a patient's behavioral health assessment is documented in the patient's medical record within 24 hours after completing the assessment; and
21. If the information listed in subsection (A)(14) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained.

- B.** If the results of a suicide assessment required in subsection (A)(11) indicate that the patient could be a danger to self upon discharge, an administrator shall ensure that the information in R9-10-309(B)(2) is made available to the patient or the patient's representative as part of the opportunity for participation in the patient's behavioral health assessment required in subsection (A)(17).

Historical Note

New Section R9-10-307 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-308. Treatment Plan

- A.** Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that:
1. Is based on the behavioral health assessment and on-going changes to the behavioral health assessment of the patient;
 2. Is completed:
 - a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the patient receives treatment;
 3. Is documented in the patient's medical record within 24 hours after the patient first receives treatment;
 4. Includes:
 - a. The patient's presenting issue, including the acuity of the patient's presenting issue;
 - b. The behavioral health services and physical health services to be provided to the patient;
 - c. If the patient was admitted after a suicide attempt or who exhibits suicidal ideation:
 - i. The results of the suicide assessment required in R9-10-307(11), and
 - ii. Information specific to helping prevent a recurrence;
 - d. The signature of the patient or the patient's representative and date signed, or documentation of the refusal to sign;
 - e. The date when the patient's treatment plan will be reviewed;

- f. If a discharge date has been determined, the treatment needed after discharge; and
 - g. The signature of the personnel member who developed the treatment plan and the date signed;
5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan identifies the acuity of the patient and meets the patient's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the patient's behavioral health assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment.

- B.** An administrator shall ensure that:

1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.

- C.** If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:

1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

Historical Note

New Section R9-10-308 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-309. Discharge

- A.** Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:

1. Developed that:
 - a. Identifies any specific needs of the patient after discharge;
 - b. If the discharge date has been determined, includes the discharge date;
 - c. Is completed before discharge occurs; and
 - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge;
2. Documented in the patient's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the patient or the patient's representative before the discharge occurs.

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- B.** For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the discharge planning requirements in subsection (A), an administrator shall ensure that:
1. The patient receives a suicide assessment; and
 2. The patient or the patient's representative receives:
 - a. The results of the suicide assessment;
 - b. Information about the availability of age-appropriate, suicide crisis services, including contact information; and
 - c. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through difi.az.gov, developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.
- C.** An administrator shall ensure that:
1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
 2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
 3. The request in subsection (C)(1) and the opportunity in subsection (C)(2) are documented in the patient's medical record.
- D.** An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized and able to provide.
- E.** An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.
- F.** An administrator shall ensure that, at the time of discharge, a patient receives:
1. A referral for treatment or ancillary services that the patient may need after discharge, if applicable; and
 2. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
 - a. Another health care institution;
 - b. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
 - c. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state.
- G.** If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
 2. The patient or the patient's representative is provided with a copy of the discharge instructions.
- H.** An administrator shall ensure that a discharge summary:
1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
 2. Includes:
 - a. The following information authenticated by a medical practitioner or behavioral health professional:
 - i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
 - ii. A summary of the treatment provided to the patient;
 - iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication ordered for the patient by a medical practitioner at the behavioral health inpatient facility at the time of the patient's discharge;
 - b. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, the following information:
 - i. A description of the specific information about ongoing or follow-up treatment related to suicide provided to the patient or the patient's representative;
 - ii. Whether a referral was made for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, information about the referral; and
 - iii. Whether an appointment was scheduled for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, the date and time of the appointment; and
 - c. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.
- I.** An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.

Historical Note

New Section R9-10-309 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-310. Transport; Transfer

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Information from the patient's medical record is provided to a receiving health care institution,
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative, and
 - d. A personnel member communicates or documents why the personnel member did not communicate

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- with an individual at a receiving health care institution; and
- 3. The patient's medical record includes documentation of:
 - a. Communication or lack of communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transport.

B. Subsection (A) does not apply to:

- 1. Transportation to a location other than a licensed health care institution,
- 2. Transportation provided for a patient by the patient or the patient's representative,
- 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
- 4. A transport to another licensed health care institution in an emergency.

C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1). New Section R9-10-310 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-311. Patient Rights**A.** An administrator shall ensure that:

- 1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
- 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
- 3. Policies and procedures include:

- a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
- b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

- 1. A patient is treated with dignity, respect, and consideration;
- 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed under R9-10-316, restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity;
 - j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
 - k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
 - l. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
- 3. Except as provided in subsection (C), a patient is allowed to:
 - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
- 4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
 - d. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The patient complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.

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- C. If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:

1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
2. Inform the patient of the reason why the activity is being restricted, and
3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.

- D. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
 - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
 - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the patient's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
 - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8

A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-311 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-312. Medical Records

- A. An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative, or
 - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

- B. If a behavioral health inpatient facility maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

- C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergy, including medication allergies;
2. Medication information that includes:
 - a. Documentation of medication ordered for the patient; and
 - b. Documentation of medication administered to the patient that includes:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. For a medication administered for pain on a PRN basis:
 - (1) An assessment of the patient's pain before administering the medication, and

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- (2) The effect of the medication administered;
 - iv. For a psychotropic medication administered on a PRN basis:
 - (1) An assessment of the patient's behavior before administering the psychotropic medication, and
 - (2) The effect of the psychotropic medication administered;
 - v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and
 - vi. Any adverse reaction the patient has to the medication;
3. If applicable, documented general consent and informed consent by the patient or the patient's representative;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 5. The patient's medical history and results of a physical examination or an interval note;
 6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
 7. An admitting diagnosis or presenting symptoms;
 8. The date of admission and, if applicable, the date of discharge;
 9. The name of the admitting medical practitioner or behavioral health professional;
 10. Orders;
 11. The patient's nursing assessment and behavioral health assessment and any interval notes;
 12. Treatment plans;
 13. Documentation of behavioral health services and physical health services provided to the patient;
 14. Progress notes;
 15. If applicable, documentation of restraint or seclusion;
 16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;
 17. The disposition of the patient after discharge;
 18. The discharge plan;
 19. The discharge summary; and
 20. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report.

Historical Note

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

(Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-312 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-313. Transportation; Patient Outings

- A. An administrator of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:
 1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
 - iii. Patient who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of patients; and
 4. Transportation safety is maintained as follows:
 - a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.
- B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.
- C. An administrator shall ensure that:
 1. At least two personnel members are present on an outing;
 2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;
 3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(e) and first aid training;
 4. Documentation is developed before an outing that includes:
 - a. The name of each patient participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;

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- e. The name, address, and, if available, telephone number of the outing destination; and
- f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
- 5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- 6. Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The patient's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
 - c. The patient's allergies; and
 - d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

Historical Note

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-313 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-314. Physical Health Services

- A.** An administrator shall ensure that:
 - 1. Medical services are provided under the direction of a physician or registered nurse practitioner;
 - 2. Nursing services are provided:
 - a. Under the direction of a registered nurse,
 - b. According to an acuity plan developed for the behavioral health inpatient facility, and
 - c. To meet the needs of a patient based on the patient's acuity; and
 - 3. If a behavioral health inpatient facility is authorized to provide:
 - a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or
 - b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.
- B.** An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

Historical Note

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-314 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-315. Behavioral Health Services

- A.** An administrator shall ensure that:
 - 1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
 - 2. When behavioral health services are:
 - a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
 - b. Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
 - i. Health and safety of each patient is protected, and
 - ii. Treatment needs of each patient participating in the setting or activity are being met;
 - 3. An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
 - a. Includes:
 - i. A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
 - ii. A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
 - b. Is used when making assignments for patient treatment; and
 - c. Is reviewed and updated, as necessary, at least once every 12 months;
 - 4. A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient's:
 - a. Presenting issue,
 - b. Substance abuse history,
 - c. Behavioral health treatment history,
 - d. Acuity, and
 - e. Treatment needs; and
 - 5. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental

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levels, social skills, verbal skills, and personal history, may present a threat to the patient's health and safety.

- B. An administrator shall ensure that counseling is:
 1. Offered as described in the behavioral health inpatient facility's scope of services,
 2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and
 3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that each counseling session is documented in a patient's medical record to include:
 1. The date of the counseling session;
 2. The amount of time spent in the counseling session;
 3. Whether the counseling was individual counseling, family counseling, or group counseling;
 4. The treatment goals addressed in the counseling session; and
 5. The signature of the personnel member who provided the counseling and the date signed.
- D. An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
- E. An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
- F. Except as specified in subsection (G), an administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
 1. Admission requirements in R9-10-307,
 2. Patient assessment requirements in R9-10-307,
 3. Treatment plan requirements in R9-10-308, and
 4. Discharge requirements in R9-10-309.
- G. For a patient receiving court-ordered evaluation who attempts suicide or exhibits suicidal ideation, an administrator shall ensure that the following requirements are met:
 1. Patient assessment requirements in R9-10-307(10), (11), and (12);
 2. Treatment plan requirements in R9-10-308(A)(4)(c); and
 3. Discharge requirements in R9-10-309(B), (F)(2), and (H)(2)(b).
- H. An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

Historical Note

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-315 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended

by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

R9-10-316. Seclusion; Restraint

- A. An administrator shall ensure that restraint is provided according to the requirements in subsection (C).
- B. An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:
 1. Seclusion is provided according to the requirements in subsection (C);
 2. If a patient is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
 3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
 - a. A piece of equipment is available that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
 - v. Allows a patient's body to recline; and
 - vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
 4. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
 - c. Policies and procedures:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed

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required in subsection (B)(2)(f), are removed before being used for seclusion.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
 - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - d. Establish procedures for internal review of the use of restraint or seclusion; and
 - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
 - a. Obtained from a physician or registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
3. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
5. An order for restraint or seclusion includes:
 - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the

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- patient's medical or behavioral health condition;
- iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
9. When a patient is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. The patient is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
 10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
 - a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the assessment required in subsection (C)(9)(e);
 - d. The monitoring required in subsection (C)(9)(d);
 - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
 - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
 - g. The patient evaluation required in subsection (C)(12);
 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
 - a. The specific criteria for release from restraint or seclusion without an additional order, and
 - b. The maximum duration authorized for the restraint or seclusion; and
 12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

Historical Note

Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-316 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-317. Behavioral Health Observation/Stabilization Services

- A. An administrator of a behavioral health inpatient facility authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.
- B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

Historical Note

Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-317 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

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Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-318. Child and Adolescent Residential Treatment Services

A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:

1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:
 - a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
 - c. Document:
 - i. The suspected abuse, neglect, or exploitation;
 - ii. Any action taken according to subsection (A)(2)(a); and
 - iii. The report in subsection (A)(2)(b);
 - d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
 - e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b):
 - i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;
3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
 - a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and
 - b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;
4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);
5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the finger-printing requirements in A.R.S. § 36-425.03;
6. Ensure that the patient's representative for a patient who is under 18 years of age:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
 - d. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The patient complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records;
7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:
 - a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;
 - b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Sending and receiving uncensored and unopened mail;
8. Establish, document, and implement policies and procedures to ensure that a patient is protected from the following from other patients at the behavioral health inpatient facility:
 - a. Threats,
 - b. Ridicule,
 - c. Verbal harassment,
 - d. Punishment, or
 - e. Abuse;
9. Ensure that:
 - a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
 - b. A patient older than three years of age does not sleep in a crib;
 - c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and

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- d. A patient's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4;
- 10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:
 - a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
 - i. Two continuous hours for a patient who is between the ages of nine and 17, or
 - ii. One continuous hour for a patient who is younger than nine; and
 - b. Requirements are established for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
- 11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.
- B.** An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:
 - 1. If the patient:
 - a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
 - b. Is not 21 years of age or older, and
 - c. Is completing high school or a high school equivalency diploma or participating in a job training program; or
 - 2. Through the last calendar day of the month of the patient's 18th birthday.

Historical Note

Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-318 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-318 renumbered to R9-10-319; new Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-319. Detoxification Services

An administrator of a behavioral health inpatient facility authorized to provide detoxification services shall ensure that:

- 1. Detoxification services are available;
- 2. Policies and procedures state:
 - a. Whether the behavioral health inpatient facility is authorized to provide involuntary, court-ordered alcohol treatment;
 - b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
 - c. The types of substances for which the behavioral health inpatient facility provides detoxification services;
 - d. The detoxification process or processes used by the behavioral health inpatient facility; and

- e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
- 3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call.

Historical Note

Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-319 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-319 renumbered to R9-10-320; new Section R9-10-319 renumbered from R9-10-318 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-320. Medication Services

- A.** An administrator shall ensure that policies and procedures for medication services:
 - 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 - g. If applicable, donated medicine according to A.R.S. § 32-1909.
 - 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:
 - 1. Policies and procedures for medication administration:

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- a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
- 3. A medication administered to a patient is:
 - a. Administered in compliance with an order, and
 - b. Documented in the patient's medical record.
- C. If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A patient's medication is stored by the behavioral health inpatient facility;
 - 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The patient is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The patient is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

Historical Note

Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8

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A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).
 New Section R9-10-320 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).
 R9-10-320 renumbered to R9-10-321; new Section R9-10-320 renumbered from R9-10-319 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
 Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-321. Food Services**A.** An administrator shall ensure that:

1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
 - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

B. A registered dietitian or director of food services shall ensure that:

1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
3. Meals and snacks for each day are planned using:
 - a. The applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
 - b. Preferences for meals and snacks obtained from patients;
4. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and

- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

6. Water is available and accessible to patients.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-321 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-321 renumbered to R9-10-322; new Section R9-10-321 renumbered from R9-10-320 and amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-322. Emergency and Safety Standards

A. An administrator shall ensure that a behavioral health inpatient facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated;
 - b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
 - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and patients to evacuate to a designated area;
 - c. If applicable:

- i. An identification of patients needing assistance for evacuation, and
 - ii. An identification of patients who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.
- C.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

Historical Note

Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-322 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-322 renumbered to R9-10-323; new Section R9-10-322 renumbered from R9-10-321 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-323. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health inpatient facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:

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- a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (6)(a), or
 - ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
 - 7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
 - 8. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 - 9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
 - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 - 11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 - 12. Oxygen containers are secured in an upright position;
 - 13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 - 14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
 - 15. If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 - 16. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is maintained for at least 12 months after the date of the test; and
 - 17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** An administrator shall ensure that:
- 1. Smoking tobacco products is not permitted within a behavioral health inpatient facility; and
 - 2. Except as provided in R9-10-318(A)(11), smoking tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
 - 2. At least two personnel members are present in the pool area when two or more patients are in the pool area.

Historical Note

Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-323 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-323 renumbered to R9-10-324; new Section R9-10-323 renumbered from R9-10-322 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-324. Physical Plant Standards

- A.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
- 1. The services stated in the behavioral health inpatient facility's scope of services, and
 - 2. An individual accepted as a patient by the behavioral health inpatient facility.
- B.** An administrator shall ensure that:
- 1. A behavioral health inpatient facility has a:
 - a. Waiting area with seating for patients and visitors;
 - b. Room that provides privacy for a patient to receive treatment or visitors; and
 - c. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
 - 2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;

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3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
 4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
 5. A patient bathroom complies with the following:
 - a. Provides privacy when in use;
 - b. Contains:
 - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
 - ii. A window that opens or another means of ventilation; and
 - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
 - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
 - e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
 - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
 - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
 - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
 - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
 6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
 7. Each patient is provided a bedroom for sleeping;
 8. A patient bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of a patient occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide patient privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than four patients;
 - (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
 - (3) Provides sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;
 - h. Contains for each patient occupying the bedroom:
 - i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;
 - j. Has sufficient lighting for a patient occupying the bedroom to read; and
 - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
 9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
 10. In a patient bathroom or a patient bedroom:
 - a. The ceiling is secured from access or at least 9 feet in height; and
 - b. A ventilation grille is:
 - i. Secured and has perforations that are too small to use as a tie-off point, or
 - ii. Of sufficient height to prevent patient access;
 11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
 - a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
 - b. A door's hinges are designed to minimize points for hanging;
 - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
 - d. Hardware has tamper-resistant fasteners; and
 12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C.** An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
1. The rule citation for the specific plant requirement,
 2. The current physical plant condition that does not comply with the physical plant requirement,
 3. How the current physical plant condition will be changed to comply with the physical plant requirement,
 4. Estimated completion date of the identified physical plant change, and
 5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.
- D.** When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:

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1. The behavioral health inpatient facility's scope of services,
 2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
 3. The specific physical plant requirement in the request, and
 4. The threat to patients' health and safety.
- E.** A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom; or
 2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).
- F.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- G.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

Historical Note

Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-324 renumbered from R9-10-323 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-325. Repealed**Historical Note**

Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981

(Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-326. Repealed**Historical Note**

Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-327. Repealed**Historical Note**

Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-328. Repealed**Historical Note**

Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-329. Repealed**Historical Note**

Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-330. Repealed**Historical Note**

Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-331. Repealed**Historical Note**

Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

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(Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-332. Repealed**Historical Note**

Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-333. Repealed**Historical Note**

Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-334. Repealed**Historical Note**

Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

R9-10-335. Repealed**Historical Note**

Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

ARTICLE 4. NURSING CARE INSTITUTIONS

Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-401. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Administrator" has the same meaning as in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or social services provided to a resident.

4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
6. "Intermittent" means not on a regular basis.
7. "Nursing care institution services" means medical services, nursing services, behavioral care, health-related services, ancillary services, social services, and environmental services provided to a resident.
8. "Resident group" means residents or residents' family members who:
 - a. Plan and participate in resident activities, or
 - b. Meet to discuss nursing care institution issues and policies.
9. "Secured" means the use of a method, device, or structure that:
 - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
 - b. Alerts a personnel member of a resident's departure from the nursing care institution.
10. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
11. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
12. "Unnecessary drug" means a medication that is not required because:
 - a. There is no documented indication for a resident's use of the medication;
 - b. The medication is duplicative;
 - c. The medication is administered before determining whether the resident requires the medication; or
 - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
13. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

Historical Note

New Section R9-10-401 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-402. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
 - a. Has:
 - i. A secured area for a resident with Alzheimer's disease or other dementia, or
 - ii. An area for a resident on a ventilator;
 - b. Is requesting authorization to provide to a resident:

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- i. Behavioral health services,
 - ii. Clinical laboratory services,
 - iii. Dialysis services, or
 - iv. Radiology services and diagnostic imaging services; and
- c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
- 2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information and documentation in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

Historical Note

New Section R9-10-402 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-403. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
 - 2. Establish, in writing, the nursing care institution's scope of services;
 - 3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
 - 4. Adopt a quality management program according to R9-10-404;
 - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
 - a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
 - b. Not present on the nursing care institution's premises for more than 30 calendar days; and
 - 7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
 - 2. Has the authority and responsibility to manage the nursing care institution;
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
 - 4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
 - 5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students, including the training required in A.R.S. § 36-420.01;
 - c. Include how a personnel member may submit a complaint relating to resident care;
 - d. Include methods to prevent abuse or neglect of a resident and reporting requirements in compliance with A.R.S. §§ 13-3620 and 46-454, including:
 - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
 - ii. Reporting of abuse or neglect of a resident;
 - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - f. Cover requirements related to cardiopulmonary resuscitation including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
 - ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training;
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training; and
 - vi. The circumstances for providing cardiopulmonary resuscitation to a resident, consistent with A.R.S. § 36-420(B);
 - g. Cover requirements related to first aid, including training and the circumstances for providing first aid to a resident, consistent with A.R.S. § 36-420(B);
 - h. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - i. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
 - j. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The nursing care institution to respond to a resident's complaint;
 - k. Cover health care directives;
 - l. Cover medical records, including electronic medical records;
 - m. Cover a quality management program, including incident reports and supporting documentation;

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- n. Cover contracted services;
 - o. Cover resident's personal accounts;
 - p. Cover petty cash funds;
 - q. Cover fees and refund policies;
 - r. Cover misappropriation of resident property;
 - s. Cover when an individual may visit a resident in a nursing care institution; and
 - t. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02; and
2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of physical health services and behavioral health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover storing, dispensing, administering, and disposing of medication;
 - e. Cover infection control;
 - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 - g. Cover telehealth, if applicable; and
 - h. Cover environmental services that affect resident care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.
- D.** Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
- 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
- 1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
 - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
 - 3. Ensure that the following are conspicuously posted on the premises:
 - a. The current nursing care institution license and quality rating issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Office of Long Term Care,
 - ii. The State Long-Term Care Ombudsman Program, and
 - iii. Adult Protective Services of the Department of Economic Security;
 - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
 - d. The monthly schedule of recreational activities; and
 - e. One of the following:
 - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
 - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

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- H.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(n);
 2. Designate a personnel member who is responsible for the personal accounts;
 3. Maintain a complete and separate accounting of each personal account;
 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(o) include:
 - a. A prescribed cash limit of the petty cash fund, and
 - b. The hours of the day a resident may access the petty cash fund; and
 2. A resident's written acknowledgment is obtained for a petty cash transaction.

Historical Note

New Section R9-10-403 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-404. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-404 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-405. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-405 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-406. Personnel

- A.** An administrator shall ensure that a behavioral health technician or behavioral health paraprofessional is at least 18 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired

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- the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the nursing care institution's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.
- C.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
- D.** Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.
- E.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
 1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
 2. As specified in R9-10-113.
- G.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's compliance with the requirements in A.R.S. § 36-411;
 - d. Orientation and in-service education as required by policies and procedures;
 - e. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
 - f. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(f);
- i. First aid training, if required for the individual according to this Article or policies and procedures; and
 - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
 - k. If the individual is a nutrition and feeding assistant:
 - i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
 - ii. A nurse's observations required in R9-10-423(C)(6).
- H.** An administrator shall ensure that personnel records are:
 1. Maintained:
 - a. Throughout the individual's period of providing services in or for the nursing care institution, and
 - b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
 2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I.** An administrator shall ensure that:
 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.
- J.** An administrator shall designate a qualified individual to provide:
 1. Social services, and
 2. Recreational activities.

Historical Note

New Section R9-10-406 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-407. Admission

An administrator shall ensure that:

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1. A resident is admitted only on a physician's order;
 2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;
 3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
 4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
 5. Before or at the time of admission, a resident or the resident's representative:
 - a. Receives a documented agreement with the nursing care institution that includes rates and charges,
 - b. Is informed of third-party coverage for rates and charges,
 - c. Is informed of the nursing care institution's refund policy, and
 - d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
 6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
 - a. A physician, or
 - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
 7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113;
 8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
 - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
 9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.
2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except:
 - i. In an emergency, or
 - ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;
 - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
 - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.
 - B. An administrator may transfer or discharge a resident for failure to pay for residency if:
 1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
 2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
 - C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
 1. A personnel member coordinates the transfer and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
 - D. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
 1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
 - a. Information necessary to meet the resident's need for medical services and nursing services; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
 3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
 - a. The resident's medical condition at the time of transfer or discharge,
 - b. The resident's medical and psychosocial history,
 - c. The date of the transfer or discharge, and
 - d. The location of the resident after discharge.

Historical Note

New Section R9-10-407 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

R9-10-408. Transfer; Discharge**A.** An administrator shall ensure that:

1. A resident is transferred or discharged if:
 - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
 - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and

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Historical Note

New Section R9-10-408 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-409. Transport

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
 2. Transportation provided for a resident by the resident or the resident's representative,
 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
 4. A transport to another licensed health care institution in an emergency.

Historical Note

New Section R9-10-409 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-410. Resident Rights

- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A resident has privacy in:
 - a. Treatment,
 - b. Bathing and toileting,
 - c. Room accommodations, and
 - d. A visit or meeting with another resident or an individual;
 2. A resident is treated with dignity, respect, and consideration;
 3. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The health care institution's policy on health care directives, and
 - ii. The resident complaint process;
 - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
 - f. May manage the resident's financial affairs;
 - g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
 - h. Has access to and may communicate with any individual, organization, or agency;
 - i. May participate in a resident group;
 - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
 - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
 - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
 - i. Medical record, and
 - ii. Financial records;
 - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
 - n. Is informed of the method for contacting the resident's attending physician;

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- o. Is informed of the resident's total health condition;
 - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
 - q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
 - r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. A resident has the following rights:**
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
 - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
 - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
 - 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
 - 6. To share a room with the resident's spouse if space is available and the spouse consents;
 - 7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
 - 8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
 - 9. To participate or refuse to participate in research or experimental treatment;
 - 10. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
 - 11. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- Historical Note**
- New Section R9-10-410 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-411. Medical Records**
- A.** An administrator shall ensure that:
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a resident's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A resident's medical record is available to an individual:
 - a. Authorized to access the resident's medical record according to policies and procedures;
 - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
 - 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
- 1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth; and
 - c. Any known allergies, including medication allergies;
 - 2. The admission date and, if applicable, the date of discharge;
 - 3. The admitting diagnosis or presenting symptoms;
 - 4. Documentation of general consent and, if applicable, informed consent;
 - 5. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 - 6. The medical history and physical examination required in R9-10-407(6);
 - 7. A copy of the resident's living will or other health care directive, if applicable;
 - 8. The name and telephone number of the resident's attending physician;
 - 9. Orders;
 - 10. Care plans;
 - 11. Behavioral care plans, if the resident is receiving behavioral care;

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12. Documentation of nursing care institution services provided to the resident;
13. Progress notes;
14. If applicable, documentation of any actions taken to comply with A.R.S. § 36-420;
15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
16. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
17. The disposition of the resident after discharge;
18. The discharge plan;
19. The discharge summary;
20. Transfer documentation;
21. If applicable:
 - a. A laboratory report;
 - b. A radiologic report;
 - c. A diagnostic report, and
 - d. A consultation report;
22. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
23. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain on a PRN basis:
 - i. An evaluation of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - e. For a psychotropic medication administered on a PRN basis:
 - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - f. The identification, signature, and professional designation of the individual administering the medication; and
 - g. Any adverse reaction a resident has to the medication;
24. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
25. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-411 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-412. Nursing Services

- A. An administrator shall ensure that:
 1. Nursing services are provided 24 hours a day in a nursing care institution;
 2. A director of nursing is appointed who:
 - a. Is a registered nurse,
 - b. Works full-time at the nursing care institution, and
 - c. Is responsible for the direction of nursing services;
 3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
 4. If the daily census of the nursing care institution is 60 or more, the director of nursing does not provide direct care to residents on a regular basis.
- B. A director of nursing shall ensure that:
 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;
 2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
 3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
 4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
 - a. The date,
 - b. The number of residents,
 - c. The name and license or certification title of each nursing personnel member who worked that day, and
 - d. The actual number of hours each nursing personnel member worked that day;
 5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
 6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
 - a. Is injured,
 - b. Is involved in an incident that may require medical services, or
 - c. Has a significant change in condition; and
 7. An unnecessary drug is not administered to a resident.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-412 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 25 A.A.R. 1583, effective October 1, 2019
(Supp. 19-3).

R9-10-413. Medical Services

A. An administrator shall appoint a medical director.

B. A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the previous five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
 - a. Vision services;
 - b. Hearing services;
 - c. Dental services;
 - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 - e. Psychosocial services;
 - f. Physical therapy;
 - g. Speech therapy;
 - h. Occupational therapy;
 - i. Behavioral health services; and
 - j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-413 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-414. Comprehensive Assessment; Care Plan

A. A director of nursing shall ensure that:

1. A comprehensive assessment of a resident:

- a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
- b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
- c. Is updated:
 - i. No later than 12 months after the date of the resident's previous comprehensive assessment, and
 - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
 - i. Identifying information;
 - ii. An evaluation of the resident's hearing, speech, and vision;
 - iii. An evaluation of the resident's ability to understand and recall information;
 - iv. An evaluation of the resident's mental status;
 - v. Whether the resident's mental status or behaviors:
 - (1) Put the resident at risk for physical illness or injury,
 - (2) Significantly interfere with the resident's care,
 - (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
 - (4) Put other residents or personnel members at significant risk for physical injury,
 - (5) Significantly intrude on another resident's privacy, or
 - (6) Significantly disrupt care for another resident;
 - vi. Preferences for customary routine and activities;
 - vii. An evaluation of the resident's ability to perform activities of daily living;
 - viii. Need for a mobility device;
 - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
 - x. Any diagnosis that impacts nursing care institution services that the resident may require;
 - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
 - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
 - xiii. An evaluation of the resident's oral and dental status;
 - xiv. An evaluation of the condition of the resident's skin;
 - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
 - xvi. Identification of any treatment or medication ordered for the resident;
 - xvii. A description of the resident or resident's representative's participation in the comprehensive assessment;
 - xviii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
 - xix. Potential for rehabilitation; and

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- xx. Potential for discharge; and
 - e. Is signed and dated by:
 - i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
 - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
 - 2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;
 - 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
 - 4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.
- B.** An administrator shall ensure that a care plan for a resident:
- 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
 - 2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
 - 3. Ensures that a resident is provided nursing care institution services that:
 - a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
 - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-414 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-415. Behavioral Health Services

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

- 1. The behavioral health services are provided:
 - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
 - b. In compliance with the requirements:

- i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B); and
 - 2. Except for a psychotropic drug ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-415 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-416. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
- 3. The nursing care institution:
 - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
 - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory;
- 4. Clinical laboratory and pathology test results are:
 - a. Available to the ordering physician:
 - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
 - b. Documented in a resident's medical record;
- 5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
 - a. The ordering physician,
 - b. A registered nurse in the resident's assigned unit,
 - c. The nursing care institution's administrator, or

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- d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood or blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-416 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-417. Dialysis Services

If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-417 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-418. Radiology Services and Diagnostic Imaging Services

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a physician; and
 - b. According to an order that includes:
 - i. The resident's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and

- iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
 - a. The resident's name;
 - b. The date of the procedure;
 - c. A medical director, attending physician, or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-418 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-419. Respiratory Care Services

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
 - a. The resident's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services provided;
 - c. The effect of the respiratory care services;
 - d. The resident's adverse reaction to the respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-419 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20

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A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-420. Rehabilitation Services

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
 - a. Under the direction of an individual qualified according to policies and procedures,
 - b. By an individual licensed to provide the rehabilitation services, and
 - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
 - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
 - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
 - c. The rehabilitation services provided,
 - d. The resident's response to the rehabilitation services, and
 - e. The authentication of the individual providing the rehabilitation services.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-420 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-421. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
 - d. Procedures for documenting medication services; and
 - e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:

- a. A medication administration error, and
- b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by the director of nursing;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
 - a. Is only administered to a resident for a diagnosed medical condition; and
 - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a nursing care institution, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

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- e. If applicable, donated medicine according to A.R.S. § 32-1909.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-421 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-422. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the nursing care institution;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization, disinfection, and storage of medical equipment and supplies;
 - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
 - e. Training of personnel members, employees, and volunteers in infection control practices; and
 - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;

5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
6. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-422 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-423. Food Services

A. An administrator shall ensure that:

1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the nursing care institution's food establishment license or permit is maintained;
3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
 - b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
4. A registered dietitian:
 - a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
 - b. Documents the review of a food menu, and
 - c. Is available for consultation regarding a resident's nutritional needs; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served on each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;

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3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
 4. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident group agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 5. A resident is provided with food substitutions of similar nutritional value if the resident:
 - a. Refuses to eat the food served, or
 - b. Requests a substitution;
 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
 7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
 8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
 9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
 10. Water is available and accessible to residents.
- C.** If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
1. A nutrition and feeding assistant:
 - a. Is at least 16 years of age;
 - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
 - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
 - d. Provides nutrition and feeding assistance where nursing personnel are present;
 - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
 - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
 2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
 - a. Has difficulty swallowing,
 - b. Has had recurrent lung aspirations,
 - c. Requires enteral feedings,
 - d. Requires parenteral feedings, or
 - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
 3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
 4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
 - a. The resident's comprehensive assessment,
 - b. The resident's care plan, and
 - c. An assessment conducted by the nurse when making the determination;
 5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
 6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
 7. A nurse documents the nurse's observations required in subsection (C)(6); and
 8. A nutrition and feeding assistant is provided additional training:
 - a. According to policies and procedures, and
 - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-423 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-424. Emergency and Safety Standards

- A.** An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated, including:
 - i. Instructions for the evacuation or transfer of residents,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for continuing to provide services to meet a resident's needs;
 - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan for back-up power and water supply;

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- d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
- e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
- f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
- 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
- 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
- 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
- 5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
 - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
- 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
- 7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.
- B.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- C.** An administrator shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-424 made by exempt rulemaking at 19 A.A.R. 2015, effective

October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-425. Environmental Standards

- A.** An administrator shall ensure that:
 - 1. A nursing care institution's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
 - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 - 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 - 5. Garbage and refuse are:
 - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (A)(5)(a), or
 - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
 - 6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
 - 7. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
 - 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 - 9. Linens are clean before use, without holes and stains, and not in need of repair;
 - 10. Oxygen containers are secured in an upright position;
 - 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 - 12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 - 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;

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- b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
- 14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
 - 1. Smoking tobacco products is not permitted within a nursing care institution, and
 - 2. Smoking tobacco products may be permitted outside a nursing care institution if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
 - 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.
- 3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
- 4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
- 5. No more than two individuals reside in a resident room unless:
 - a. The nursing care institution was operating before October 31, 1982; and
 - b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
- 6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
- 7. A resident room has:
 - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
 - b. A closet with clothing racks and shelves accessible to the resident; and
 - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
- 8. A resident room or a suite of rooms:
 - a. Is accessible without passing through another resident's room; and
 - b. Does not open into any area where food is prepared, served, or stored.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (B)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- C.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-425 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-426. Physical Plant Standards

- A.** An administrator shall ensure that:
 - 1. A nursing care institution complies with:
 - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the nursing care institution submitted the application including the notarized attestation of architectural plans according to R9-10-104; and
 - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01;
 - 2. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the nursing care institution's scope of services, and
 - b. An individual accepted as a resident by the nursing care institution;
- B.** A life preserver or shepherd's crook is available and accessible in the pool area.
- C.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-426 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31

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A.A.R. 2457 (July 25, 2025), effective August 30, 2025
(Supp. 25-3).

R9-10-427. Quality Rating

- A.** As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance inspection.
- B.** The following quality ratings are established:
1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
 2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
 3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
 4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.
- C.** The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
 - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
 - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
 - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
 2. Resident Rights:
 - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
 - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
 - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
 3. Administration:
 - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last compliance inspection or a complaint investigation conducted between the last compliance inspection and the current compliance inspection.
 - b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
 - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns,
 - and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
 - d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
 - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
 - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
 - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
 4. Environment and Infection Control:
 - a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
 - b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).
 - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
 - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
 - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
 - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
 - g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.
 5. Food Services:
 - a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
 - b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
 - c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
 - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.
 - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts

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each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.

- f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

- D. A nursing care institution's quality rating remains in effect until a subsequent compliance inspection or complaint investigation is conducted by the Department except as provided in subsection (E).
- E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance inspection. If the Department determines that, as a result of a substantial compliance inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-427 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-428. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-429. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-430. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-431. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-432. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-433. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-434. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-435. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-436. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-437. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-438. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-439. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1).
Repealed effective October 30, 1989 (Supp. 89-4).

ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES**R9-10-501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401 and 36-551 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation services based on the patient's medical condition or developmental disability.
3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:

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- a. Assists a resident or the resident's representative to make the resident's wants and needs known,
- b. Recommends a course of action to address the resident's wants and needs, and
- c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S. § 32-1202.
7. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.
8. "ICF/IID" means intermediate care facility for individuals with intellectual disabilities.
9. "Inappropriate behavior" means actions by a resident that may:
 - a. Put the resident at risk for physical illness or injury,
 - b. Significantly interfere with the resident's care,
 - c. Significantly interfere with the resident's ability to participate in activities or social interactions,
 - d. Put other residents or personnel members at significant risk for physical injury,
 - e. Significantly intrude on another resident's privacy, or
 - f. Significantly disrupt care for another resident.
10. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
11. "Nursing care plan" means a documented guide for providing intermittent nursing services to a resident that includes measurable objectives and the methods for meeting the objectives.
12. "Outing" means a social or recreational activity or habilitation services that:
 - a. Occur away from the premises, and
 - b. May be part of a resident's individual program plan.
13. "Qualified intellectual disabilities professional" means one of the following who has at least a bachelor's degree and one year of experience working directly with individuals who have developmental disabilities, consistent with the requirements in 42 CFR 483.430:
 - a. A physician;
 - b. A registered nurse;
 - c. A physical therapist;
 - d. An occupational therapist;
 - e. A psychologist, as defined in A.R.S. § 32-2061;
 - f. A speech-language pathologist;
 - g. An audiologist, as defined in A.R.S. § 36-1901;
 - h. A registered dietitian, as defined in A.R.S. § 36-416;
 - i. A licensed clinical social worker under A.R.S. § 32-3293; or
 - j. A nursing care institution administrator.
14. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pur-

suant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-501 renumbered to R9-10-2101; new Section R9-10-501 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-502. Supplemental Application Requirements and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an ICF/IID shall include:
 1. In a Department-provided format, whether the applicant is requesting authorization:
 - a. To admit residents who:
 - i. Require continuous nursing services,
 - ii. Require intermittent nursing services, or
 - iii. Do not require nursing services; and
 - b. To provide:
 - i. Active treatment to individuals under 18 years of age, including the licensed capacity requested;
 - ii. Seclusion;
 - iii. Clinical laboratory services;
 - iv. Respiratory care services, or
 - v. Services to residents who have a nursing care plan or medical care plan; and
 2. Documentation of the applicant's certification as an ICF/IID by the federal Centers for Medicare and Medicaid Services.
- B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
 1. The information required in subsection (A)(1), as applicable, and
 2. The documentation specified in subsection (A)(2).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an

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emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-502 renumbered to R9-10-2102; new Section R9-10-502 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

R9-10-503. Administration**A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of an ICF/IID;
2. Establish, in writing, the ICF/IID's scope of services;
3. Designate, in writing, an administrator for the ICF/IID who:
 - a. Is at least 21 years old; and
 - b. Either:
 - i. Is a nursing care institution administrator, or
 - ii. Has a minimum of three-years' experience working in an ICF/IID;
4. Adopt a quality management program according to R9-10-504;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
 - a. Expected not to be present on the premises of the ICF/IID for more than 30 calendar days, or
 - b. Not present on the premises of the ICF/IID for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and, if applicable, submit a copy of the new administrator's license under A.R.S. § 36-446.04 to the Department.

B. An administrator:

1. Is directly accountable to the governing authority of an ICF/IID for the daily operation of the ICF/IID and all services provided by or at the ICF/IID;
2. Has the authority and responsibility to manage the ICF/IID;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the ICF/IID and accountable for the ICF/IID when the administrator is not present on the ICF/IID's premises; and
4. Ensures the ICF/IID's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

- b. Cover the process for checking on a personnel member through the adult protective services registry established according to A.R.S. § 46-459;
 - c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - d. Include methods to prevent abuse or neglect of a resident, including:
 - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
 - ii. Reporting of abuse or neglect of a resident;
 - e. Include how a personnel member may submit a complaint relating to resident care;
 - f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - g. Cover cardiopulmonary resuscitation training including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
 - ii. The method and content of cardiopulmonary resuscitation training,
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - h. Cover first aid training;
 - i. Include a method to identify a resident to ensure the resident receives active treatment and other physical health services and behavioral care as ordered;
 - j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
 - k. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The ICF/IID to respond to a resident's complaint;
 - l. Cover health care directives;
 - m. Cover medical records, including electronic medical records;
 - n. Cover a quality management program, including incident reports and supporting documentation;
 - o. Cover contracted services;
 - p. Cover the process for receiving a fee for a resident and refunding a fee for a resident;
 - q. Cover resident's personal accounts;
 - r. Cover petty cash funds;
 - s. Cover fees and refund policies;
 - t. Cover smoking and the use of tobacco products on the premises; and
 - u. Cover when an individual may visit a resident in an ICF/IID; and
2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of active treatment and other physical health services and behavioral care;

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- c. Cover acuity, including a process for obtaining sufficient nursing personnel and therapists to meet the needs of residents;
 - d. Include when general consent and informed consent are required;
 - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover infection control;
 - g. Cover interventions to address a resident's inappropriate behavior, including:
 - i. The hierarchy for use;
 - ii. Use of time outs for inappropriate behavior; and
 - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
 - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
 - i. Require an order, including the frequency of monitoring and assessing the restraint; and
 - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
 - i. Cover seclusion of a resident including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a resident in seclusion;
 - j. Cover telehealth, if applicable;
 - k. Cover environmental services that affect resident care;
 - l. Cover the security of a resident's possessions that are allowed on the premises;
 - m. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-513(C)(2);
 - n. Include a method for obtaining an advocate for a resident, if necessary;
 - o. Cover resident outings;
 - p. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
 - q. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an ICF/IID, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the ICF/IID.
- D.** An administrator shall designate an individual who is:
1. A qualified intellectual disabilities professional to oversee rehabilitation services provided by or on behalf of the ICF/IID; and
 2. If the facility is authorized to admit patients who require intermittent nursing services or continuous nursing services, a registered nurse is appointed as director of nursing to oversee nursing services provided by or on behalf of the ICF/IID.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from an ICF/IID's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:
1. Take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 - c. Report to the Department:
 - i. Immediately but not later than two hours if the alleged violation involves abuse or results in serious bodily injury; or
 - ii. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained

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during the investigation for at least 12 months after the date the investigation was initiated.

G. An administrator shall:

1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the ICF/IID;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
3. Ensure that the following are conspicuously posted on the premises:
 - a. The current ICF/IID license issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Office of Long Term Care, and
 - ii. Adult Protective Services of the Department of Economic Security;
 - c. A notice that a resident may file a complaint with the Department concerning the ICF/IID;
 - d. The monthly schedule of recreational activities; and
 - e. One of the following:
 - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
 - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.

H. An administrator shall provide written notification to the Department of a resident's:

1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

I. An administrator shall:

1. Notify a resident's representative, family member, or other individual designated by the resident immediately, with no delay between staff awareness of the occurrence and reporting unless the situation is unstable in which case reporting should occur as soon as the safety of the resident is assured, after:
 - a. The resident's death,
 - b. There is a significant change in the resident's medical condition, or
 - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
2. For an illness or injury in subsection (I)(1)(c), document the following:
 - a. The date and time of the illness or injury;
 - b. A description of the illness or injury;
 - c. If applicable, the names of individuals who observed the injury;
 - d. The actions taken by personnel members, according to policies and procedures;
 - e. The individuals notified by the personnel members; and

f. Any action taken to prevent the illness or injury from occurring in the future.

J. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:

1. Comply with policies and procedures established according to subsection (C)(1)(q);
2. Designate a personnel member who is responsible for the personal accounts;
3. Maintain a complete and separate accounting of each personal account;
4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.

K. If a petty cash fund is established for use by residents, the administrator shall ensure that:

1. The policies and procedures established according to subsection (C)(1)(r) include:
 - a. A prescribed cash limit of the petty cash fund, and
 - b. The hours of the day a resident may access the petty cash fund; and
2. A resident's written acknowledgment is obtained for a petty cash transaction.

L. An administrator shall ensure that an acuity plan is developed, documented, and implemented for each unit in the ICF/IID that:

1. Includes:
 - a. A method that establishes the types and numbers of personnel members that are required for each unit in the ICF/IID to ensure resident health and safety, and
 - b. A policy and procedure stating the steps the ICF/IID will take to obtain or assign the necessary personnel members to address resident acuity;
2. Is used when making assignments for resident treatment; and
3. Is reviewed and updated, as necessary, at least once every 12 months.

M. An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including the criteria for a resident who:

1. Is absent against medical advice,
2. Is under the age of 18, or
3. Does not return to the ICF/IID at the expected time after an authorized absence.

N. An administrator shall ensure that the following are on the premises of the ICF/IID:

1. The most recent inspection report of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(1), and
2. Documentation of the most recent monitoring of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2).

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Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-503 renumbered to R9-10-2103; new Section R9-10-503 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-504. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S.

§ 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-504 renumbered to R9-10-2104; new Section R9-10-504 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-505. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-505 renumbered to R9-10-2105; new Section R9-10-505 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-506. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving active treatment or other physical health services or

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- behavioral care from the personnel member according to the established job description; and
- b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides active treatment or other physical health services or behavioral care, and
 - b. According to policies and procedures; and
- 3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the ICF/IID's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.
- C. An administrator shall ensure that an organizational chart of the ICF/IID is established, updated as necessary, and maintained on the premises:
 - 1. Outlining the roles, responsibilities, and relationships within the ICF/IID; and
 - 2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.
- D. An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.
- E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
 - 1. On or before the date the individual begins providing services at or on behalf of the ICF/IID, and
 - 2. As specified in R9-10-113.
- G. An administrator shall ensure that:
 - 1. The types and numbers of nurses or therapists required according to the acuity plan in R9-10-503(L) are present in each unit in the ICF/IID;
 - 2. Documentation of the nurses or therapists present on the ICF/IID's premises each day is maintained and includes:
 - a. The date;
 - b. The number of residents;
 - c. The name, license or certification credential, and assigned duties of each nurse or therapist who worked that day; and
 - d. The actual number of hours each nurse or therapist worked that day; and
 - 3. The documentation of nurses or therapists required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.
- H. An administrator shall ensure that a personnel member is:
 - 1. On duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if the ICF/IID provides services to:
 - a. More than 16 residents;
 - b. A resident who has a nursing care plan or medical care plan; or
 - c. A resident who requires additional supervision because the resident:
 - i. Is aggressive,
 - ii. May cause harm to self or others, or
 - iii. May attempt an unauthorized absence; and
 - 2. On duty, on the premises, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if:
 - a. The ICF/IID provides services to 16 or fewer residents, and
 - b. None of the residents has a nursing care plan or medical care plan or requires additional supervision according to subsection (H)(1)(c).
- I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 - 1. The individual's name, date of birth, and contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's compliance with the requirements in A.R.S. § 36-411;
 - d. The ICF/IID's check on the individual in the adult protective services registry established according to A.R.S. § 46-459;
 - e. Orientation and in-service education as required by policies and procedures;
 - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-503(C)(1)(d)(i);
 - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - h. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-515;
 - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-503(C)(1)(g);

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- j. First aid training, if required for the individual according to this Article or policies and procedures; and
 - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- J.** An administrator shall ensure that personnel records are:
- 1. Maintained:
 - a. Throughout the individual's period of providing services in or for the ICF/IID, and
 - b. For at least 24 months after the last date the individual provided services in or for the ICF/IID; and
 - 2. For a personnel member who has not provided active treatment or other physical health services or behavioral care at or for the ICF/IID during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing active treatment or other physical health services or behavioral care;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 - 6. A work schedule of each personnel member is developed and maintained at the ICF/IID for at least 12 months after the date of the work schedule.
- L.** An administrator shall designate a qualified individual to provide:
- 1. Social services, and
 - 2. Recreational activities.
- M.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

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13; effective July 1, 2014 (Supp. 14-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-507. Admission

An administrator shall ensure that:

- 1. A resident is admitted only:
 - a. On a physician's order;
 - b. If the resident has a developmental disability or cognitive disability, as defined in A.R.S. § 36-551;
 - c. If the resident's placement evaluation indicates that the resident's needs can be met by the ICF/IID; and
 - d. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages, developmental levels, or social needs, if the resident can be assigned to a room or unit within the ICF/IID with other residents of similar ages, developmental levels, or social needs;
- 2. The physician's admitting order or placement evaluation documentation includes the active treatment or other physical health services or behavioral care required to meet the immediate needs of a resident, such as habilitation services, medication, and food services;
- 3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment of a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
- 4. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the ICF/IID as established in the ICF/IID's scope of services;
- 5. A resident is assigned to a unit in the ICF/IID based, as applicable, on the patient's:
 - a. Documented diagnosis,
 - b. Treatment needs,
 - c. Developmental level,
 - d. Social skills,
 - e. Verbal skills, and
 - f. Acuity;
- 6. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
- 7. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
 - a. A physician, or
 - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
- 8. Compliance with the requirements in subsection (7) is documented in the resident's medical record;
- 9. Except as specified in subsection (10), a resident provides evidence of freedom from infectious tuberculosis:

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- a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113; and
10. A resident who transfers from an ICF/IID or nursing care institution to the ICF/IID is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
- a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (9) accompanies the resident at the time of transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-507 renumbered to R9-10-2107; new Section R9-10-507 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-508. Transfer; Discharge

- A. An administrator, in coordination with the Arizona Department of Economic Security, Division of Developmental Disabilities, shall ensure that:
1. A resident is transferred or discharged if:
 - a. The ICF/IID is not authorized or not able to meet the needs of the resident, or
 - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the ICF/IID; and
 2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except:
 - i. In an emergency, or
 - ii. If the resident no longer requires rehabilitation services or habilitation services as determined by a physician or the physician's designee;
 - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
 - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of

the resident or other individuals in the ICF/IID and beyond the ICF/IID's scope of services.

- B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse coordinates the transfer and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains the risks and benefits of the transfer to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C. Except in an emergency, a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that include:
 - a. Information necessary to meet the resident's need for medical services and nursing services; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
 3. A discharge summary:
 - a. Is developed by a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse;
 - b. Authenticated by the resident's attending physician or designee; and
 - c. Includes:
 - i. The resident's need for rehabilitation services or habilitation services at the time of transfer or discharge;
 - ii. The resident's need for medical services or nursing services;
 - iii. The resident's developmental, behavioral, social, and nutritional status;
 - iv. The resident's medical and psychosocial history;
 - v. The date of the discharge; and
 - vi. The location of the resident after discharge.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

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Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-508 renumbered to R9-10-2108; new Section R9-10-508 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-509. Transport

- A.** Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains the risks and benefits of the transport to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
 2. A qualified intellectual disabilities professional coordinates the transport and the services provided to the resident, and
 3. The resident is transported according to R9-10-510(A).
- C.** Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-510 to a location other than a licensed health care institution;
 2. Transportation provided for a resident by the resident or the resident's representative;
 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
 4. A transport to another licensed health care institution in an emergency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pur-

suant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-509 renumbered to R9-10-2109; new Section R9-10-509 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-510. Transportation; Resident Outings

- A.** An administrator of an ICF/IID that uses a vehicle owned or leased by the ICF/IID to provide transportation to a resident shall ensure that:
1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of residents; and
 4. Transportation safety is maintained as follows:
 - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C.** An administrator shall ensure that:
1. Except when only one resident is participating in an outing, at least two personnel members are present on the outing;

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2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training according to R9-10-503(C)(1)(h);
4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The resident's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
 - c. The resident's allergies; and
 - d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-510 renumbered to R9-10-2110; new Section R9-10-510 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April

18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-511. Resident Rights

- A. An administrator shall ensure that:
 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
 1. A resident has privacy in:
 - a. Treatment,
 - b. Bathing and toileting,
 - c. Room accommodations, and
 - d. Visiting or meeting with another resident or an individual;
 2. A resident is treated with dignity, respect, and consideration;
 3. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed in R9-10-515, seclusion or restraint;
 - i. Retaliation for submitting a complaint to the Department or another entity;
 - j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
 - k. Segregation solely based on the resident's disability; and
 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
 - d. Is informed of the following:
 - i. The health care institution's policy on health care directives, and
 - ii. The resident complaint process;
 - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
 - f. May manage the resident's financial affairs;
 - g. Has access to and may communicate with any individual, organization, or agency;

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- h. Except as provided in the resident's individual program plan, has privacy:
 - i. In interactions with other residents or visitors to the ICF/IID,
 - ii. In the resident's mail, and
 - iii. For telephone calls made by or to the resident;
 - i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
 - j. May review the resident's financial records within two working days and medical records within one working day after the resident's or the resident's representative's request;
 - k. May obtain a copy of the resident's financial records and medical records within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
 - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
 - i. Medical record, and
 - ii. Financial records;
 - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
 - n. Is informed of the method for contacting the resident's attending physician;
 - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
 - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
 - q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
 - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
 - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
 - 5. To retain personal possessions including furnishings and clothing as space permits unless the use of the personal possession infringes on the rights or health and safety of other residents;
 - 6. To share a room with the resident's spouse if space is available and the spouse consents;
 - 7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
 - 8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
 - 9. To participate or refuse to participate in research or experimental treatment; and
 - 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-511 renumbered to R9-10-2111; new Section R9-10-511 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-512. Medical Records**A.** An administrator shall ensure that:

- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a resident's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
- 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
- 5. A resident's medical record is available to an individual:
 - a. Authorized to access the resident's medical record according to policies and procedures;
 - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
- 6. A resident's medical record is protected from loss, damage, or unauthorized use.

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- B.** If an ICF/IID maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth; and
 - c. Any known allergies, including medication allergies;
 2. The admission date and, if applicable, the date of discharge;
 3. The admitting diagnosis or presenting symptoms;
 4. Documentation of the resident's placement evaluation;
 5. Documentation of general consent and, if applicable, informed consent;
 6. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 7. The name and contact information of the resident's representative, family member, or other individual designated by the resident;
 8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
 9. The medical history and physical examination required in R9-10-516(A)(4);
 10. A copy of the resident's living will or other health care directive, if applicable;
 11. The name and telephone number of the resident's attending physician;
 12. Orders;
 13. Documentation of the resident's comprehensive assessment;
 14. Individual program plans, including nursing care plans or medical care plans, if applicable;
 15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
 16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
 17. If applicable, documentation of restraint or seclusion;
 18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
 19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
 20. The disposition of the resident after discharge;
 21. Transfer documentation;
 22. The discharge plan and summary;
 23. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report;
 24. Documentation of freedom from infectious tuberculosis required in R9-10-507(9);
 25. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain on a PRN basis:
 - i. An evaluation of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - e. For a psychotropic medication administered on a PRN basis:
 - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - f. The identification, signature, and professional designation of the individual administering the medication; and
 - g. Any adverse reaction a resident has to the medication; and
 26. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-512 renumbered to R9-10-2112; new Section R9-10-512 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-513. Rehabilitation Services and Habilitation Services

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- A.** Except as provided in subsection (D), an administrator shall ensure that:
- Personnel members are available to provide the following rehabilitation services:
 - Physical therapy, as defined in A.R.S. § 32-2001;
 - Occupational therapy, A.R.S. § 32-3401;
 - Psychological service, as defined in A.R.S. § 32-2061;
 - Speech-language pathology, as defined in A.R.S. § 36-1901; and
 - Audiology, as defined in A.R.S. § 36-1901;
 - Rehabilitation services are provided:
 - Under the direction of a qualified intellectual disabilities professional according to policies and procedures, and
 - According to an order;
 - A resident receives the rehabilitation services required in the resident's individual program plan;
 - Unless otherwise required in the resident's individual program plan:
 - A resident does not remain in bed or in the resident's bedroom;
 - If the resident is not able to independently move from place to place, even with the use of an assistive device, the resident is moved from place to place in the ICF/IID; and
 - A resident receiving rehabilitation services is encouraged to participate in activities that are planned according to subsection (C)(2) and are appropriate to objectives in the resident's individual program plan;
 - A qualified intellectual disabilities professional reviews the rehabilitation services provided to a resident and revises the frequency, duration, method, or type of rehabilitation services being provided in the resident's individual program plan:
 - As necessary, if the resident is losing skills or failing to progress; or
 - If a goal in the resident's individual program plan has been accomplished and a new objective is to be initiated; and
 - The medical record of a resident receiving rehabilitation services includes:
 - An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
 - The resident's individual program plan, including all updates;
 - The rehabilitation services provided;
 - The resident's response to the rehabilitation services; and
 - The authentication of the individual providing the rehabilitation services.
- B.** Except as provided in subsection (D), an administrator shall ensure that:
- Personnel members are available to provide a resident with habilitation services required in the resident's individual program plan;
 - A personnel member is only assigned to provide the habilitation services the personnel member has the documented skills and knowledge to perform;
 - A resident receives the habilitation services in the resident's individual program plan;
 - If applicable, a personnel member:
 - Suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living; and
 - Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's individual program plan;
 - A resident receiving habilitation services is encouraged to participate in activities of the resident's choosing that are planned according to subsection (C)(2); and
 - The medical record of a resident receiving habilitation services includes:
 - The resident's individual program plan, including all updates;
 - The habilitation services provided;
 - The resident's response to the habilitation services; and
 - The authentication of the individual providing the habilitation services.
- C.** An administrator shall ensure that:
- Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information;
 - Daily social or recreational activities are planned according to residents' preferences, needs, and abilities;
 - A calendar of planned activities is:
 - Prepared at least one week in advance of the date the activity is provided,
 - Posted in a location that is easily seen by residents,
 - Updated as necessary to reflect substitutions in the activities provided, and
 - Maintained for at least 12 months after the last scheduled activity;
 - Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity on the premises;
 - Outings are provided according to R9-10-510(B) and (C); and
 - If necessary and unless otherwise required in the resident's individual program plan, a resident is assisted to participate in outings and other opportunities to leave the premises of the ICF/IID.
- D.** An administrator is not required to ensure that personnel members providing rehabilitation services or habilitation services are on the premises if no resident of the ICF/IID is on the premises because the residents are:
- Receiving rehabilitation services off the premises,
 - Receiving habilitation services off the premises,
 - Participating in an outing, or
 - Otherwise absent from the ICF/IID.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4).

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Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-513 renumbered to R9-10-2113; new Section R9-10-513 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-514. Individual Program Plan**A.** An administrator shall ensure that:**1.** A comprehensive assessment of a resident:

- a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:
 - i. The resident's attending physician or designee;
 - ii. A registered nurse;
 - iii. If the resident is receiving medications as part of active treatment, a pharmacist; and
 - iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);
- b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;
- c. Is updated:
 - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
 - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
 - i. Identifying information;
 - ii. An evaluation of the resident's hearing, speech, and vision;
 - iii. An evaluation of the resident's ability to understand and recall information;
 - iv. An evaluation of the resident's mental status;
 - v. Whether the resident demonstrates inappropriate behavior;
 - vi. Preferences for customary routine and activities;
 - vii. An evaluation of the resident's ability to perform activities of daily living;
 - viii. Need for a mobility device;
 - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
 - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
 - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
 - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
 - xiii. An evaluation of the resident's oral and dental status;
 - xiv. An evaluation of the condition of the resident's skin;
 - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time

the comprehensive assessment was conducted;

- xvi. Identification of any treatment or medication ordered for the resident;
- xvii. Identification of interventions that may support the resident towards independence;
- xviii. Identification of any assistive devices needed by the resident;
- xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;
- xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;
- xxi. Identification of the methods, schedule, and strategies to accomplish the goals, including the personnel member responsible;
- xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
- xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
- xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
- xxv. If restraint or seclusion is included in subsection (A)(1)(d)(xxiii), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;
- xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
- xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
- xxix. Potential for discharge;
- e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and
- f. Is used to determine or update the resident's acuity;
2. If the condition in subsection (A)(1)(d)(v) is answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a

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registered nurse determines the resident has a significant change in condition; and

4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
 - a. A qualified intellectual disabilities professional; and
 - b. If the resident has a nursing care plan or medical care plan, a registered nurse.

B. An administrator shall ensure that an individual program plan for a resident:

1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Includes the acuity of the resident;
3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:
 - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
 - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-514 renumbered to R9-10-2114; new Section R9-10-514 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-515. Seclusion; Restraint

A. An administrator shall ensure that:

1. An ICF/IID's policies and procedures for managing a resident's inappropriate behavior, as described in R9-10-503(C)(2)(g) are reviewed, approved, and monitored through the quality management process in R9-10-504; and
2. Restraint is provided according to the requirements in subsection (C).

B. An administrator of an ICF/IID authorized to provide seclusion shall ensure that:

1. Seclusion is provided according to the requirements in subsection (C);
2. If a resident is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department;
 - b. Is not used as a resident's bedroom or a sleeping area;
 - c. Allows full view of the resident in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
 - a. A piece of equipment is available that:
 - i. Is commercially manufactured to safely and humanely restrain a resident's body;
 - ii. Provides support to the trunk and head of a resident's body;
 - iii. Provides restraint to the trunk of a resident's body;
 - iv. Is able to restrict movement of a resident's arms, legs, body, and head;
 - v. Allows a resident's body to recline; and
 - vi. Does not inflict harm on a resident's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
4. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
 - c. Policies and procedures:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use as a seclusion room.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:

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- a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a resident in the restraint or seclusion,
 - (3) Monitor a resident in the restraint or seclusion,
 - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and
 - iii. Criteria for monitoring and assessing a resident including:
 - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a resident's nutritional needs and elimination needs;
 - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - d. Establish procedures for internal review of the use of restraint or seclusion; and
 - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
 - a. Obtained from a physician or registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
 3. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;
 5. An order for restraint or seclusion includes:
 - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
 6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
 7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;
 8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;

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- v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- 9. When a resident is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. The resident is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:
 - i. The resident's current behavior,
 - ii. The resident's reaction to the restraint or seclusion used,
 - iii. The resident's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The resident is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:
 - a. The emergency situation that required the resident to be restrained or put in seclusion,
 - b. The times the resident's restraint or seclusion actually began and ended,
 - c. The monitoring and time of the assessment,
 - d. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion,
 - e. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and
 - f. The resident evaluation required in subsection (C)(12);
- 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
 - a. The specific criteria for release from restraint or seclusion without an additional order, and
 - b. The maximum duration authorized for the restraint or seclusion; and
- 12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-515 renumbered to R9-10-2115; new Section R9-10-515 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-516. Physical Health Services

- A. An administrator shall ensure that:
 - 1. A resident has an attending physician;
 - 2. An attending physician is available 24 hours a day;
 - 3. An attending physician designates a physician who is available when the attending physician is not available;
 - 4. A physical examination is performed on a resident by a physician or by a physician assistant or registered nurse practitioner designated by the resident's attending physician:
 - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
 - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
 - 5. If a resident's physical examination, placement evaluation, or comprehensive assessment indicates a need for:
 - a. Intermittent nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a nursing care plan of treatment for the resident, which is integrated into the resident's individual program plan; or

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- b. Continuous nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
 - 6. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.
- B. An administrator shall ensure that:
 - 1. Nursing services are available 24 hours a day in an ICF/IID;
 - 2. For an ICF/IID authorized to admit a resident requiring:
 - a. Continuous nursing services, a registered nurse is on the premises; or
 - b. Intermittent nursing services, a nurse is on the premises according to the schedule in a resident's nursing care plan; and
 - 3. The director of nursing or an individual designated by the director of nursing participates in the quality management program.
- C. A director of nursing shall ensure that:
 - 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
 - a. The acuity of the residents, and
 - b. The ICF/IID's scope of services;
 - 2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;
 - 3. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
 - 4. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse;
 - 5. At least once every three months, a nurse:
 - a. Assesses the health of a resident without a nursing care plan or medical care plan;
 - b. Documents the results in the resident's medical record; and
 - c. If the assessment indicates the need for physical health services or behavioral care, initiate action, according to policies and procedures, to address the resident's needs;
 - 6. Nursing personnel provide education and training to:
 - a. Residents on hygiene and other behaviors that promote health; and
 - b. Personnel members on:
 - i. Detecting signs of illness or injury or significant changes in condition,
 - ii. First aid, and
 - iii. Basic skills for caring for residents;
- 7. A nurse notifies a resident's attending physician and, if applicable, the resident's representative immediately or within 24 hours after one of the following events occur:
 - a. Is injured,
 - b. Is involved in an incident that requires medical services, or
 - c. Has a significant change in condition; and
- 8. Only a medication required by an order is administered to a resident.
- D. An administrator shall ensure that:
 - 1. Dental services are provided to a resident by an individual licensed as:
 - a. A dentist under A.R.S. Title 32, Chapter 11, Article 2; or
 - b. A dental hygienist under A.R.S. Title 32, Chapter 11, Article 4;
 - 2. If needed, based on a resident's initial assessment, a dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the development of the resident's individual program plan;
 - 3. A resident is provided with a complete dental examination within one month after admission, unless the ICF/IID has documentation of the resident's dental examination completed within 12 months before admission;
 - 4. If a resident's dental examination indicates the resident needs dental treatment:
 - a. A dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the review and updating of the resident's individual program plan, and
 - b. The resident is provided with dental treatment;
 - 5. A dental examination is performed by a dentist or dental hygienist in subsection (D)(1) on a resident at least once every 12 months and treatment is provided as needed;
 - 6. If needed, a resident is provided with emergency dental services;
 - 7. A resident is provided with education and training in oral hygiene; and
 - 8. A resident's medical record contains documentation of:
 - a. Each dental examination of the resident,
 - b. All dental treatment provided to the resident, and
 - c. The resident's education and training in oral hygiene.
- E. An administrator shall ensure that:
 - 1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment and, if applicable, as part of the update of the comprehensive assessment; and
 - 2. If an issue is identified with the resident's vision or hearing, the resident is provided, as applicable, with:
 - a. Treatment to address the identified issue, or
 - b. An assistive device to address an issue.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. §

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41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-516 renumbered to R9-10-2116; new Section R9-10-516 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-517. Behavioral Care**A.** An administrator shall ensure that:

1. A resident who receives behavioral care from the ICF/IID is evaluated by a behavioral health professional or medical practitioner:
 - a. Within 30 calendar days before the resident is admitted to the ICF/IID or before the resident begins receiving behavioral care, and
 - b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. A behavioral health professional or medical practitioner:
 - a. Documents that the behavioral care needed by the resident is within the ICF/IID's scope of services, and
 - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
3. The documentation in subsection (A)(2) is included in the resident's medical record.

B. If a resident of an ICF/IID requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:

1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2).

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Section R9-10-517 renumbered to R9-10-2117; new Section R9-10-517 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-518. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The ICF/IID:
 - a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents,
 - b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
 - a. Available to the ordering physician within 24 hours after the test:
 - i. Is complete with results if the test is performed at a laboratory on the ICF/IID's premises, or
 - ii. Result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
 - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
 - a. The ordering physician,
 - b. A registered nurse in the resident's assigned unit,
 - c. The ICF/IID's administrator, or
 - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood or blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

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Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-518 renumbered to R9-10-2118; new Section R9-10-518 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-519. Respiratory Care Services

If respiratory care services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of an attending physician;
2. Respiratory care services are provided according to an order that includes:
 - a. The resident's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services provided;
 - c. The effect of the respiratory care services;
 - d. The resident's adverse reaction to the respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-518.

Historical Note

R9-10-519 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-520. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,

- iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
 - d. Procedures for documenting medication services; and
 - e. Procedures for assisting a resident in obtaining medication; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a pharmacist;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record; and
 4. If a psychotropic medication is administered to a resident, the psychotropic medication:
 - a. Is only administered to a resident for a diagnosed medical condition; and
 - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.
- C. If an ICF/IID provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the ICF/IID;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;

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- d. Verifying that the medication is taken as ordered by the resident's attending physician by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label; or
- e. Observing the resident while the resident takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's attending physician or registered nurse;
- 4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by the resident's attending physician, another physician, a physician assistant, or a registered nurse or an individual trained by a physician, physician assistant, or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. If applicable, pharmaceutical services are provided under the direction of a pharmacist and comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - 3. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an ICF/IID, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's attending physician or the physician who ordered the medication and the ICF/IID's director of nursing.

Historical Note

R9-10-520 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

R9-10-521. Infection Control

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the ICF/IID;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the ICF/IID;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the ICF/IID; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization, disinfection, and storage of medical equipment and supplies;
 - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
 - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
 - f. Training of personnel members, employees, and volunteers in infection control practices; and

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- g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
- 7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

R9-10-521 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-522. Food Services**A.** An administrator shall ensure that:

- 1. The ICF/IID has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the ICF/IID's food establishment license or permit is maintained;
- 3. If the ICF/IID contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the ICF/IID:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the ICF/IID; and
 - b. The ICF/IID is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
- 4. A registered dietitian:
 - a. Participates as part of an interdisciplinary team for a resident requiring a modified or special diet,
 - b. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
 - c. Documents the review of a food menu, and
 - d. Is available for consultation regarding a resident's nutritional needs; and
- 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:

- 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
- 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served on each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and

- e. Is maintained for at least 60 calendar days after the last day included in the food menu;
- 3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
- 4. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
 - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
 - c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);
 - d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and
 - e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident group agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A resident is provided with food substitutions of similar nutritional value if:
 - a. The resident refuses to eat the food served, or
 - b. The resident requests a substitution;
- 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
- 7. If food is used as a part of a program to manage a resident's inappropriate behavior:
 - a. A special diet is included as part of the resident's individual program plan, and
 - b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
- 8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;
- 9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
- 10. Personnel members supervise meals in dining areas to:
 - a. Direct a resident's self-help dining procedures,
 - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
 - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
- 11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
- 12. Water is available and accessible to residents.

Historical Note

R9-10-522 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18,

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2025), with an immediate effective date of April 1, 2025
(Supp. 25-2).

R9-10-523. Emergency and Safety Standards**A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
 - b. When, how, and where residents will be relocated, including:
 - i. Instructions for the evacuation or transfer of residents,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for continuing to provide services to meet a resident's needs;
 - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - d. A plan for back-up power and water supply;
 - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
 - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
 - g. A plan for obtaining food and water for individuals present in the ICF/IID or the ICF/IID's relocation site during a disaster;
2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
7. An evacuation drill for residents:
 - a. Is conducted at least once each year on each shift and documented; and
 - b. Includes all residents on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident, and
 - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate to a designated area;
 - c. If applicable:

- i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
- d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and

9. An evacuation path is conspicuously posted on each hallway of each floor of the ICF/IID.

B. An administrator shall ensure that, if an ICF/IID has:

1. More than 16 residents or a resident who has a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
 - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
 - b. A sprinkler system is installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order; and
2. Sixteen or fewer residents, none of whom have a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
 - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (B)(1) are installed and in working order; or
 - b. The ICF/IID has:
 - i. A fire extinguisher that is:
 - (1) Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
 - (2) Accessible to personnel members and inaccessible to residents;
 - (3) If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
 - (4) If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
 - ii. Smoke detectors that are:
 - (1) Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
 - (2) Either battery operated or, if hard-wired into the electrical system of the ICF/IID, has a back-up battery;
 - (3) In working order; and
 - (4) Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.

C. An administrator shall:

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1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

Historical Note

R9-10-523 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

R9-10-524. Environmental Standards

- A.** An administrator shall ensure that:
1. An ICF/IID's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 5. Garbage and refuse are:
 - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (A)(5)(a), or
 - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
 6. Heating and cooling systems maintain the ICF/IID at a temperature between 70° F and 84° F;
 7. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 9. The temperature of the hot water does not exceed 120° F;
 10. Linens are clean before use, without holes and stains, and not in need of repair;
 11. Oxygen containers are secured in an upright position;
 12. Poisonous or toxic materials stored by the ICF/IID are maintained in labeled containers in a locked area separate

- from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 13. Combustible or flammable liquids stored by the ICF/IID are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 14. If pets or animals are allowed in the ICF/IID, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products are not permitted within an ICF/IID; and
 2. Smoking tobacco products may be permitted outside an ICF/IID if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-503(C)(1)(g) is present in the pool area when a resident is in the pool area, and
 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

Historical Note

R9-10-524 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-525. Physical Plant Standards

- A.** An administrator shall ensure that, if an ICF/IID has:
1. More than 16 residents, the ICF/IID complies with:
 - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the earlier of:
 - i. The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or
 - ii. The date the ICF/IID submitted the application packet including the notarized attestation of architectural plans according to R9-10-104; and
 - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01; and
 2. Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in

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National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.

B. An administrator shall ensure that:

1. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the ICF/IID's scope of services, and
 - b. An individual accepted as a resident by the ICF/IID;
2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
4. At least one bathroom is accessible from a common area and:
 - a. May be used by residents and visitors;
 - b. Does not open into an area in which food is prepared;
 - c. Provides privacy when in use; and
 - d. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
5. An outside activity space is provided and available that:
 - a. Is on the premises,
 - b. Has a hard-surfaced section for wheelchairs, and
 - c. Has an available shaded area;
6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
7. The key to the door of a lockable bathroom or bedroom is available to a personnel member.

C. An administrator shall ensure that:

1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
2. For every eight residents there is at least one working bathtub or shower;
3. A resident bathroom provides privacy when in use and contains:
 - a. A mirror;
 - b. Toilet tissue for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one resident;
 - e. A window that opens or another means of ventilation;
 - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
4. An ICF/IID is ventilated by windows or mechanical ventilation, or a combination of both;

5. If required for the residents of the ICF/IID, the corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
6. No more than two individuals reside in a resident bedroom; and
7. A resident's bedroom;
 - a. Is accessible without passing through a storage area, an equipment room, or another resident's bedroom;
 - b. Is constructed and furnished to provide unimpeded access to the door;
 - c. Has floor-to-ceiling walls with at least one door;
 - d. Does not open into any area where food is prepared, served, or stored;
 - e. If a private bedroom, has at least 80 square feet of floor space, not including a closet or bathroom;
 - f. If a shared bedroom, has at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom;
 - g. Has a separate bed, at least 36 inches in width and 72 inches in length, for each resident, consisting of at least a frame and mattress that is clean and in good repair;
 - h. Has clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
 - i. Has furniture to meet the resident's needs and sufficient light for reading;
 - j. Has an openable window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
 - k. Has individual storage space for a resident's possessions and assistive devices; and
 - l. Has a closet with clothing racks and shelves accessible to the resident.

D. If a swimming pool is located on the premises, an administrator shall ensure that:

1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (D)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
2. A life preserver or shepherd's crook is available and accessible in the pool area.

E. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

Historical Note

R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by

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exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

ARTICLE 6. HOSPICES**R9-10-601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

1. "Medical social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service agency or hospice inpatient facility shall include on the application:

1. For an application as a hospice service agency:
 - a. The hours of operation for the hospice's administrative office, and
 - b. The geographic region to be served by the hospice service agency; and
2. For an application as a hospice inpatient facility, the requested licensed capacity.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-603. Administration**A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
2. Establish, in writing:
 - a. A hospice's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management plan according to R9-10-604;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present:

- i. At a hospice service agency's administrative office for more than 30 calendar days, or
 - ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
- b. Not present:
 - i. At a hospice service agency's administrative office for more than 30 calendar days, or
 - ii. On a hospice inpatient facility's premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;
2. Has the authority and responsibility to manage the hospice;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice's premises and accountable for the:
 - a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or
 - b. Inpatient hospice facility when the administrator is not on hospice inpatient facility's premises; and
4. Designates a personnel member to provide direction for volunteers.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Include methods to prevent abuse or neglect of a patient, including:
 - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
 - ii. Reporting of abuse or neglect of a patient;
 - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - f. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
 - g. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - h. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The hospice service agency or hospice inpatient facility to respond to a patient's complaint;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover a quality management program, including incident reports and supporting documentation;

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- l. Cover contracted services; and
- m. Cover information and education to a patient or a patient's representative of proper disposal of schedule II controlled substances in compliance with A.R.S. § 36-425.04;
- 2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
 - b. Cover the provision of hospice services;
 - c. Include when general consent and informed consent are required;
 - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - e. Cover dispensing, administering, and disposing of medication;
 - f. Cover infection control; and
 - g. Cover telemedicine, if applicable;
 - h. Cover clergy visitation procedures in compliance with A.R.S. § 36-407.02;
- 3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover visitation of a patient, including:
 - i. Allowing visitation by individuals 24 hours a day, and
 - ii. Allowing a visitor to bring a pet to visit the patient;
 - b. Cover the use and display of a patient's personal belongings; and
 - c. Cover environmental services that affect patient care;
- 4. Policies and procedures are reviewed and updated at least once every three years;
- 5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 6. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.

D. An administrator shall designate, in writing, a:

- 1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
- 2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.

E. An administrator shall ensure that the following are conspicuously posted:

- 1. The current Department-issued license;
- 2. The current telephone number of the Department; and
- 3. The location at which the following are available for review:
 - a. A copy of the most recent Department inspection report;
 - b. A list of the services provided by the hospice; and

- c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-604. Quality Management

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-605. Contracted Services

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-606. Personnel

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:

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- a. Are based on:
 - i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;
 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services, and
 - b. According to policies and procedures;
 3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospice's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
 4. Orientation occurs within the first week of providing hospice services and includes:
 - a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
 - c. Providing the information required by hospice policies and procedures;
 5. Personnel receive in-service education according to criteria established in hospice policies and procedures;
 6. In-service education documentation for a personnel member includes:
 - a. The subject matter,
 - b. The date of the in-service education, and
 - c. The signature of each individual who participated in the in-service education; and
 7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and
 - b. As specified in R9-10-113; and
 8. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
- B.** An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
 - e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).
 - f. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
- C.** An administrator shall ensure that personnel records are:
1. Maintained:
 - a. Throughout the individual's period of providing services in or for the hospice, and
 - b. For at least 24 months after the last date the individual provided services in or for the hospice; and
 2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-607. Admission

- A.** Before admitting an individual as a patient, an administrator shall obtain:
1. The name of the individual's physician;
 2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
 3. Documentation from the individual or the individual's representative acknowledging that:
 - a. Hospice services include palliative care and supportive services and are not curative, and
 - b. The individual or individual's representative has received a list of services to be provided by the hospice.
- B.** At the time of admission, a physician or registered nurse shall:
1. Assess a patient's medical, social, nutritional, and psychological needs; and

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2. As applicable, obtain informed consent or general consent.
- C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-608. Care Plan

- A. An administrator shall ensure that a care plan is developed for each patient:
 1. Based on the:
 - a. Assessment of the:
 - i. Patient; and
 - ii. Patient's family, if applicable;
 - b. Hospice service agency's or inpatient hospice facility's scope of service;
 2. With participation from a:
 - a. Physician,
 - b. Registered nurse, and
 - c. Another personnel member as designated in R9-10-612(A)(4); and
 3. That includes:
 - a. The patient's diagnosis;
 - b. The patient's health care directives;
 - c. The patient's cognitive awareness of self, location, and time;
 - d. The patient's functional abilities and limitations;
 - e. Goals for pain control and symptom management;
 - f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
 - g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
 - h. Medications ordered for the patient;
 - i. Any known allergies;
 - j. Nutritional requirements and preferences; and
 - k. Specific measures to improve the patient's safety and protect the patient against injury.
- B. An administrator shall ensure that:
 1. A request for participation in a patient's care plan is made to the patient or patient's representative;
 2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C. An administrator shall ensure that:
 1. Hospice services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;
 2. A patient's care plan is reviewed and updated:
 - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;

- b. If the patient's physician orders a change in the care plan; and
 - c. At least every 30 calendar days; and
3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-608 renumbered to R9-10-609; new Section R9-10-608 renumbered from R9-10-611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-609. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-609 renumbered to R9-10-610; new Section R9-10-609 renumbered from R9-10-608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-610. Patient Rights

- A. An administrator shall ensure that:
 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
 1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:

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- a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the hospice's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records;
 - f. Is informed of:
 - i. The components of hospice services provided by the hospice;
 - ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or services;
 - iii. The hospice's policy on health care directives; and
 - iv. The patient complaint process; and
 - g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.
 - C. A patient has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;
 6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
 7. To participate or refuse to participate in research or experimental treatment;
 8. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
 9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-610 renumbered to R9-10-611; new Section R9-10-610 renumbered from R9-10-609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-611. Medical Records

- A. An administrator shall ensure that:
 1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
 - c. As permitted by law; and
 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a hospice maintains patients' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
 1. Patient information that includes:
 - a. The patient's name,
 - b. The patient's address,
 - c. The patient's telephone number,
 - d. The patient's date of birth, and
 - e. Any known allergy;
 2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
 3. The name and telephone number of the patient's physician;
 4. If applicable, the name and contact information of the patient's representative and:

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- a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
- b. If the patient's representative;
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
5. The admitting diagnosis;
6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
7. Documentation of medical history;
8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
9. Orders;
10. The assessment required in R9-10-607(B)(1);
11. Care plans;
12. Progress notes for each patient contact, including:
 - a. The date of the patient contact,
 - b. The services provided,
 - c. A description of the patient's condition, and
 - d. Instructions given to the patient or patient's representative;
13. Documentation of hospice services provided to the patient;
14. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
15. Documentation of coordination of patient care;
16. Documentation of contacts with the patient's physician by a personnel member;
17. The discharge summary, if applicable;
18. If applicable, transfer documentation from a sending health care institution; and
19. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication, when initially administered or when administered on a PRN basis:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering the medication; and
 - f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, §

17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-611 renumbered to R9-10-608; new Section R9-10-611 renumbered from R9-10-610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-612. Hospice Services

- A. An administrator shall ensure that the following are included in the hospice services provided by the hospice:
 1. Medical services;
 2. Nursing services;
 3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
 4. Medical social services, provided as follows by a personnel member:
 - a. Qualified according to policies and procedures to coordinate medical social services; and
 - b. Who is licensed under A.R.S. Title 32, Chapter 33, Article 5, if applicable;
 5. Bereavement counseling for a patient's family for at least one year after the death of the patient; and
 6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.
- B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice services provided by the hospice:
 1. Home health aide services;
 2. Respite care services; and
 3. Supportive services, as defined in A.R.S. § 36-151.
- C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.
- D. A medical director shall ensure that:
 1. A patient's need for medical services is met, according to the patient's care plan and the hospice's scope of services; and
 2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.
- E. A director of nursing shall ensure that:
 1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
 2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
 3. The care plan for a patient is implemented;
 4. A personnel member is only assigned to provide services the personnel member can competently perform;
 5. A registered nurse:
 - a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
 - b. Provides direction for the home health aide services provided to a patient, and
 - c. Verifies the competency of the home health aide in performing assigned tasks;
 6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;

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7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice services to the patient.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-613. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
 - d. Procedures for:
 - i. Documenting medication administration; and
 - ii. Monitoring a patient who self-administers medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration off the premises; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;

- b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
- c. Ensure that medication is administered to a patient only as prescribed; and
- d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members;
3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a hospice inpatient facility, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances; and
 - e. If applicable, donated medicine according to A.R.S. § 32-1909.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered

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the medication and, if applicable, the hospice's director of nursing.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-614. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
 - d. Documenting infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken relating to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documents are maintained for at least 12 months after the date of the documents;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization and disinfection of medical equipment and supplies;
 - c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
 - e. Training of personnel members in infection control practices; and
 - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-615. Food Services for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. Meals and snacks provided by the hospice inpatient facility are served according to a patient's dietary needs and preferences;
2. Meals and snacks for each day are planned using:
 - a. The applicable most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
 - b. Preferences for meals and snacks obtained from patients;
3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.

B. An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;

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6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- C. An administrator shall ensure that:
1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
 - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
 - b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
 2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
 3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility

- A. An administrator of a hospice inpatient facility shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated, including:
 - i. Instructions for the evacuation or transfer of patients,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for providing continuing services to meet patient's needs;
 - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12

months after the date of the disaster plan review, and includes:

- a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
 5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.
- B. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-617. Environmental Standards for a Hospice Inpatient Facility

- A. An administrator of a hospice inpatient facility shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Cleaning and storing of soiled linens and clothing,
 - b. Housekeeping procedures that ensure a clean environment, and
 - c. Isolation of a patient who may spread an infection;
 2. The premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
 3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 4. Equipment used at the hospice inpatient facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and

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- b. Removed from the premises at least once a week;
- 7. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
- 9. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
- 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
- 11. Oxygen containers are secured in an upright position;
- 12. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
- 13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;
- 14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation, and
 - b. Licensed consistent with local ordinances;
- 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink, and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final exempt

rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility

- A. An administrator shall ensure that a hospice inpatient facility complies with applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01.
- B. An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the hospice inpatient facility's scope of services, and
 - 2. An individual accepted as a patient by the hospice inpatient facility.
- C. An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
 - 1. Is shared by no more than four patients;
 - 2. Measures at least 80 square feet of floor space per patient, not including a closet;
 - 3. Has walls from floor to ceiling;
 - 4. Contains a door that opens into a hallway, common area, or outdoors;
 - 5. Is at or above ground level;
 - 6. Is vented to the outside of the hospice inpatient facility;
 - 7. Has a working thermometer for measuring the temperature in the sleeping area;
 - 8. For each patient, has a:
 - a. Bed,
 - b. Bedside table,
 - c. Bedside chair,
 - d. Reading light,
 - e. Privacy screen or curtain, and
 - f. Closet or drawer space;
 - 9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
 - 10. Is no farther than 20 feet from a room containing a toilet and a sink;
 - 11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
 - 12. Contains one of the following to provide sunlight:
 - a. A window to the outside of the hospice inpatient facility, or
 - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
 - 13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- D. An administrator of a hospice inpatient facility shall ensure that there is:
 - 1. For every six patients, a toilet room that contains:
 - a. At least one working toilet that flushes and has a seat;
 - b. At least one working sink with running water;
 - c. Soap for hand washing;
 - d. Paper towels or a mechanical air hand dryer;
 - e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
 - f. A mirror;
 - g. Lighting;
 - h. Space for a personnel member to assist a patient;
 - i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and

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- j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
5. A room other than a sleeping area that can be used for social activities;
6. Sleeping accommodations for family members;
7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-619. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-620. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, §

17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-621. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "nor more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-622. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-623. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-624. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**R9-10-701. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section

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R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-702. Supplemental Application and Documentation Submission Requirements

- A.** In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health residential facility shall include on the application:
1. Whether the applicant is planning to provide:
 - a. Behavioral health services to individuals under 18 years of age, including the licensed capacity requested;
 - b. Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested; or
 - c. Respite services;
 2. Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
 - a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
 - b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
 3. Whether the applicant is requesting authorization to provide:
 - a. Court-ordered evaluation,
 - b. Court-ordered treatment,
 - c. Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or
 - d. Personal care services;
 4. Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
 5. For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
 - a. Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
 - b. Are under 18 years of age and who do not stay overnight in the behavioral health residential facility, and
 - c. Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
 6. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's current accreditation report.
- B.** A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program's current accreditation report to the Department with the relevant fees required in R9-10-106(C).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-702 repealed, new Section R9-10-702 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-703. Administration

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
 2. Establish, in writing:
 - a. A behavioral health residential facility's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-704;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present on the behavioral health residential facility's premises for more than 30 calendar days, or
 - b. Not present on the behavioral health residential facility's premises for more than 30 calendar days; and
 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
 2. Has the authority and responsibility to manage the behavioral health residential facility; and

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3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C. An administrator shall ensure that:
 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
 - g. Cover implementation of the requirements in A.R.S. § 8-804, if applicable;
 - h. Cover first aid training;
 - i. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - j. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - k. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The behavioral health residential facility to respond to a resident complaint;
 - l. Cover health care directives;
 - m. Cover medical records, including electronic medical records;
 - n. Cover a quality management program, including incident reports and supporting documentation;
 - o. Cover contracted services; and
 - p. Cover when an individual may visit a resident in a behavioral health residential facility;
 2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of behavioral health services and physical health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover emergency safety responses;
 - e. Cover a resident's personal funds account;
 - f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - g. Cover prescribing a controlled substance to minimize substance abuse by a resident;
 - h. Cover respite services, including, as applicable, respite services for individuals who are admitted:
 - i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and
 - ii. For respite services and do not stay overnight in the behavioral health residential facility;
 - i. Cover services provided by an outdoor behavioral health care program, if applicable;
 - j. Cover infection control;
 - k. Cover resident time-out;
 - l. Cover resident outings;
 - m. Cover environmental services that affect resident care;
 - n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
 - o. If animals are used as part of a therapeutic program, cover:
 - i. Inoculation/vaccination requirements, and
 - ii. Methods to minimize risks to a resident's health and safety;
 - p. Cover the process for receiving a fee from a resident and refunding a fee to a resident;
 - q. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - r. Cover the security of a resident's possessions that are allowed on the premises;
 - s. Cover smoking and the use of tobacco products on the premises; and
 - t. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.

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- D.** If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:
1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;
 2. Is a behavioral health professional; and
 3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).
- E.** Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
- F.** The administrator of a behavioral health residential facility providing services to children shall notify the Department within 30 calendar days after:
1. Beginning to contract exclusively with the federal government, and
 2. Receiving only federal monies for services provided.
- G.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
- H.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- I.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the resident:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (I)(1); and
 - c. The report in subsection (I)(2);
 4. Maintain the documentation in subsection (I)(3) for at least 12 months after the date of the report in subsection (I)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (I)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (I)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- J.** In addition to the notification requirements in subsections (F), (G), (H), and (I), an administrator of a behavioral health residential facility providing services to children that contracts exclusively with the federal government and receives only federal monies for services provided shall comply with A.R.S. § 36-418.
- K.** An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
 2. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06 and in addition to the requirements in subsection (K)(1), establish and document requirements for a resident admitted according to A.R.S. § 36-550.09, consistent with R9-10-722(D);
 3. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
 4. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
 - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ages of children being cared for; and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
 5. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
 6. Establish and document the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who:
 - a. Was admitted under A.R.S. Title 36, Chapter 5, Articles 3, 4, 5, or 10;
 - b. Is absent against medical advice; or
 - c. Is under the age of 18;
 7. If a resident's absence is unauthorized as determined according to the criteria in subsection (K)(5), within an hour after determining that the resident's absence is unauthorized, notify:
 - a. For a resident who is under 18 years of age, the resident's parent or legal guardian; and

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- b. For a resident who is under a court's jurisdiction, the appropriate court;
- 8. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
 - a. Name of a resident absent without authorization,
 - b. Name of the individual to whom the report required in subsection (K)(6) was submitted, and
 - c. Date of the report; and
- 9. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- L.** An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.
- M.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
 - 1. The behavioral health residential facility's current license,
 - 2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
 - 3. The calendar days and times when a resident may accept visitors or make telephone calls.
- N.** An administrator shall ensure that:
 - 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
 - 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 - 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
 - 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- O.** If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
 - 1. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
 - 2. Maintain documentation of the notification required in subsection (O)(1) in the resident's medical record for at least 12 months after the date of the notification.
- P.** If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
 - 1. Policies and procedure are established, developed, and implemented for:
 - a. Using resident's funds in a personal funds account,
 - b. Protecting resident's funds in a personal funds account,
 - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
 - d. Processing each deposit into and withdrawal from a personal funds account, and
 - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 - 2. The personal funds account is only initiated after receiving a written request that:
 - a. Is provided:
 - i. Voluntarily by the resident,
 - ii. By the resident's representative, or
 - iii. By a court of competent jurisdiction;
 - b. May be withdrawn at any time; and
 - c. Is maintained in the resident's record.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-703 repealed, new Section R9-10-703 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). At the request of the Department clerical errors have been corrected to R9-10-703(K)(7) and (8)(b), referencing subsections that were not amended when subsection (I) was renamed to subsection (K) at 26 A.A.R. 551 (Supp. 21-2).

R9-10-704. Quality Management

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and

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3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-704 repealed, new Section R9-10-704 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-705. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-705 repealed, new Section R9-10-705 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-706. Personnel

A. An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health residential facility's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that:
 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and

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5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- F.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
 1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
 2. As specified in R9-10-113.
- G.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
 - f. The individual's compliance with the requirements in A.R.S. § 8-804, if applicable;
 - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
 - i. First aid training, if required for the individual according to this Article or policies and procedures; and
 - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H.** An administrator shall ensure that personnel records are:
 1. Maintained:
 - a. Throughout an individual's period of providing services at or for the behavioral health residential facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I.** An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
 1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
 2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
 - a. Has successfully completed treatment for recidivism reduction as shown by:
 - i. Documentation of completion of treatment for recidivism reduction;
 - ii. If applicable, continued negative results on random drug screening tests;
 - iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member's behavioral health issue; and
 - iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and
 - b. Is not likely to be a threat to the health or safety of staff or residents through:
 - i. Review of the reasons for denial of a fingerprint clearance card;
 - ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
 - iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
 - iv. Observation of the personnel member's interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by personnel members having a valid fingerprint clearance card; and
 - v. Institution of any other methods, according to policies and procedures, specific to the:
 - (1) Behavioral health residential facility;
 - (2) Issues of the residents that place them at risk for a future threat of prosecution, diversion, or incarceration; and
 - (3) Recidivism reduction services that are expected to be provided by the personnel member.
 - J.** An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:
 1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
 2. Each personnel member participating in an outing.
 - K.** An administrator shall ensure that:
 1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
 2. In addition to the personnel member in subsection (K)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
 3. There is a daily staffing schedule that:

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- a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
 - c. Is maintained for at least 12 months after the last date on the documentation;
4. A behavioral health professional is present at the behavioral health residential facility or on-call;
 5. A registered nurse is present at the behavioral health residential facility or on-call; and
 6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

Historical Note

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Department's request (Supp. 21-2). Due to a Department error published at 26 A.A.R. 551, subsections R9-10-706(I), (J), and (K) have been corrected as amended at 25 A.A.R. 1583 (Supp. 21-3).

R9-10-707. Admission; Assessment**A.** An administrator shall ensure that:

1. A resident is admitted based upon:
 - a. The resident's primary condition for which the resident is admitted to the behavioral health residential facility being a behavioral health issue, and
 - b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services;
2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;
3. Except as provided in subsection (A)(4), general consent is obtained from:
 - a. An adult resident or the resident's representative before or at the time of admission, or
 - b. A resident's representative, if the resident is not an adult;
4. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
5. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
6. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within 72 hours after admission;
7. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident's medical record within seven calendar days after admission;
8. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
 - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
9. Except as provided in subsection (A)(10), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
10. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within

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12 months before the date of the resident's current admission:

- a. The resident's assessment information is reviewed before treatment for the resident is initiated and updated if additional information that affects the resident's assessment is identified, and
 - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
11. A behavioral health assessment:
- a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Criminal justice record;
 - vi. Family history;
 - vii. Behavioral health treatment history;
 - viii. Symptoms reported by the resident; and
 - ix. Referrals needed by the resident, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in resident's medical record;
12. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
13. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
- a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113.

B. An administrator shall ensure that:

1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

C. An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.

D. If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within 24 hours after the information is obtained.

E. If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:

1. Upon admission of a resident for respite services:
 - a. Except as provided in subsection (F), a medical history and physical examination of the resident:
 - i. Is performed; or
 - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - b. A treatment plan that meets the requirements in R9-10-708:
 - i. Is developed; or
 - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
 - d. The resident is not required to comply with the requirements in subsection (A)(13) if the resident is not expected to be present in the behavioral health residential facility:
 - i. For more than seven consecutive days, or
 - ii. For 10 days or more days in a 90-consecutive-day period;
2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:
 - a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
 - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
 - c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.

F. A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed

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with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-708. Treatment Plan

- A.** An administrator shall ensure that a treatment plan is developed and implemented for each resident that:
1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(6) or (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(9) or (10) and on-going changes to the behavioral health assessment of the resident;
 2. Is completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
 3. Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
 4. Includes:
 - a. The resident's presenting issue;
 - b. The physical health services or behavioral health services to be provided to the resident;
 - c. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
 - d. The date when the resident's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
 5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changed,
 - c. When additional information that affects the resident's behavioral health assessment is identified, and
 - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B.** An administrator shall ensure that:
1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,

2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-709. Discharge

- A.** An administrator shall ensure that a discharge plan for a resident is:
1. Developed that:
 - a. Identifies any specific needs of the resident after discharge,
 - b. Is completed before discharge occurs, and
 - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
 2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
 3. Provided to the resident or the resident's representative before the discharge occurs.
- B.** An administrator shall ensure that:
1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
 2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C.** An administrator shall ensure that a resident is discharged from a behavioral health residential facility when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized and able to provide.

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- D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.
- E. An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.
- F. If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
 - 1. Discharge instructions are documented, and
 - 2. The resident or the resident's representative is provided with a copy of the discharge instructions.
- G. An administrator shall ensure that a discharge summary for a resident:
 - 1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
 - 2. Includes:
 - a. The following information authenticated by a medical practitioner or behavioral health professional:
 - i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
 - ii. A summary of the treatment provided to the resident;
 - iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
 - b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H. An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-709 repealed, new Section R9-10-709 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at

20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-710. Transport; Transfer

- A. Except as provided in subsection (B), an administrator shall ensure that:
 - 1. A personnel member coordinates the transport and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B. Subsection (A) does not apply to:
 - 1. Transportation to a location other than a licensed health care institution,
 - 2. Transportation provided for a resident by the resident or the resident's representative,
 - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
 - 4. A transport to another licensed health care institution in an emergency.
- C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an

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emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4).

Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-711. Resident Rights**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or
 - m. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, a resident is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;

- b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
 - i. Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
 - ii. Necessary to save the resident's life or physical health; or
 - iii. Provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The behavioral health residential facility's policy on health care directives, and
 - ii. The resident complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
 - i. Medical record, or
 - ii. Financial records.

C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:

1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).**E.** A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;

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3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
 - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
 5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
 7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
 9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
 10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
 11. To participate or refuse to participate in research or experimental treatment; and
 12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A resident's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the resident's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law;
 6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 7. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health residential facility maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's address;
 - c. The resident's date of birth; and
 - d. Any known allergies, including medication allergies;
 2. The name of the admitting medical practitioner or behavioral health professional;
 3. An admitting diagnosis or presenting behavioral health issues;
 4. The date of admission and, if applicable, date of discharge;
 5. If applicable, the name and contact information of the resident's representative and:
 - a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 6. If applicable, documented general consent and informed consent for treatment by the resident or the resident's representative;
 7. Documentation of medical history and results of a physical examination;
 8. A copy of resident's health care directive, if applicable;

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-712. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;

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9. Orders;
10. If applicable, documentation that evaluation or treatment was ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and physical health services provided to the resident;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-714(6);
18. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(13);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports; and
23. Documentation of medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when administered initially or on a PRN basis:
 - i. An assessment of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication, when administered initially or on a PRN basis:
 - i. An assessment of the resident's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
 - f. Any adverse reaction a resident has to the medication.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-713. Transportation; Resident Outings

- A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:
 1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle are maintained;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child,
 - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of residents; and
 4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B. An administrator shall ensure that:
 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
 2. At least two personnel members are present on an outing;
 3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;
 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of each vehicle used to transport a resident;
 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
 6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The resident's name;

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- b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
- c. The resident's allergies; and
- d. The name and telephone number of a designated individual to notify in case of an emergency, who is present on the behavioral health residential facility's premises.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-714. Resident Time-Out

An administrator shall ensure that a time-out:

1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
 - a. The date of the time-out,
 - b. The reason for the time-out,
 - c. The duration of the time-out, and
 - d. The action planned and taken by the administrator to prevent the use of time-out in the future.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-715. Physical Health Services

An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and

3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

1. If a behavioral health residential facility is authorized to provide court-ordered evaluation or court-ordered treatment:
 - a. Court-ordered evaluation is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 4; and
 - b. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;
2. If a behavioral health residential facility is authorized to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently receives:
 - a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
 - b. Continuous protective oversight;
3. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently:
 - a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and
 - b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
 - i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
 - ii. Homemaking functions are performed for the resident;
4. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;
5. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
6. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
 - a. Health and safety of each resident is protected, and

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- b. Treatment needs of each resident participating are being met; and
 - 7. A resident does not:
 - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
 - B. An administrator shall ensure that counseling is:
 - 1. Offered as described in the behavioral health residential facility's scope of services,
 - 2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
 - 3. Provided by a behavioral health professional or a behavioral health technician.
 - C. An administrator shall ensure that:
 - 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 - 2. Each counseling session is documented in a resident's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
 - D. An administrator of a behavioral health residential facility authorized to provide behavioral health services to individuals under 18 years of age:
 - 1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
 - a. If the resident:
 - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
 - ii. Is not 21 years of age or older; and
 - iii. Is:
 - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
 - (2) Participating in a job training program; or
 - b. Through the last calendar day of the month of the resident's 18th birthday; and
 - 2. Shall ensure that:
 - a. A resident does not receive the following from other residents at the behavioral health residential facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
 - e. A resident's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4.
- E. An administrator shall ensure that:
 - 1. An emergency safety response is:
 - a. Only used:
 - i. By a personnel member trained to use an emergency safety response,
 - ii. For the management of a resident's violent or self-destructive behavior, and
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
 - 2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
 - a. The date and time the emergency safety response was used;
 - b. The name of each personnel member who used an emergency safety response;
 - c. The specific emergency safety response used;
 - d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - e. Any injury that resulted from the use of the emergency safety response;
 - 3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(2); and
 - 4. After the review required in subsection (E)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
 - a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
 - b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
 - c. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.
- F. An administrator shall ensure that:
 - 1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:
 - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;

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- ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
 - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
- b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
- 2. Documentation of the completed training in subsection (F)(1)(a) includes:
 - a. The name and credentials of the individual providing the training,
 - b. Date of the training, and
 - c. Verification of a personnel member's ability to use the training; and
- 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-717. Outdoor Behavioral Health Care Programs

- A. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
 - 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
 - 2. Continuous protective oversight is provided to a resident;
 - 3. Transportation is provided to a resident from the behavioral health residential facility's administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's administrative office for the outdoor behavioral health care program; and
 - 4. Communication is available between the outdoor behavioral health care program personnel and:
 - a. A behavioral health professional,
 - b. A registered nurse,
 - c. An emergency medical response team, and
 - d. The behavioral health residential facility's administrative office for the outdoor behavioral health care program.
- B. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
 - 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 - 2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
 - 3. Meals and snacks provided by the behavioral health care program are served according to menus;
 - 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
 - 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
 - 6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
 - 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 8. Food is protected from potential contamination; and
 - 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.
- C. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
 - 1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
 - 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
 - 3. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
 - 4. Common areas:
 - a. Are lighted when in use to assure the safety of residents, and
 - b. Have sufficient lighting to allow personnel members to monitor resident activity;
 - 5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;

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6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
10. Smoking or the use of tobacco products may be permitted away from the residents.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-717.01. Recidivism Reduction Services

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
 - a. Behavioral health services other than recidivism reduction services; or
 - b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
2. The adult residential care institution accepts an individual as a resident only if the individual:
 - a. Is at least 18 years of age; and
 - b. Has documentation of a referral to receive recidivism reduction services that:
 - i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
 - ii. Complies with the requirements in A.R.S. § 36-411.01(D);
3. The referral is included in the resident's medical record; and
4. The recidivism reduction services provided to a resident are:
 - a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and

- b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-718. Medication Services

- A. An administrator shall ensure that policies and procedures for medication services:
 1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting any of the following:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
 - d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
 - e. A process for monitoring a resident who self-administers medication;
 - f. Procedures for assisting a resident in obtaining medication; and
 - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:
 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as ordered; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record.

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- C. If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as prescribed by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
 2. A current toxicology reference guide is available for use by personnel members; and
 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
- i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
- b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility's clinical director.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-719. Food Services

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:

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- a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
 2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
 3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The resident agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.
- C.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 5. Frozen foods are stored at a temperature of 0° F or below; and
 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-720. Emergency and Safety Standards

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
 2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.

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B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
 - c. Names of employees participating in the evacuation drill;
 - d. An identification of residents needing assistance for evacuation;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp.

98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-721. Environmental Standards

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health residential facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
8. A space heater is not used;
9. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
13. Oxygen containers are secured in an upright position;
14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled con-

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tainers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;

15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
16. If pets or animals are allowed in the behavioral health residential facility, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a behavioral health residential facility; and
2. Smoking tobacco products may be permitted on the premises outside a behavioral health residential facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

C. If a swimming pool is located on the premises, an administrator shall ensure that:

1. On each day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes each testing date and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and
5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-722. Physical Plant Standards

- A.** Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
 1. The services in the behavioral health residential facility's scope of services, and
 2. An individual admitted as a resident by the behavioral health residential facility.
- B.** An administrator shall ensure that:
 1. A behavioral health residential facility has a:
 - a. Room that provides privacy for a resident to receive treatment or visitors; and
 - b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
 2. At least one bathroom is accessible from a common area that:
 - a. May be used by residents and visitors;
 - b. Provides privacy when in use; and
 - c. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;
 4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
 5. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident's treatment plan allows for otherwise;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
 7. Each resident is provided a sleeping area that is in a bedroom; and
 8. A resident bedroom complies with the following:

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- a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
 - j. Has sufficient lighting for a resident occupying the bedroom to read; and
 - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- C.** A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D.** For a behavioral health residential facility licensed according to A.R.S. § 36-425.06, an administrator shall ensure that:
- 1. The premises are secure, as defined in A.R.S. § 36-425.06; and
 - 2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that meets one of the following:
 - a. Provides access to an outside area that:
 - i. Allows the resident to be at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility;
 - b. Provides access to an outside area:
 - i. From which a resident may exit to a location at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility; or
 - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-10-104.01.
- E.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 - 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (E)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- F.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(2) is covered and locked when not in use.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

R9-10-723. Repealed**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-724. Repealed

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Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

ARTICLE 8. ASSISTED LIVING FACILITIES**R9-10-801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
 - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
 - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral care, memory care services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. "Elopement" means when a resident who is cognitively, physically, mentally, emotionally, or chemically impaired wanders away, walks away, runs away, or otherwise leaves the premises of an assisted living facility authorized to provide directed care services unsupervised or unnoticed, without the knowledge of the licensee's personnel.
6. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the on-site management of the assisted living facility.
7. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
8. "Memory care services" means the same as defined in A.R.S. § 36-405.03(D).
9. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
10. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
11. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
12. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-802. Supplemental Application Requirements; Exemption

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall include in a Department-provided format:
 1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
 - a. Supervisory care services,
 - b. Personal care services, or
 - c. Directed care services; and
 2. Whether the applicant is requesting authorization to provide:
 - a. Adult day health care services, or
 - b. Behavioral health services other than behavioral care.
- B. The Arizona Pioneers' Home is exempt from:
 1. Architectural plans and specifications for a health care institution specified in R9-10-104; and
 2. Physical plant codes and standards for a health care institution specified in R9-10-105(A)(5)(a).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R.

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1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 869 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

R9-10-803. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
 - a. Is 21 years of age or older; and
 - b. Except for the manager of an adult foster care home, has either a:
 - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
 - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
 - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
 - b. Not present on the assisted living facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises;
9. Ensure compliance with A.R.S. § 36-411; and
10. Ensure the health, safety, or welfare of a resident is not placed at risk of harm.

B. A manager:

1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
2. Has the authority and responsibility to manage the assisted living facility; and
3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
 - a. At least 21 years of age, and
 - b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.

C. A manager shall ensure that policies and procedures are:

1. Established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
 - b. Cover orientation and in-service education for employees and volunteers;

- c. Include how an employee may submit a complaint related to resident care;
- d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
- e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
- f. Cover first aid training;
- g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
- h. Cover staffing and recordkeeping;
- i. Cover resident acceptance and resident rights;
- j. Cover termination of residency, including:
 - i. Termination initiated by the manager of an assisted living facility, and
 - ii. Termination initiated by a resident or the resident's representative;
- k. Cover the provision of assisted living services, including:
 - i. Coordinating the provision of assisted living services,
 - ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
 - iii. Obtaining resident preferences for food and the provision of assisted living services;
- l. Cover the provision of respite services or adult day health services, if applicable;
- m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;
- n. Cover resident medical records, including electronic medical records;
- o. Cover personal funds accounts, if applicable;
- p. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The assisted living facility to respond to a resident's complaint;
- q. Cover health care directives;
- r. Cover assistance in the self-administration of medication, and medication administration;
- s. Cover food services;
- t. Cover contracted services;
- u. Cover equipment inspection and maintenance, if applicable;
- v. Cover infection control; and
- w. Cover a quality management program, including incident report and supporting documentation;

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2. Available to employees and volunteers of the assisted living facility; and
 3. Reviewed at least once every three years and updated as needed.
- D.** A manager shall ensure that the following are conspicuously posted:
1. A list of resident rights;
 2. The assisted living facility's license;
 3. Current phone numbers of:
 - a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
 - b. Adult Protective Services in the Department of Economic Security,
 - c. The State Long-Term Care Ombudsman, and
 - d. The Arizona Center for Disability Law; and
 4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.
- E.** A manager shall ensure that, unless otherwise stated:
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F.** If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
 2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
 3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.
- G.** A manager shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
 2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident's representative to administer a personal funds account for the resident:
 - a. Ensure that the resident's personal funds account does not exceed \$2,000;
 - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
 - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
 - d. Provide a copy of the record of the resident's personal funds account to the resident or the resident's representative at least once every three months;
 3. Notify the resident's representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
4. Except when a resident's need for assisted living services changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.
- H.** A manager shall permit the Department to interview an employee, a volunteer, a resident, or a resident's representative as part of a compliance survey or a complaint investigation.
- I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- J.** If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (J)(1); and
 - c. The report in subsection (J)(2);
 4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection (J)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.
- K.** A manager shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death;
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider; and
 3. Elopement, within 24 hours of the elopement being discovered.
- L.** If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
1. The resident's medical record contains:

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- a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
- b. Any information provided by the home health agency or hospice service agency; and
- c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
 - a. Within the assisted living facility's scope of services,
 - b. Communicated to a caregiver, and
 - c. Documented in the resident's service plan.
- M. A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation, from one of the following organizations:
 1. American Red Cross,
 2. American Heart Association, or
 3. National Safety Council.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-804. Quality Management

A manager shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-805. Contracted Services

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R.

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1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-806. Personnel**A.** A manager shall ensure that:

1. A caregiver:
 - a. Is 18 years of age or older; and
 - b. Provides documentation of:
 - i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
 - ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
 - iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
 - iv. For supervisory care services, personal care services, or directed services, one of the following:
 - (1) A nursing care institution administrator's license issued by the Board of Examiners;
 - (2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
 - (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
 - (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
2. An assistant caregiver:
 - a. Is 16 years of age or older, and
 - b. Interacts with residents under the supervision of a manager or caregiver;
3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
 - a. Are based on:
 - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
 - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;
 - ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and

iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;

4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
 - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
 - b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident;
 6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
 7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each;
 8. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
 - b. As specified in R9-10-113;
 9. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
 10. Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.
- B.** A manager of an assisted living home shall ensure that:
1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
 - a. Either:
 - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
 - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
 - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
 2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted liv-

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- ing home who is not a resident, a manager, a caregiver, or an assistant caregiver;
3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
 4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
 - a. Except for nighttime hours, the manager or caregiver is awake; and
 - b. If the manager or caregiver is not awake during nighttime hours:
 - i. The manager or caregiver can hear and respond to a resident needing assistance; and
 - ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.
- C. A manager shall ensure that a personnel record for each employee or volunteer:
1. Includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
 - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
 - viii. First aid training, if required for the individual in this Article or policies and procedures;
 - ix. Compliance with the requirements in A.R.S. § 36-411(A) and (C); and
 - x. The certificate of completion, according to R9-10-126;
 2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the assisted living facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-807. Residency and Residency Agreements

- A. Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:
1. Before or within seven calendar days after the resident's date of occupancy, and
 2. As specified in R9-10-113.
- B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
 - a. Includes whether the individual requires:
 - i. Continuous medical services,
 - ii. Continuous or intermittent nursing services, or
 - iii. Restraints; and
 - b. Is dated and signed by a:
 - i. Physician,
 - ii. Registered nurse practitioner,
 - iii. Registered nurse, or
 - iv. Physician assistant; and
 2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
 - a. Includes whether the individual requires continuous behavioral health services, and

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- b. Is signed and dated by a behavioral health professional.
- C. A manager shall not accept or retain an individual if:
 - 1. The individual requires continuous:
 - a. Medical services;
 - b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
 - c. Behavioral health services;
 - 2. The primary condition for which the individual needs assisted living services is a behavioral health issue;
 - 3. The services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
 - 4. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
 - 5. The individual requires restraints, including the use of bedrails.
- D. Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
 - 1. The individual's name;
 - 2. Terms of occupancy, including:
 - a. Date of occupancy or expected date of occupancy,
 - b. Resident responsibilities, and
 - c. Responsibilities of the assisted living facility;
 - 3. A list of the services to be provided by the assisted living facility to the resident;
 - 4. A list of the services available from the assisted living facility at an additional fee or charge;
 - 5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
 - 6. The policy for refunding fees, charges, or deposits;
 - 7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;
 - 8. The policy and procedure for an assisted living facility to terminate residency;
 - 9. The complaint process; and
 - 10. The manager's signature and date signed.
- E. Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
 - 1. The resident,
 - 2. The resident's representative,
 - 3. The resident's legal guardian, or
 - 4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.
- F. A manager shall:
 - 1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
 - a. The residency agreement in subsection (D),
 - b. Resident's rights, and
 - c. The policy and procedure on health care directives; and
 - 2. Maintain the original of the residency agreement in subsection (D) in the resident's medical record.
- G. A manager may terminate residency of a resident as follows:
 - 1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
 - 2. With a 14-calendar-day written notice of termination of residency:
 - a. For nonpayment of fees, charges, or deposit; or
 - b. Under any of the conditions in subsection (C); or
 - 3. With a 30-calendar-day written notice of termination of residency, for any other reason.
- H. A manager shall ensure that the written notice of termination of residency in subsection (G) includes:
 - 1. The date of notice;
 - 2. The reason for termination;
 - 3. The policy for refunding fees, charges, or deposits;
 - 4. The deposition of a resident's fees, charges, and deposits; and
 - 5. Contact information for the State Long-Term Care Ombudsman.
- I. A manager shall provide the following to a resident when the manager provides the written notice of termination of residency in subsection (G):
 - 1. A copy of the resident's current service plan, and
 - 2. Documentation of the resident's freedom from infectious tuberculosis.
- J. If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

Historical Note

Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-808. Service Plans

- A. Except as required in subsection (B), a manager shall ensure that a resident has a service plan that is established, documented, and implemented that:
 - 1. Is completed no later than 14 calendar days after the resident's date of acceptance;
 - 2. Is developed with assistance and review from:
 - a. The resident or resident's representative,

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- b. The manager, and
 - c. Any individual requested by the resident or the resident's representative;
- 3. Includes the following:
 - a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
 - b. The level of service the resident is expected to receive;
 - c. The amount, type, and frequency of assisted living services and ancillary services being provided to the resident, including medication administration or assistance in the self-administration of medication;
 - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
 - e. For a resident who requires behavioral care:
 - i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
 - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
 - (2) Psychotropic medications ordered for the resident,
 - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
 - (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
 - ii. Review by a medical practitioner or behavioral health professional; and
 - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
- 4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
 - a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
 - b. As follows:
 - i. At least once every 12 months for a resident receiving supervisory care services,
 - ii. At least once every six months for a resident receiving personal care services, and
 - iii. At least once every three months for a resident receiving directed care services; and
- 5. When initially developed and when updated, is signed and dated by:
 - a. The resident or resident's representative;
 - b. The manager;
 - c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
 - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.
- B.** For a resident receiving respite care services, a manager shall ensure that:
 - 1. A written service plan is:
 - a. Based on a determination of the resident's current needs and:
 - i. Is completed no later than three working days after the resident's date of acceptance; or
 - ii. If the resident has a service plan in the resident's medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident's date of acceptance; and
 - b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the significant change occurs; and
 - 2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).
- C.** A manager shall ensure that:
 - 1. A caregiver or an assistant caregiver:
 - a. Provides a resident with the assisted living services in the resident's service plan;
 - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
 - c. Provides assistance with activities of daily living according to the resident's service plan;
 - d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
 - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
 - f. Encourages a resident to participate in activities planned according to subsection (E); and
 - g. Documents the services provided in the resident's medical record; and
 - 2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
 - a. Assistance to a resident for:
 - i. Bathing,
 - ii. Toileting, or
 - iii. Moving the resident's body from one surface to another surface;
 - b. Assistance in the self-administration of medication;
 - c. Medication administration; or
 - d. Nursing services.
- D.** A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.
- E.** A manager shall ensure that:
 - 1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
 - 2. A calendar of planned activities is:
 - a. Prepared at least one week in advance of the date the activity is provided,
 - b. Posted in a location that is easily seen by residents,
 - c. Updated as necessary to reflect substitutions in the activities provided, and
 - d. Maintained for at least 12 months after the last scheduled activity;

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3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
 4. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.
- F.** If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
1. Is prescribed a psychotropic medication, or
 2. Is receiving directed care services and has a primary diagnosis of:
 - a. Dementia,
 - b. Alzheimer's disease-related dementia, or
 - c. Traumatic brain injury.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-809. Transport; Transfer

- A.** Except as provided in subsection (B), a manager shall ensure that:
1. A caregiver or employee coordinates the transport and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport, and
 - b. Information from the resident's medical record is provided to a receiving health care institution; and
 3. Documentation includes:
 - a. If applicable, any communication with an individual at a receiving health care institution;
 - b. The date and time of the transport; and
 - c. If applicable, the name of the caregiver accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,

2. Transportation provided for a resident by the resident or the resident's representative,
 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a resident due to an emergency, a manager shall ensure that:
1. A caregiver coordinates the transfer and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the caregiver accompanying the resident during a transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). R9-10-809(E) reflects a corrected reference to Article 14 from Article 4 (05-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-810. Resident Rights

- A.** A manager shall ensure that, at the time of acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
- B.** A manager shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;

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- e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
3. A resident or the resident's representative:
- a. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The resident complaint process;
 - b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when accepted as a resident by an assisted living facility for identification and administrative purposes;
 - c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
 - i. Medical record, or
 - ii. Financial records;
 - d. May:
 - i. Request or consent to relocation within the assisted living facility; and
 - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
 - e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
 - f. Is informed of:
 - i. The rates and charges for services before the services are initiated;
 - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
 - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.
- C. A resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in:
 - a. Care for personal needs;
 - b. Correspondence, communications, and visitation; and
 - c. Financial and personal affairs;
 - 4. To maintain, use, and display personal items unless the personal items constitute a hazard;
 - 5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
 - 6. To review, upon written request, the resident's own medical record;

- 7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
- 9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
- 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-811. Medical Records

- A. A manager shall ensure that:
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a resident's medical record is:
 - a. Only recorded by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 4. A resident's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the resident's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
 - 5. A resident's medical record is protected from loss, damage, or unauthorized use.

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- B.** If an assisted living facility maintains residents' medical records electronically, a manager shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** A manager shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name, and
 - b. The resident's date of birth;
 2. The names, addresses, and telephone numbers of:
 - a. The resident's primary care provider;
 - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident; and
 - c. An individual to be contacted in the event of an emergency, significant change in the resident's condition, or termination of residency;
 3. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 4. The date of acceptance and, if applicable, the date of termination of residency;
 5. Documentation of the resident's needs required in R9-10-807(B);
 6. Documentation of general consent and informed consent, if applicable;
 7. Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
 8. A copy of the resident's health care directive, if applicable;
 9. The resident's signed residency agreement and any amendments;
 10. Resident's service plan and updates;
 11. Documentation of assisted living services provided to the resident;
 12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
 13. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
 - a. The date and time of administration or assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The name and signature of the individual administering or providing assistance in the self-administration of medication; and
 - d. An unexpected reaction the resident has to the medication;
 14. Documentation of the resident's refusal of a medication, if applicable;
 15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;
 17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
 18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-819(B);
 19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
 20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
 21. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
 22. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;
 23. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and
 24. If the resident no longer resides and receives assisted living services from the assisted living facility:
 - a. A written notice of termination of residency; or
 - b. If the resident terminated residency, the date the resident terminated residency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-812. Behavioral Care

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
 - a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and

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- b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. Reviews the assisted living facility's scope of services; and
3. Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-813. Behavioral Health Services

If an assisted living facility is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent are required and by whom general consent and informed consent may be given;
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
 - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services;
 - b. Reviews the assisted living facility's scope of services; and
 - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

Historical Note

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective Octo-

ber 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-814. Personal Care Services

- A. A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
 1. Is unable to direct self-care;
 2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
 3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- B. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
 1. The condition is a result of a short-term illness or injury; or
 2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
 - a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
 - b. The resident's primary care provider or other medical practitioner:
 - i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition;
 - ii. Reviews the assisted living facility's scope of services; and
 - iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
 - c. The resident's service plan includes the resident's increased need for personal care services.
- C. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:
 1. Is receiving nursing services from a home health agency or a hospice service agency; or
 2. Requires intermittent nursing services if:
 - a. The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
 - b. The requirements of subsection (B)(2) are met.
- E. A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.
- F. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:

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1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
 2. Offering sufficient fluids to maintain hydration;
 3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
 4. If applicable, the determination in subsection (B)(2)(b)(iii).
- G.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.

Historical Note

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-815. Directed Care Services

- A.** A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
- B.** A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
 2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-814(F)(1) through (3);
 2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);
 3. Cognitive stimulation and activities to maximize functioning;
 4. Strategies to ensure a resident's personal safety;
 5. Encouragement to eat meals and snacks;
 6. Documentation:
 - a. Of the resident's weight, or
 - b. From a medical practitioner stating that weighing the resident is contraindicated;
 7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan; and
 8. If the resident is receiving memory care services:
 - a. Identification of specialized environmental features to support memory care services, such as secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement;
 - b. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
 - c. Strategies for administering medications as ordered.
- D.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed

care services unless the resident has an order from a medical practitioner for the non-prescription medication.

- E.** A manager shall ensure that:
1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
 2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F.** A manager of an assisted living facility authorized to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
 2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
 - a. Provides access to an outside area that:
 - i. Allows the resident to be at least 30 feet away from the facility that is secure, and
 - ii. Monitors or alerts employees of the egress of a resident from the facility;
 - b. Provides access to an outside area:
 - i. From which a resident may exit to a location at least 30 feet away from the facility that is secure, and
 - ii. Monitors or alerts employees of the egress of a resident from the facility; or
 - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the International Building Code incorporated by reference in R9-10-104.01; and
 3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-816. Memory Care Services

- A.** If an assisted living facility is authorized to provide directed care services, a manager shall ensure that:
1. Policies and procedures for memory care services are established, documented, and implemented to cover the following:
 - a. Skills and knowledge necessary for the personnel member to provide the expected memory care services;
 - b. Interventions used for behavior management;

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- c. Systems to accommodate visitors, staff, and residents who do not need controlled egress;
 - d. The requirements in R9-10-815(C)(8) regarding the prevention of unsafe wandering or exit seeking, which may include the use of tracking systems;
 - e. Promotion of nutrition and hydration care;
 - f. Evacuation and emergency procedures specific to residents receiving memory care services, that include the requirements in R9-10-819(A)(5);
 - g. Prevention techniques of elopement and responding to elopement incidents promptly and effectively;
 - h. Monitoring residents receiving memory care services in outdoor areas on the premises;
 - i. Specialized environmental features to support memory care that include:
 - i. Secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement; and
 - ii. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
 - j. Specialized accommodations and progressive support for activities of daily living tailored to persons living with dementia following evidence-based best practices;
2. Activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function;
 3. For a resident who requests or receives memory care services from the assisted living facility, a medical practitioner:
 - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for memory care services;
 - b. Reviews the assisted living facility's scope of services; and
 - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility;
 4. There is staffing to ensure adequate supervision and care for residents receiving memory care services;
 5. In an assisted living facility where residents are housed in two or more detached buildings, or if a building has distinct and segregated areas, a designated caregiver must be awake and available in each building and each segregated area at all times; and
 6. If applicable, staffing is increased to compensate for the evaluated care and service needs of residents at move-in or for the changing physical or cognitive needs of the residents.
- B.** A manager shall ensure that staff obtain a certificate of completion, as specified in R9-10-126, including the minimum eight hours of initial memory care services training within the first 30 days of hire or provide a copy of a certificate of completion, as specified in R9-10-126, obtained within the preceding 12 months from the date of hire. If a staff member or contractor has not worked at an assisted living facility that is licensed to provide directed care services for a period of 12 months, the staff member or contractor must complete the minimum eight hours of initial memory care services training within 30 days after the date of hire, rehire, or returning to work.
- C.** In addition to the minimum eight hours of initial memory care services training, a manager shall complete a minimum of four hours of memory care services training specific to assisted living facility managers.
 - D.** Each resident receiving memory care services must have a service plan that meets the requirements specified in R9-10-815(C).
 - E.** Service planning for residents receiving memory care services shall be person-centered involving comprehensive assessments that consider the resident's medical history, preference, and social context, and should actively include input from the resident and the resident's representative. Service planning for residents receiving memory care services shall be individualized, regularly reviewed according to R9-10-808, and adjusted to meet the changing needs of residents as their condition progresses.
 - F.** The assisted living facility shall only admit or retain residents whose cognitive and physical care needs can be safely managed within the area or areas in an assisted living facility where memory care services are provided.
 - G.** An assisted living facility authorized to provide directed care services and is providing memory care services shall incorporate evidence-based specialized environmental features that:
 1. Use clear, easy-to-understand signage and visual cues to help residents navigate their surroundings;
 2. Reduce environmental factors that may cause confusion or distress, such as loud noises or overly bright lighting;
 3. Prevent residents from accessing materials, furnishings, equipment, activities, or treatments that may pose a health or safety risk;
 4. Support resident movement and engagement;
 5. Promote independence and overall well-being;
 6. Ensure easy access and intuitive wayfinding; and
 7. Facilitate engagement and encourage participation in meaningful daily tasks and activities.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-817. Medication Services

- A.** A manager shall ensure that:
1. Policies and procedures for medication services include:
 - a. Procedures for preventing, responding to, and reporting a medication error;
 - b. Procedures for responding to and reporting an unexpected reaction to a medication;
 - c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
 - d. Procedures for:

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- i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
 - ii. Monitoring a resident who self-administers medication;
- e. Procedures for assisting a resident in procuring medication;
- f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- g. Procedures for administering medication to residents receiving memory care services; and
- 2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
 - a. The manager or a caregiver takes the verbal order from the medical practitioner;
 - b. The verbal order is documented in the resident's medical record; and
 - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.
- B.** If an assisted living facility provides medication administration, a manager shall ensure that:
 - 1. Medication is stored by the assisted living facility;
 - 2. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
 - b. Include a process for documenting an individual authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record; and
 - 3. A medication administered to a resident:
 - a. Is administered by an individual under the direction of a medical practitioner;
 - b. Is administered in compliance with a medication order; and
 - c. Is documented in the resident's medical record.
- C.** If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:
 - 1. A resident's medication is stored by the assisted living facility;
 - 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the container or medication organizer;
 - d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label;
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
 - e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
 - f. Observing the resident while the resident takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
- 4. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order; and
 - b. Is documented in the resident's medical record.
- D.** A manager shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members; and
 - 2. A current toxicology reference guide is available for use by personnel members.
- E.** A manager shall ensure that a resident's medication organizer is only filled by:
 - 1. The resident;
 - 2. The resident's representative;
 - 3. A family member of the resident;
 - 4. A personnel member of a home health agency or hospice service agency; or
 - 5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).
- F.** When medication is stored by an assisted living facility, a manager shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- G.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.
- H.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
 - 1. The medication is stored according to the resident's service plan; or

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2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). R9-10-817 renumbered to R9-10-818; new Section R9-10-817 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-818. Food Services**A.** A manager shall ensure that:

1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the assisted living facility are served according to posted menus;
3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.

B. If the assisted living facility offers therapeutic diets, a manager shall ensure that:

1. A current therapeutic diet manual is available for use by employees, and
2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.

C. A manager shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D.** A manager of an assisted living center shall ensure that:
1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 2. A copy of the assisted living center's food establishment license or permit is maintained.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-818 renumbered to R9-10-819; new Section R9-10-818 renumbered from R9-10-817 by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-819. Emergency and Safety Standards**A.** A manager shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;

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- b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
 - 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
 - 3. Documentation of the disaster plan review required in subsection (A)(2) includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each employee or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 - 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 - 5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
 - ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
 - 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate the assisted living facility;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 - 7. If the assisted living facility is authorized to provide directed care services, an elopement drill for employees:
 - a. Conduct an elopement drill every six months on each shift and document the date, time, and description of each drill; and
 - b. Immediately investigate any elopement and notify the designated family member or members, legal guardian, or other responsible person within 24 hours.
 - 8. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.
- B.** A manager shall ensure that:
- 1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
 - 2. The resident's orientation is documented.
- C.** A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.
- D.** When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:
- 1. Immediately notifies the resident's emergency contact and primary care provider; and
 - 2. Documents the following:
 - a. The date and time of the accident, emergency, or injury;
 - b. A description of the accident, emergency, or injury;
 - c. The names of individuals who observed the accident, emergency, or injury;
 - d. The actions taken by the caregiver or assistant caregiver;
 - e. The individuals notified by the caregiver or assistant caregiver; and
 - f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.
- E.** A manager of an assisted living center shall ensure that:
- 1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
 - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
 - b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order;
 - 2. For the areas of the assisted living center providing only supervisory care services:
 - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
 - b. The assisted living center complies with the requirements in subsection (F);
 - 3. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
 - 4. Any repairs or corrections stated on the fire inspection report are made; and
 - 5. Documentation of a current fire inspection is maintained.
- F.** A manager of an assisted living home shall ensure that:
- 1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
 - 2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
 - 3. A rechargeable fire extinguisher:
 - a. Is serviced at least once every 12 months, and
 - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
 - 4. Except as provided in subsection (G):
 - a. A smoke detector is:
 - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room,

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- attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
- ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
 - iii. In working order; and
 - iv. Tested at least once a month; and
- b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
 6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.
- G.** A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
1. Are installed and in working order; and
 2. Meet the requirements in subsection (E)(1).
- Historical Note**
- New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). R9-10-819 renumbered to R9-10-820; new Section R9-10-819 renumbered from R9-10-818 and amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).
- R9-10-820. Environmental Standards**
- A.** A manager shall ensure that:
1. The premises and equipment used at the assisted living facility are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by a resident;
 5. Common areas:
 - a. Are lighted to ensure the safety of residents, and
 - b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
 6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
 7. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
 9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 10. Oxygen containers are secured in an upright position;
 11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 13. Equipment used at the assisted living facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 14. If pets or animals are allowed in the assisted living facility, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** If a swimming pool is located on the premises, a manager shall ensure that:
1. On a day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes the date tested and test result;
 2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
 3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

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Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-820 renumbered to R9-10-821; new Section R9-10-820 renumbered from R9-10-819, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

R9-10-821. Physical Plant Standards

- A.** A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that:
- Are applicable to the level of services planned to be provided or being provided; and
 - Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B.** A manager shall ensure that:
- The premises and equipment are sufficient to accommodate:
 - The services stated in the assisted living facility's scope of services; and
 - An individual accepted as a resident by the assisted living facility;
 - A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
 - A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
 - At least one bathroom is accessible from a common area and:
 - May be used by residents and visitors;
 - Provides privacy when in use; and
 - Contains the following:
 - At least one working sink with running water,
 - At least one working toilet that flushes and has a seat,
 - Toilet tissue for each toilet,
 - Soap in a dispenser accessible from each sink,
 - Paper towels in a dispenser or a mechanical air hand dryer,
 - Lighting, and
 - A window that opens or another means of ventilation;
 - An outside activity space is provided and available that:
 - Is on the premises,
 - Has a hard-surfaced section for wheelchairs, and
 - Has an available shaded area;
 - Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
 - The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.
- C.** A manager shall ensure that:
- For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
 - For every eight residents there is at least one working bathtub or shower; and
 - A resident bathroom provides privacy when in use and contains:
 - A mirror;
 - Toilet tissue for each toilet;
 - Soap accessible from each sink;
 - Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
 - A window that opens or another means of ventilation;
 - Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
- D.** A manager shall ensure that:
- Each resident is provided with a sleeping area in a residential unit or a bedroom;
 - For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
 - The resident is able to direct self-care;
 - The resident is ambulatory without assistance; and
 - There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
 - Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
 - A resident's sleeping area:
 - Is not used as a common area;
 - Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
 - Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
 - Written consent is obtained from the resident or the resident's representative;
 - Is constructed and furnished to provide unimpeded access to the door;
 - Has floor-to-ceiling walls with at least one door;
 - Has access to natural light through a window or a glass door to the outside; and
 - Has a window or door that can be used for direct egress to outside the building;
 - If a resident's sleeping area is in a bedroom, the bedroom has:
 - For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
 - For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
 - A door that opens into a hallway, common area, or outdoors;
 - If a resident's sleeping area is in a residential unit, the residential unit has:
 - Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
 - An individually keyed entry door;

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- c. A bathroom that provides privacy when in use and contains:
 - i. A working toilet that flushes and has a seat;
 - ii. A working sink with running water;
 - iii. A working bathtub or shower;
 - iv. Lighting;
 - v. A mirror;
 - vi. A window that opens or another means of ventilation;
 - vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
- d. A resident-controlled thermostat for heating and cooling;
- e. A kitchen area equipped with:
 - i. A working sink and refrigerator,
 - ii. A cooking appliance that can be removed or disconnected,
 - iii. Space for food preparation, and
 - iv. Storage for utensils and supplies; and
- f. If not furnished by a resident:
 - i. An armchair, and
 - ii. A table where a resident may eat a meal; and
- 7. If not furnished by a resident, each sleeping area has:
 - a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
 - b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
 - c. Sufficient light for reading;
 - d. Storage space for clothing;
 - e. Individual storage space for personal effects; and
 - f. Adjustable window covers that provide resident privacy.
- E. A manager may allow more than two individuals to reside in a residential unit or bedroom if:
 - 1. There is at least 60 square feet for each individual living in the bedroom;
 - 2. There is at least 100 square feet for each individual living in the residential unit; and
 - 3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.
- F. If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
 - 1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use;
 - 2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
 - 3. Pool safety requirements are conspicuously posted in the swimming pool area.
- G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

Historical Note

New Section R9-10-821 renumbered from R9-10-820, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

ARTICLE 9. OUTPATIENT SURGICAL CENTERS**R9-10-901. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

- 1. "Inpatient care" means postsurgical services provided in a hospital.
- 2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
- 3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms, one or more procedure rooms, and one or more recovery rooms.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-902. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
 - 2. Establish, in writing:
 - a. An outpatient surgical center's scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 - 4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff bylaws;
 - 5. Adopt a quality management plan according to R9-10-903;

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6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
 7. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or
 - b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and
 8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of the outpatient surgical center and for all services provided by or at the outpatient surgical center;
 2. Has the authority and responsibility to manage the outpatient surgical center; and
 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on an outpatient surgical center's premises and accountable for the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Include a method to identify a patient to ensure that the patient receives services as ordered;
 - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - g. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The outpatient surgical center to respond to a patient complaint;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident reports and supporting documentation; and
 - k. Cover contracted services;
 2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transfer, and discharge;
 - b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
 - c. Include when general consent and informed consent are required;
 - d. Cover dispensing, administering, and disposing of medications;
 - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - g. Cover infection control;
 - h. Cover environmental services that affect patient care; and
 - i. Cover prevention of surgical smoke exposure in compliance with A.R.S. § 36-434.01, if applicable;
 3. Policies and procedures are:
 - a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center; and
 - b. Reviewed at least once every three years and updated as needed;
 4. A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;
 5. Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
 6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, abortions and related services are provided in compliance with the requirements in Article 15 of this Chapter; and
 7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-903. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;

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- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-904. Contracted Services

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-905. Personnel

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health

- services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 3. Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the outpatient surgical center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
- 4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with patients, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and
 - b. As specified in R9-10-113;
- 5. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
- 6. A personnel member completes orientation before providing physical health services or behavioral health services;
- 7. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
- 8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and
- 9. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the in-service education.
- B.** An administrator shall ensure that a personnel member:
 - 1. Is 18 years of age or older; and
 - 2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student includes:
 - 1. The individual's name, date of birth, and contact telephone number;

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2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to subsection (B);
 - g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4); and
 - h. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.

D. An administrator shall ensure that personnel records are:

1. Maintained:
 - a. Throughout the individual's period of providing services in or for the outpatient surgical center, and
 - b. For at least 24 months after the last date the individual provided services in or for the outpatient surgical center; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-906. Medical Staff

A governing authority shall ensure that:

1. The medical staff approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements;
2. The medical staff physicians conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and submit recommendations to the governing authority for approval; and
3. The medical staff establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

tion repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-907. Admission

- A.** A medical staff member shall only admit patients to the outpatient surgical center who:
 1. Do not require planned inpatient care, and
 2. Are discharged from the outpatient surgical center within 24 hours.
- B.** Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.
- C.** The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.
- D.** An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:
 1. A medical history and the physical examination required in subsection (B),
 2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,
 3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
 4. Health care directives, and
 5. Physician orders.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-908. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9

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A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-909. Patient Rights**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. Policies and procedures on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-910. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff member according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

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- B.** If an outpatient surgical center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
 2. The admitting medical practitioner;
 3. An admitting diagnosis;
 4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;
 5. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 6. The date of admission and, if applicable, date of discharge;
 7. Documentation of medical history and results of a physical examination;
 8. A copy of patient's health care directive, if applicable;
 9. Orders;
 10. Progress notes;
 11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 12. Documentation of outpatient surgical center services provided to the patient;
 13. A discharge summary, if applicable;
 14. Documentation of receipt of written discharge instructions by the patient or patient's representative;
 15. If applicable:
 - a. Laboratory reports,
 - b. Radiologic report, and
 - c. Diagnostic reports;
 16. The anesthesia report, required in R9-10-911(C)(2);
 17. The operative report of the surgical procedure, required in R9-10-911(C)(1); and
 18. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-911. Surgical Services

- A.** An administrator shall ensure that:
1. A current listing of surgical procedures offered by an outpatient surgical center is maintained on the outpatient surgical center's premises, and
 2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least 24 months after the date of the last entry.
- B.** An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.
- C.** An administrator shall ensure that the individual responsible for:
1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff bylaws and policies and procedures, and
 2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff bylaws and policies and procedures.
- D.** An administrator shall ensure that a physician medically discharges a patient from surgery.
- E.** An administrator shall ensure that a physician or an anesthesia provider licensed pursuant to Title 32, Chapter 13, 15, or 17, discharges a patient from the recovery room.
- F.** An administrator shall ensure that one of the following remains on the outpatient surgical center's premises until all patients are discharged from the recovery room:
1. A physician; or
 2. An individual authorized under A.R.S. Title 32, Chapter 13, 15, or 17 to administer anesthesia.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-912. Nursing Services

An administrator shall appoint a registered nurse as the director of nursing who:

1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the health care needs of the patients, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
7. Ensures that a registered nurse is present in the:
 - a. Recovery room when a patient is present in the recovery room, and
 - b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-913. Behavioral Health Services

If an outpatient surgical center is authorized to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B).

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made

by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-914. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose; and
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and

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- iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at an outpatient surgical center, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances; and
 - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.
- d. Documenting infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
 - 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
 - 3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. Handling and disposal of biohazardous medical waste;
 - c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
 - d. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - e. Training personnel members, employees, and volunteers in infection control practices; and
 - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
 - 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 - 5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing; and
 - 6. A personnel member, employee, or volunteer washes hands or uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-915. Infection Control

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient surgical center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-916. Emergency and Safety Standards

- A.** An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
- 1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
 - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
 - 3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;

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4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
 5. A method for ensuring a patient may be transferred to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not authorized or not able to provide.
- B.** An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.
- C.** An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
 - a. Procedures to be followed in the event of a fire or threat to patient safety;
 - b. Assigned personnel responsibilities;
 - c. Instructions for the evacuation or transfer of patients;
 - d. Maintenance of patient medical records; and
 - e. A plan to provide any other services related to patient care to meet the patients' needs;
 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 5. An evacuation drill for employees is conducted at least once every six months for employees on the premises;
 6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees to evacuate the outpatient surgical center;
 - c. Any problems encountered in conducting the evacuation drill; and
 - d. Recommendations for improvement, if applicable; and
 7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- E.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17,

1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-917. Environmental Standards

- A.** An administrator shall ensure that:
1. An outpatient surgical center's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Equipment used at the outpatient surgical center to provide care to a patient is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 5. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 6. Heating and cooling systems maintain the outpatient surgical center at a temperature between 70° F and 84° F at all times;
 7. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity; and
 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.
- B.** An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-918. Physical Plant Standards

- A.** An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the outpatient surgi-

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cal center submitted the application packet including the notarized attestation of architectural plans according to R9-10-104.

- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the outpatient surgical center's scope of services, and
 2. An individual accepted as a patient by the outpatient surgical center.
- C.** An administrator shall ensure that:
1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
 2. One additional recovery bed is available for each additional operating room; and
 3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.
- D.** An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.
- E.** An administrator shall ensure that the following are available in the surgical suite:
1. Oxygen and the means of administration;
 2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
 3. Cardiac monitor;
 4. Defibrillator; and
 5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-919. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-920. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-921. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-922. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-923. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-924. Repealed**Historical Note**

Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6).
 Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-925. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1).

Attachment 1. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective February 17, 1995 (Supp. 95-1).

Attachment 2. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
 Repealed effective November 6, 1985 (Supp. 85-6).

Editor's Note: The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).

ARTICLE 10. OUTPATIENT TREATMENT CENTERS**R9-10-1001. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-1002. Supplemental Application and Documentation Submission Requirements

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- A.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as an outpatient treatment center shall submit, in a Department-provided format:
1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
 2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable;
 - i. Behavioral health observation/stabilization services,
 - ii. Children's behavioral health services,
 - iii. Court-ordered evaluation,
 - iv. Court-ordered treatment,
 - v. Counseling,
 - vi. Crisis services,
 - vii. Opioid treatment services,
 - viii. Pre-petition screening,
 - ix. Respite services,
 - x. Respite services for children on the premises,
 - xi. DUI education,
 - xii. DUI screening,
 - xiii. DUI treatment, or
 - xiv. Misdemeanor domestic violence offender treatment;
 - b. Diagnostic imaging services;
 - c. Clinical laboratory services;
 - d. Dialysis services;
 - e. Emergency room services;
 - f. Pain management services;
 - g. Physical health services;
 - h. Rehabilitation services;
 - i. Sleep disorder services; or
 - j. Urgent care services provided in a freestanding urgent care center setting.
- B.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
1. Affiliated outpatient treatment center applying for a license for the affiliated outpatient treatment center shall submit, in a Department-provided format, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
 - a. Name, and
 - b. Either:
 - i. The license number assigned to the counseling facility by the Department; or
 - ii. If the counseling facility is not currently licensed, the:
 - (1) Counseling facility's street address, and
 - (2) Date the counseling facility submitted to the Department an application for a health care institution license; and
 2. Outpatient treatment center, applying for a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity.

C. A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.

D. A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

 1. The respite capacity, and
 2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.

E. A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

 1. The information and documentation required in R9-10-1031(D)(1); and
 2. A floor plan that shows:
 - a. Each colocator's proposed treatment area, and
 - b. The areas of the collaborating outpatient treatment center shared by a colocator and collaborating outpatient treatment center.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1003. Administration

- A.** If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.
- B.** A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
 2. Establish, in writing:
 - a. An outpatient treatment center's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
 4. Adopt a quality management program according to R9-10-1004;
 5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
 - b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
 7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there

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is a change in an administrator and identify the name and qualifications of the new administrator.

C. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.

D. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
 - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover quality management, including incident report and supporting documentation; and
 - l. Cover contracted services;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
 - b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
 - c. Include when general consent and informed consent are required;

- d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
- e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
- f. Cover infection control;
- g. Cover telehealth, if applicable;
- h. Cover environmental services that affect patient care;
- i. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. An outpatient treatment center to respond to a complaint;
- j. Cover smoking tobacco products on an outpatient treatment center's premises; and
- k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
3. Outpatient treatment center policies and procedures are:
 - a. Reviewed at least once every three years and updated as needed, and
 - b. Available to personnel members and employees;
4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;
5. The following are conspicuously posted:
 - a. The current license for the outpatient treatment center issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
 - d. One of the following:
 - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
 - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
 - e. A list of patient rights;
 - f. A map for evacuating the facility; and
 - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
6. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's medical record.

E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or

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suspected abuse, neglect, or exploitation of the patient as follows:

1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** If an outpatient treatment center is an affiliated outpatient treatment center, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final

rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1004. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1005. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1006. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and

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- ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the outpatient treatment center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
- 4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
- 5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
- 6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
- 7. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
- 8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
- 9. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
- 10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
- 11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
 - c. Documentation of:
 - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
 - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
- 12. The record in subsection (A)(11) is:
 - a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
 - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1007. Transport; Transfer

- A. Except as provided in subsection (B), an administrator shall ensure that:
 - 1. A personnel member coordinates the transport and the services provided to the patient;
 - 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Information from the patient's medical record is provided to a receiving health care institution,
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
 - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
 - 3. The patient's medical record includes documentation of:
 - a. Communication or lack of communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and

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- d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
 1. Transportation to a location other than a licensed health care institution,
 2. Transportation provided for a patient by the patient or the patient's representative,
 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
 1. A personnel member coordinates the transfer and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.
- b. Neglect;
- c. Exploitation;
- d. Coercion;
- e. Manipulation;
- f. Sexual abuse;
- g. Sexual assault;
- h. Except as allowed in R9-10-1012(B), restraint or seclusion;
- i. Retaliation for submitting a complaint to the Department or another entity; or
- j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
- 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The outpatient treatment center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1008. Patient Rights

- A.** An administrator shall ensure that:
 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
 1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy in treatment and care for personal needs;
- 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
- 7. To participate or refuse to participate in research or experimental treatment; and
- 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective Octo-

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ber 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1009. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If an outpatient treatment center maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
 - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
 - b. The patient's date of birth; and
 - c. Any known allergies, including medication allergies;
2. A diagnosis or reason for outpatient treatment center services;
3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient

consenting for the patient's representative to act on the patient's behalf; or

b. If the patient's representative:

- i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
- ii. Is a legal guardian, a copy of the court order establishing guardianship;

5. Documentation of medical history and, if applicable, results of a physical examination;
6. Orders;
7. Assessment;
8. Treatment plans;
9. Interval notes;
10. Progress notes;
11. Documentation of outpatient treatment center services provided to the patient;
12. The name of each individual providing treatment or a diagnostic procedure;
13. Disposition of the patient upon discharge;
14. Documentation of the patient's follow-up instructions provided to the patient;
15. A discharge summary;
16. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Sleep disorder reports,
 - d. Diagnostic reports, and
 - e. Consultation reports;
17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
18. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
 - f. Any adverse reaction a patient has to the medication; and
 - g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemak-

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ing at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1010. Medication Services

- A.** If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** If an outpatient treatment center provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 3. A medication administered to a patient is:
 - a. Administered in compliance with an order, and
 - b. Documented in the patient's medical record.
- C.** If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the outpatient treatment center;
 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The patient is taking the dosage of the medication stated on the medication container label, and
 - iii. The patient is taking the medication at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
- a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a patient is:
- a. In compliance with an order, and
 - b. Documented in the patient's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
 2. A current toxicology reference guide is available for use by personnel members;
 3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an outpatient treatment center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Policies and procedures are established, documented, and implemented for:

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- a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
 - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1011. Behavioral Health Services

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
- 1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
 - 2. The behavioral health services provided by or at the outpatient treatment center:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians in R9-10-115, and
 - ii. For an assessment, in subsection (B);
 - 3. A personnel member who provides behavioral health services is at least 18 years old; and
 - 4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- B. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
- 1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
 - 2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:

- a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
 - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
3. If a behavioral health assessment is conducted by a:
- a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
4. A behavioral health assessment:
- a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-morbidity;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient;
 - iii. Prescribing medication to treat or manage a mental health or substance abuse condition; and
 - iv. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in patient's medical record;
5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;

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9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
 10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
 11. Counseling is:
 - a. Offered as described in the outpatient treatment center's scope of services,
 - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
 - c. Provided by a behavioral health professional or a behavioral health technician;
 12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 13. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
1. DUI screening,
 2. DUI education,
 3. DUI treatment, or
 4. Misdemeanor domestic violence offender treatment.
- D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
 2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1012. Behavioral Health Observation/Stabilization Services

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
 2. Behavioral health observation/stabilization services are provided in a designated area that:
 - a. Is used exclusively for behavioral health observation/stabilization services;
 - b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
 - c. For every 15 observation chairs or less, has at least one bathroom that contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation;
 3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
 - a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
 - i. Meets the requirements in subsection (B)(2), and
 - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
 - b. A registered nurse is present in the separate designated area; and
 - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
 4. A medical practitioner is available;
 5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
 6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
 7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
 8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes, by a qualified person who is on the premises, after entering the designated area to determine whether the individual is in need of immediate physical health services;
 9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
 - a. Able to provide according to the outpatient treatment center's scope of services, the individual is

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- examined by a medical practitioner within 30 minutes after being screened; or
- b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
- a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
- b. Transferred to another health care institution capable of meeting the patient's needs;
- c. Provided a referral to another entity capable of meeting the patient's needs; or
- d. Discharged and provided patient follow-up instructions;
12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
- a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
- b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
- c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
- a. Provides the patient with discharge information that includes:
- i. The identified specific needs of the patient after discharge, and
- ii. Resources that may be available for the patient; and
- b. Contacts any resources identified as required in subsection (A)(13)(b);
15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
- a. It is at least one hour since the time of the patient's discharge;
- b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
- c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
- d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
17. A patient admitted for behavioral health observation/stabilization services is provided:
- a. An observation chair; or
- b. A separate piece of equipment for the patient to use to sit or recline that:
- i. Is at least 12 inches from the floor; and
- ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services, including emergency services, to the patient;
18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:
- a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
- b. Establishing a method to notify the individual when there is an observation chair available;
- c. Referring or providing transportation to the individual to another health care institution;
- d. Assisting the individual to contact the individual's support system; and
- e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not

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be visible to a personnel member, if the personnel member:

- a. Determines that the patient is capable of using the bathroom unsupervised,
- b. Is aware of the patient's location, and
- c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and

24. An observation chair:

- a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
- b. Effective on July 1, 2015, has at least three feet of clear floor space:
 - i. On at least two sides of the observation chair, and
 - ii. Between the observation chair and any other observation chair.

B. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:

1. Have a room used for seclusion that complies with requirements for seclusion rooms in R9-10-316, and
2. Comply with the requirements for restraint and seclusion in R9-10-316.

C. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover the process for:
 - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
 - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
 - iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
 - b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
2. The outpatient treatment center does not:
 - a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
 - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
3. Effective on July 1, 2015:

- a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:
 - (i.) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
 - (ii.) Documents the determination in the individual's medical record; and
- b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1014. Court-ordered Treatment

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1015. Clinical Laboratory Services

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
 - a. The name of the clinical laboratory test;
 - b. The patient's name;
 - c. The date of the clinical laboratory test;
 - d. The results of the clinical laboratory test; and
 - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222,

effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1016. Crisis Services

- A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.
- B. An administrator of an outpatient treatment center that is authorized to provide crisis services shall ensure that:
 1. Crisis services are available during clinical hours of operation;
 2. A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, is present in the outpatient treatment center during clinical hours of operation; and
 3. The following individuals, qualified to provide crisis services according to policies and procedures, are available during clinical hours of operation:
 - a. A behavioral health professional,
 - b. A medical practitioner, and
 - c. A registered nurse.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1017. Diagnostic Imaging Services

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
 - a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
 - b. Physician; or
 - c. Radiologist; and
2. Ensure that:
 - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
 - b. Written documentation of compliance with subsection (2)(a) is maintained;
 - c. Diagnostic imaging services are provided to a patient according to an order that includes:
 - i. The patient's name,

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- ii. The name of the ordering individual,
- iii. The diagnostic imaging procedure ordered, and
- iv. The reason for the diagnostic imaging procedure;
- d. A medical staff member or radiologist interprets the diagnostic image; and
- e. A diagnostic imaging patient report is completed that includes:
 - i. The patient's name,
 - ii. The date of the procedure, and
 - iii. A physician's or radiologist's interpretation of the diagnostic image.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1018. Dialysis Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.

7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
 8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
 9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
 10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
 11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
 12. "Stable means" that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
 13. "Transplant surgeon" means a physician who:
 - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- B. A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
 2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
 - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
 - b. Has at least 12 months of experience or training in providing dialysis services.
- C. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Long-term care plans and patient care plans,
 - b. Assigning a patient an identification number,
 - c. Personnel members' response to a patient's adverse reaction during dialysis, and
 - d. Personnel members' response to an equipment malfunction during dialysis;
 2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
 3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
 - a. Before providing dialysis services, and
 - b. At least once every 12 months after the initial date of employment or volunteer service;
 4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and

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5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
 1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application including the notarized attestation of architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
 2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application including the notarized attestation of architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
 - a. Is submitted to the Department; and
 - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, in effect on the date:
 - i. Listed on the building permit or zoning clearance submitted as part of the application including the notarized attestation of architectural plans and specifications for the modification, or
 - ii. The application including the notarized attestation of architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
 3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01 in effect on the date:
 - a. Listed on the building permit or zoning clearance submitted as part of the application including the notarized attestation of architectural plans and specifications for the modification, or
 - b. The application including the notarized attestation of architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
 1. The dialysis services provided to the patient meet the needs of the patient;
 2. A physician:
 - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
 - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
 - b. Performs a medical history and physical examination that includes information specific to nephrology;
 4. The patient's nephrologist or the nephrologist's designee:
 - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
 - b. Documents monthly notes related to the patient's progress in the patient's medical record;
 5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
 - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
 - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
 - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
 - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
 - e. Documents in the patient's medical record:
 - i. Any notice provided as required in subsection (E)(5)(c), and
 - ii. Monthly notes related to the patient's progress;
 6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
 7. The patient:
 - a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
 - c. Is identified by a personnel member before beginning dialysis;
 - d. Receives the dialysis services ordered for the patient by a medical practitioner;
 - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
 - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
 8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;

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9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
 10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
 11. If hemodialysis is provided to the patient, a personnel member:
 - a. Inspects the dialyzer before use to ensure that the:
 - i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;
 - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
 - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
 - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
 - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
 - i. The patient's name and the patient's identification number,
 - ii. The number of times the dialyzer has been used in patient treatments,
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;
 - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
 12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
 - b. The signature of the nephrologist.
- F. If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
1. A patient or the patient's caregiver is:
 - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
 - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
 7. If a patient uses self-dialysis and self-administers medication:
 - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
 - b. The patient and the patient's caregiver are informed of any potential:
 - i. Side effects of the medication; and
 - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
 - c. The patient or the patient's caregiver is:
 - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
 - iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
 - iv. Able to read and understand the directions for using the medication;
 - v. Taught and able to self-monitor the patient's blood pressure; and
 - vi. Informed how to store the medication according to the manufacturer's instructions.
- G. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
 2. Participating in reviewing the patient's need for social work services;
 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;

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5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- H.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
 4. Monitoring the patient's adherence and response to a prescribed diet;
 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- I.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
1. Is developed by a team that includes at least:
 - a. The chief clinical officer of the outpatient treatment center;
 - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
 - c. A transplant surgeon or the transplant surgeon's designee;
 - d. A registered nurse responsible for nursing services provided to the patient;
 - e. A social worker;
 - f. A registered dietitian; and
 - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
 2. Identifies the modality of treatment and dialysis services to be provided to the patient;
 3. Is reviewed and approved by the chief clinical officer;
 4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
 6. Is signed and dated by the patient or the patient's representative; and
 7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
 - a. The patient's nephrologist;
 - b. A registered nurse responsible for nursing services provided to the patient;
 - c. A social worker;
 - d. A registered dietitian; and
 - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
 2. Includes an assessment of the patient's need for dialysis services;
 3. Identifies treatment and treatment goals;
 4. Is signed and dated by each personnel member participating in the development of the patient care plan;
 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
 6. Is signed and dated by the patient or the patient's representative;
 7. Is implemented;
 8. Is evaluated by:
 - a. The registered nurse responsible for the dialysis services provided to the patient,
 - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
 - c. The social worker providing services to the patient related to the patient's psychosocial needs;
 9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
 10. Is reviewed and updated according to the needs of the patient:
 - a. At least once every six months for a patient whose medical condition is stable, and
 - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
1. An annual medical history;
 2. An annual physical examination;
 3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
 4. If applicable, documentation of:
 - a. The equipment inspection and testing required in subsection (E)(9), and
 - b. The self-dialysis required in subsection (F)(2); and
 5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
 2. The signature of the nephrologist.

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- M.** If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.
- N.** A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1019. Emergency Room Services

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
 - a. Available on the premises:
 - i. At all times, and
 - ii. To stabilize an individual's emergency medical condition; and
 - b. Provided:
 - i. In a designated area, and
 - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-10-104.01;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;

7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection (11) is maintained:
 - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
 - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-1020. Opioid Treatment Services

- A.** A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment;
 2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
 3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the

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individual responsible for the opioid treatment services provided by or at the outpatient treatment center.

B. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Include the criteria for receiving opioid treatment services and address:
 - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
 - ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
 - b. Include the criteria and procedures for discontinuing opioid treatment services;
 - c. Address the needs of specific groups of patients, such as patients who:
 - i. Are pregnant;
 - ii. Are children;
 - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
 - iv. Have a mental disorder;
 - v. Abuse alcohol or other drugs; or
 - vi. Are incarcerated or detained;
 - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
 - e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
 - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
 - g. Include relapse prevention procedures;
 - h. Include for laboratory testing:
 - i. Criteria for the assessment of a patient's opioid agonist blood levels,
 - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
 - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
 - i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
 - j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
 - i. Who may authorize dispensing,
 - ii. Restrictions on dispensing, and
 - iii. Information to be provided to a patient or the patient's representative before dispensing;
2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;

3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:

- a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
- b. Is not admitted for opioid treatment services:
 - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
 - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and

4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:

- a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
- b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.

C. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:

1. The opioid treatment services provided to the patient meet the needs of the patient;
2. A physician or a medical practitioner under the direction of a physician:
 - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. Before receiving opioid treatment, the patient is informed of the following:
 - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. Confidentiality requirements;
 - g. Drug screening and urinalysis procedures;
 - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
 - i. Testing and treatment available for HIV and other communicable diseases; and
 - j. The patient complaint process;
4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treat-

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ment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);

7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
 8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
 - a. Include information that may reduce the risk of relapse; and
 - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
 9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
 - b. The signature of the medical practitioner.
- D.** An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:
1. Includes, in addition to the information in R9-10-1010(B):
 - a. An assessment of the patient's need for opioid treatment services,
 - b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
 - c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
 - d. A plan to prevent relapse;
 2. Identifies the treatment to be provided to the patient and treatment goals; and
 3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1021. Pain Management Services

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

1. Pain management services are provided under the direction of:
 - a. A physician; or
 - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
 - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
 - b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
 - c. The following information is included in a patient's medical record:
 - i. The patient's history of substance use disorder,
 - ii. Documentation of the discussion in subsection (3)(a),
 - iii. The nature and intensity of the patient's pain, and
 - iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:
 - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
 - b. An injection or nerve block is administered by a physician or nurse anesthetist; and
 - c. The following information is included in a patient's medical record:
 - i. The evaluation of the patient required in subsection (4)(a),
 - ii. A record of the administration of the injection or nerve block, and
 - iii. Any resuscitation measures taken; and
5. An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-1022. Physical Health Services

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under A.R.S. § 36-401(A)(33),
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1023. Pre-petition Screening

An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1024. Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;

2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, a speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1025. Respite Services

- A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
 1. "Emergency safety response" has the same meaning as in R9-10-701.
 2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
 3. "Parent" means a child's:
 - a. Mother or father, or
 - b. Legal guardian.
- B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:
 1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
 2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
 - i. Supervised by a personnel member;
 - ii. Awake;
 - iii. Except as stated in subsection (B)(3), provided food;
 - iv. Allowed to rest;
 - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
 - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
 3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the

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child is receiving respite services from the outpatient treatment center.

- C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:
1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
 - a. The child's name;
 - b. A description of the outing;
 - c. The name of the outing destination, if applicable;
 - d. The street address and, if available, the telephone number of the outing destination;
 - e. Either:
 - i. The date or dates of the outing; or
 - ii. The time period, not to exceed 12 months, during which the permission is given;
 - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
 - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
 - h. The dated signature of the child's parent;
 2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
 - a. Is maintained in a mechanically safe condition;
 - b. Is free from hazards;
 - c. Has an operational heating system;
 - d. Has an operational air-conditioning system; and
 - e. Is equipped with:
 - i. A first-aid kit that meets the requirements in subsection (S)(1), and
 - ii. Two large, clean towels or blankets;
 3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
 4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
 5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
 - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
 - b. Does not permit a child to be seated in front of a motor vehicle's air bag;
 - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
 - d. Requires that a child is secured, as required in A.R.S. § 28-907 or A.R.S. § 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
 - e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
 - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
 - g. Accounts for each child while on the outing.
- D. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
 2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's license application and according to R9-10-1002(D);
 3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
 4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
 5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
 6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
 - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
 - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
 - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
 - d. A firearm as defined in A.R.S. § 13-105;
 7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
 8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
 9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record:
 - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
 - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
 - c. The name and contact telephone number of the child's health care provider;

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- d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
 - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
 - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
 - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
- a. The date and time of each admission to and discharge from receiving respite services; and
 - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
- a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
 - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
- a. One personnel member providing supervision for every five children receiving respite services on the premises; and
 - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E.** If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
- 1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
 - 2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
 - 3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
 - 4. Clean clothing is available to a child when the child needs a change of clothing;
 - 5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
 - 6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
 - 7. The premises, including the buildings, are maintained free from hazards;
 - 8. Toys and play equipment, required in this Section, are maintained:
 - a. Free from hazards, and
 - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
 - 9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
 - 10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
 - 11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
 - 12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
 - 13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
 - a. All materials and chemicals labeled as a toxic or flammable substance;
 - b. All substances that have a child warning label and may be a hazard to a child; and
 - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
 - 14. Hand sanitizers:
 - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
 - b. When being provided for use, are accessible to children; and
 - 15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
 - a. Garden tools, such as a rake, trowel, and shovel; and
 - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
- 1. Supervises each child at all times;
 - 2. Does not smoke or use tobacco;

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- a. In any area where respite services may be provided for a child, or
 - b. When transporting or transferring a child;
 3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
 4. Empties clothing soiled with feces into a toilet without rinsing;
 5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
 6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
 - a. Meals and snacks,
 - b. Naps,
 - c. Indoor activities,
 - d. Outdoor or large muscle development activities,
 - e. Quiet and active activities,
 - f. Personnel member-directed activities,
 - g. Self-directed activities, and
 - h. Activities that develop small muscles;
 7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
 - a. Gain a positive self-concept;
 - b. Develop and practice social skills;
 - c. Acquire communication skills;
 - d. Participate in large muscle physical activity;
 - e. Develop habits that meet health, safety, and nutritional needs;
 - f. Express creativity;
 - g. Learn to respect cultural diversity of children and staff;
 - h. Learn self-help skills; and
 - i. Develop a sense of responsibility and independence;
 8. Implements the schedule in subsection (G)(6);
 9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
 10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
 - a. Art and crafts supplies;
 - b. Books;
 - c. Balls;
 - d. Puzzles, blocks, and toys to enhance manipulative skills;
 - e. Creative play toys;
 - f. Musical instruments; and
 - g. Indoor and outdoor equipment to enhance large muscle development;
 11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
 - a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
 - b. Labels the personal products with the child's name; and
 - c. Keeps the personal products inaccessible to children; and
 12. Monitors a child for overheating or overexposure to the sun.
- H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
1. A nonabsorbent, sanitizable diaper changing surface that is:
 - a. Seamless and smooth, and
 - b. Kept clear of items not required for diaper changing;
 2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
 - a. Running water,
 - b. Soap from a dispenser, and
 - c. Single-use paper hand towels from a dispenser;
 3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
 4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
 - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
 - b. If applicable, applies the child's individual personal products labeled with the child's name;
 - c. Uses single-use non-porous gloves;
 - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
 - e. Washes each child's hands with soap and running water after each diaper change; and
 - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
 2. A personnel member:
 - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
 - b. Does not:
 - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
 - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
 - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
- J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:

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1. Serve the following meals or snacks to a child receiving respite services on the premises:
 - a. For the following periods of time:
 - i. Two to four hours, one or more snacks;
 - ii. Four to eight hours, one or more snacks and one or more meals; and
 - iii. More than eight hours, two snacks and one or more meals;
 - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
 - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
 - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
 2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
 3. If the outpatient treatment center provides a meal or snack to a child:
 - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
 - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May serve food provided for a child by the child's parent;
 2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
 3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.
- L.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.
- N.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
 2. A personnel member:
 - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
 - i. A washcloth,
 - ii. A single-use paper towel, or
 - iii. Soap and running water; and
 - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
 3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
 - a. After each use:
 - i. Washed in an automatic dishwasher and air dried or heat dried; or
 - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
 - b. Stored in a clean area protected from contamination;
 4. Single-use utensils and equipment are disposed of after being used;
 5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
 6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
 7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
 8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
 - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
 - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
 2. Shall ensure that:
 - a. A personnel member, consistent with the child's behavioral health assessment:
 - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
 - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
 - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
 - b. An emergency safety response is:
 - i. Only used:
 - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
 - (2) For the management of a child's violent or

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- self-destructive behavior, and
 - (3) When less restrictive interventions have been determined to be ineffective; and
 - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
 - c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
 - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
 - d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;
 - iii. The specific emergency safety response used;
 - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the use of the emergency safety response;
 - e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
 - f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
 - i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
 - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
 - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
 - g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
 - h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
3. A personnel member does not use or permit:
 - a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
 - b. Corporal punishment;
 - c. Abusive language;
 - d. Discipline associated with:
 - i. Eating, napping, sleeping, or toileting;
 - ii. Medication; or
 - iii. Mechanical restraint; or
 - e. Discipline administered to any child by another child.
- P. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
 - 1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
 - a. A cot or mat used by the child accommodates the child's height and weight;
 - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
 - c. A clean blanket or sheet is available for each child;
 - d. A rug, carpet, blanket, or towel is not used as a mat; and
 - e. Each cot or mat is maintained in a clean and repaired condition;
 - 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
 - 3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
 - 4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
 - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
 - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
 - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
 - 5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
 - a. Accessible to an area used for napping or sleeping; and
 - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
 - 1. Maintain the premises and furnishings:
 - a. Free of insects and vermin,
 - b. In a clean condition, and
 - c. Free from odor; and
 - 2. Ensure that:
 - a. Floor coverings are:
 - i. Clean; and
 - ii. Free from:
 - (1) Dampness,
 - (2) Odors, and
 - (3) Hazards;
 - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
 - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
 - i. Mounted toilet tissue;
 - ii. A sink with running water;
 - iii. Soap contained in a dispenser; and

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- iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
 - d. Personnel members wash their hands with soap and running water after toileting;
 - e. A child's hands are washed with soap and running water after toileting;
 - f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
 - g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
 - h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
 - i. Toys, materials, and equipment are maintained in a clean condition;
 - j. Plumbing fixtures are maintained in a clean and working condition; and
 - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R.** If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
 - a. Sterile bandages including:
 - i. Self-adhering bandages of assorted sizes,
 - ii. Sterile gauze pads, and
 - iii. Sterile gauze rolls;
 - b. Antiseptic solution or sealed antiseptic wipes;
 - c. A pair of scissors;
 - d. Self-adhering tape;
 - e. Single-use, non-porous gloves; and
 - f. Reclosable plastic bags of at least one-gallon size; and
 2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Prepare and date a written fire and emergency plan that contains:
 - a. The location of the first aid kit;
 - b. The names of personnel members who have first aid training;
 - c. The names of personnel members who have cardio-pulmonary resuscitation training;
 - d. The directions for:
 - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
 - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
 - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
 3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
 4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
 2. Maintain and use a communication system that contains:
 - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
 - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V.** If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
1. Notifies the child's parent immediately after the accident, injury, or emergency;
 2. Documents:
 - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
 - b. The method used to notify the child's parent; and
 - c. The time the child's parent was notified; and
 3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W.** If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the

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child had while on the premises, an administrator shall ensure that a personnel member:

1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
 2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X.** If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
1. Immediately separates the child from other children,
 2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
 3. Documents the notification required in subsection (X)(2), and
 4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
 - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
 - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
 - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
 2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
 3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
 4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
 - a. The interior walls;
 - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
 - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
 - d. Indoor area that is substituted for required outdoor area.
- Z.** An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and

hand-washing sink that ensure the children's health and safety and include:

1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
 2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA.** To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
 2. Comply with one of the following:
 - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
 - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
 - c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).
- BB.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:
1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
 2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.
- CC.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. An outdoor area used by children receiving respite services:
 - a. Is enclosed by a fence:
 - i. A minimum of 4.0 feet high,
 - ii. Secured to the ground, and
 - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
 - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
 - c. Has gates that are kept closed while a child is in the outdoor area;

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2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
 - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
 - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
 3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
 4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
 5. A shaded area for each child occupying an outdoor area at any time of the day is provided.
- DD.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.
- EE.** In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
 2. An unvented or open-flame space heater or portable heater is not used on the premises;
 3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
 4. Heating and cooling equipment is inaccessible to a child;
 5. Fans are mounted and inaccessible to a child;
 6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
 7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
 8. A toilet room door does not open into a kitchen or laundry.
- Historical Note**
- Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Sequential numbering corrections made under subsection R9-10-1025(G) at the request of the Department of Health Services on June 27, 2016; file number M16-185 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

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Table 10.1 Meal Pattern Requirements for Children
Meal Pattern Requirements for Children

Food Components	Ages 1 through 2 years	Ages 3 through 5 years	Ages 6 and older
Breakfast: 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains	1/2 cup 1/4 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup 1 slice 1 serving 3/4 cup 1/2 cup
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/4 cup total 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.** 1/2 oz.** 4 oz.	3/4 cup 1/2 cup total 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.** 3/4 oz.** 6 oz.	1 cup 3/4 cup total 1 slice 1 serving 3/4 cup 1/2 cup 2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.** 1 oz.** 8 oz.
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1 cup 3/4 cup 1 slice 1 serving 3/4 cup 1/2 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp. 1 oz. 4 oz.
* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components. ** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat. *** Juice may not be served when milk is served as the only other component.			

Historical Note

Table 10.1 made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

R9-10-1026. Sleep Disorder Services

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;

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2. At least one of the following is present on the premise of the outpatient treatment center:
 - a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
 - b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
 - c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.
 - b. A workplace violence prevention plan according to A.R.S. § 36-420.03.
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;
3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
 - b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
 - b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Basic life support training and pediatric basic life support training including:
 - i. Method and content of training,
 - ii. Qualifications of individuals providing the training, and
 - iii. Documentation that verifies a medical practitioner has received the training; and

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1028. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient treatment center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;

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- c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data;
 - ii. The actions taken related to infections and communicable diseases; and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
 - 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. If applicable:
 - i. Handling and disposal of biohazardous medical waste;
 - ii. Isolation of a patient;
 - iii. Sterilization and disinfection of medical equipment and supplies;
 - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
 - v. Collection, storage, and cleaning of soiled linens and clothing;
 - b. Cleaning an individual's hands when the individual's hands are visibly soiled;
 - c. Training of personnel members, employees, and volunteers in infection control practices; and
 - d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
 - 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
 - 5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.
- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
 - 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
 - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
 - 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
 - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
 - B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.
 - C. An administrator shall ensure that:
 - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
 - b. Assigned responsibilities for each personnel member, employee, or volunteer;
 - c. Instructions for the evacuation of patients and other individuals on the premises; and
 - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
 - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 - 3. An evacuation drill is conducted on each shift at least once every 12 months;
 - 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
 - a. The date and time of the evacuation drill or disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
 - c. A critique of the evacuation drill or disaster plan review; and
 - d. If applicable, recommendations for improvement;
 - 5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
 - 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
 - D. An administrator shall ensure that an outpatient treatment center has either:
 - 1. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1028 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1028 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1029. Emergency and Safety Standards

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the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or

2. The following:
 - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the outpatient treatment center;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.

F. An administrator shall ensure that:

1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
3. Corridors and exits are kept clear of any obstructions;
4. A patient can exit through any exit during hours of operation;
5. An extension cord is not used instead of permanent electrical wiring;
6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
8. Oxygen and medical gas containers:
 - a. Are maintained in a secured, upright position; and
 - b. Are stored in a room with a door:
 - i. In a building with sprinklers, at least five feet from any combustible materials; or
 - ii. In a building without sprinklers, at least 20 feet from any combustible materials.

G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:

1. The corridor is wide enough to allow for:
 - a. Unobstructed movement of patients within the outpatient treatment center; and
 - b. The safe evacuation of patients from the outpatient treatment center; and
2. The corridor is used only as a passageway.

H. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,

2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards

A. An administrator shall ensure that:

1. An outpatient treatment center's premises are:
 - a. Sufficient to provide the outpatient treatment center's scope of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
 - a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Is for the exclusive use of the outpatient treatment center;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. A tobacco smoke-free environment is maintained on the premises;
5. A refrigerator used to store a medication is:
 - a. Maintained in working order; and
 - b. Only used to store medications;
6. Equipment at the outpatient treatment center is:
 - a. Sufficient to provide the outpatient treatment center's scope of services;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and

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- d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.
- B.** An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:
1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
 2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
 3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.
- C.** If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
 - a. Protect the health and safety of an individual using the bathroom; and
 - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
 2. Documented instructions are provided to a patient that cover:
 - a. Infection control measures when a patient uses the bathroom, and
 - b. The safe return of a urine or stool specimen to the outpatient treatment center;
 3. The bathroom complies with the requirements in subsection (A)(2)(a); and
 4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.
- Historical Note**
- Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-1031. Colocation Requirements**
- A.** In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:
- "Patient" means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares areas of the collaborating outpatient treatment center's premises.
- B.** Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C.** The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
1. An affiliated counseling facility;
 2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
 3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
 4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422(F) or (G).
- D.** In addition to the requirements for a license application in R9-10-105, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
1. The following information for each proposed colocator that may share an area of the collaborating outpatient treatment center's premises and nontreatment personnel at the collaborating outpatient treatment center:
 - a. For each proposed associated licensed provider:
 - i. Name,
 - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department a license application for an outpatient treatment center or a counseling facility license,
 - iii. Proposed scope of services, and
 - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
 - b. For each exempt health care provider, unless exempt pursuant to A.R.S. § 36-402:
 - i. Name,
 - ii. Current health care professional license number,
 - iii. Proposed scope of services, and
 - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
 2. In addition to the requirements in R9-10-105(A)(5)(b)(vi), a floor plan that shows:
 - a. Each colocator's proposed treatment area, and
 - b. The areas of the collaborating outpatient treatment center's premises shared with a colocator.
- E.** An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
 - a. The associated licensed provider's name;
 - b. The name of the associated licensed provider's governing authority;
 - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;

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- d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a colocator access to the patient's medical record; and
 - iii. Advance directives;
- e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
- f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
- g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
- h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
- i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
- j. A statement that the associated licensed provider will:
 - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
 - (1) The name of the colocator;
 - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- k. A statement that the associated licensed provider will:
 - i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
 - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of the colocator;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- l. An attestation that the associated licensed provider will comply with the written agreement;
- m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
- n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
- 2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
 - 1. In a Department-provided format:
 - a. The exempt health care provider's name;
 - b. The exempt health care provider license type and license number;
 - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
 - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a colocator access to the patient's medical record; and
 - iii. Advance directives;
 - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
 - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
 - g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
 - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;

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- i. A statement that, if any of the colocators include children's behavioral health services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
 - j. A statement that the exempt health care provider will:
 - i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:
 - (1) The name of the colocator;
 - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - k. A statement that the exempt health care provider will:
 - i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:
 - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of the colocator;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - l. An attestation that the exempt health care provider will comply with the written agreement;
 - m. The signature of the exempt health care provider and the date signed; and
 - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
 - 2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G.** As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
- 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
 - 2. Cover orientation and in-service education for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
 - 3. Cover cardiopulmonary resuscitation training, including:
 - a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - 4. Cover first aid training;
 - 5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
 - 6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in an area of the collaborating outpatient treatment center's premises shared with a colocator according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
 - 7. If medication is stored in an area of the collaborating outpatient treatment center's premises shared with a colocator, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
 - 8. Cover biohazardous wastes, if applicable;
 - 9. Cover environmental services in an area of the collaborating outpatient treatment center's premises shared with a colocator that affect patient care; and
 - 10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in an area of the collaborating outpatient treatment center's premises shared with a colocator.
- H.** An administrator of a collaborating outpatient treatment center shall ensure that:
- 1. Areas of the collaborating outpatient treatment center's premises shared with a colocator are:
 - a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;

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2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
 3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.
- I.** If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

Historical Note

New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES**R9-10-1101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:

"Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1102. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1102 renumbered to Section R9-10-1103; new Section R9-10-1102 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1103. Administration

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
 2. Establish, in writing:
 - a. An adult day health care facility's scope of services, and
 - b. Qualifications for an administrator;
- 3.** Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4.** Adopt a quality management program according to R9-10-1104;
- 5.** Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 6.** Designate in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
- a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
 - b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
- 7.** Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I), when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is 21 years of age or older;
 2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;
 3. Has the authority and responsibility to manage the adult day health care facility; and
 4. Except as provided in subsection (A)(6), designates, in writing, an individual who is 21 years of age or older and present on the adult day health care facility's premises and accountable for the adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Cover certification in cardiopulmonary resuscitation and first aid training;
 - d. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - f. Include a method to identify a participant to ensure that the participant receives the appropriate services;
 - g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;
 - h. Cover specific steps for:
 - i. A participant to file a complaint, and
 - ii. The adult day health care facility to respond to a participant complaint;
 - i. Cover medical records, including electronic medical records; and

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- j. Cover a quality management program, including incident reports and supporting documentation;
2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover screening, enrollment, and discharge;
 - b. Cover the provision of the services in the adult day health care facility's scope of services;
 - c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
 - d. Cover how personnel members will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
 - e. Cover food services;
 - f. Cover environmental services;
 - g. Cover infection control;
 - h. Cover contracted services;
 - i. Cover emergency treatment provided at the adult day health care facility; and
 - j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are:
 - a. Available to personnel members, employees, volunteers, and students, and
 - b. Reviewed at least once every three years and updated as needed; and
4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

D. An administrator shall:

1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
2. Ensure that a monthly calendar of planned activities is:
 - a. Posted before the beginning of a month, and
 - b. Maintained on the premises for at least 90 calendar days after the end of the month;
3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
4. Assist in the formation of a participants' council according to R9-10-1112.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1103 renumbered to Section R9-10-1104; new Section R9-10-1103 renumbered from Section R9-10-1102 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1104. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to participants;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to participant care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1104 renumbered to Section R9-10-1105; new Section R9-10-1104 renumbered from Section R9-10-1103 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1105. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1105 renumbered to Section R9-10-1106; new Section R9-10-1105 renumbered from Section R9-10-1104 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1106. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the participants receiving physical health services or behavioral health services

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- from the personnel member according to the established job description; and
- b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 3. Sufficient personnel members are present on an adult day health care facility's premises when participants are present and have the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the adult day health care facility's scope of services,
 - b. Meet the needs of a participant, and
 - c. Ensure the health and safety of a participant;
 4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a participant for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and
 - b. As specified in R9-10-113; and
 5. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
- B.** An administrator shall ensure that a personnel member:
1. Is 18 years of age or older, and
 2. Is not a participant of the adult day health care facility.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
1. Includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
 - vi. First aid training, if required for the individual according to this Article and policies and procedures; and
 - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures;
- 2.** Is maintained:
- a. Throughout the individual's period of providing services in or for the adult day health care facility, and
 - b. For at least 24 months after the last date the individual provided service in or for the adult day health care facility; and
- 3.** For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
- 4.** The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training;
- D.** An administrator shall ensure that:
1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
 2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
 3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
 4. A nurse is on the premises daily to:
 - a. Administer medications and treatments, and
 - b. Monitor a participant's health status.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1106 renumbered to Section R9-10-1107; new Section R9-10-1106 renumbered from Section R9-10-1105 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1107. Enrollment

- A.** An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:
1. Before the participant's participation, and
 2. As specified in R9-10-113.
- B.** Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
1. The participant's name and date of birth,
 2. Enrollment requirements,
 3. A list of the customary services that the adult day health care facility provides,

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4. A list of services that are available at an additional cost,
 5. A list of fees and charges,
 6. Procedures for termination of the agreement,
 7. The requirements of the adult day health care facility,
 8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
 9. A copy of the adult day health care facility's procedure on health care directives.
- C.** An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.
- D.** An administrator shall ensure that a participant has a signed written medical assessment that:
1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
 2. Includes:
 - a. Information that addresses the participant's:
 - i. Physical health;
 - ii. Cognitive awareness of self, location, and time; and
 - iii. Deficits in cognitive awareness;
 - b. Physical, mental, and emotional problems experienced by the participant;
 - c. A schedule of the participant's medications;
 - d. A list of treatments the participant is receiving;
 - e. The participant's special dietary needs; and
 - f. The participant's known allergies.
- E.** At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
1. Documents whether the participant may sign in and out of the adult day health care facility; and
 2. Provides the following:
 - a. The name and telephone number of the:
 - i. Participant's representative;
 - ii. Family member to be contacted in an emergency;
 - iii. Participant's medical practitioner; and
 - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
 - b. If applicable, a copy of the participant's health care directive.
- F.** An administrator shall ensure that a comprehensive assessment of the participant:
1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;
 2. Documents the participant's:
 - a. Physical health,
 - b. Mental and emotional status, and
 - c. Social history; and
 3. Includes:
 - a. Medical practitioner orders,
 - b. Adult day health care services recommended for the participant's care plan, and
 - c. The signature of the registered nurse conducting the comprehensive assessment and date signed.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1107 renumbered to Section R9-10-1108;

new Section R9-10-1107 renumbered from Section R9-10-1106 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1108. Care Plan

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
2. Has input from:
 - a. The participant or participant's representative,
 - b. The registered nurse who performed the comprehensive assessment, and
 - c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
 - a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
 - b. Adult day health services to be provided;
 - c. Goals and objectives of care that are time-limited and measurable;
 - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
 - e. Discharge instructions according to R9-10-1109(B); and
5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1108 renumbered to Section R9-10-1109; new Section R9-10-1108 renumbered from Section R9-10-1107 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1109. Discharge

- A.** An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1107(B):
1. After giving the participant or participant's representative five working days written notice; and
 2. For any of the following reasons:
 - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
 - b. Documented proof of failure to pay,
 - c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
 - d. The participant requires services not in the adult day health care facility's scope of services.
- B.** An administrator shall ensure that discharge instructions for a participant are:
1. Developed that:
 - a. Identify any specific needs of the participant after discharge,
 - b. Are completed before discharge occurs,

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- c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
 - d. Are documented in the participant's medical record within 48 hours after the discharge instructions are completed; and
2. Provided to the participant or the participant's representative before the discharge occurs.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1109 renumbered to Section R9-10-1110; new Section R9-10-1109 renumbered from Section R9-10-1108 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1110. Participant Rights**A.** An administrator shall ensure that:

- 1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
- 2. At the time of enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
- 3. Policies and procedures include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
 - b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

- 1. A participant is treated with dignity, respect, and consideration;
- 2. A participant is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the adult day health care facility's personnel members, employees, volunteers, or students; and
- 3. A participant or the participant's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The policy on health care directives,
 - ii. The participant complaint process,
 - iii. Rates and charges for participating at the adult day health care facility, and

- iv. The process for contacting the local office of Adult Protective Services;
- e. Consents to photographs of the participant before the participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
 - i. Medical record, or
 - ii. Financial records.

C. A participant has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
- 3. To communicate, associate, and meet privately with individuals of the participant's choice;
- 4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
- 5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
- 6. To receive privacy in treatment and care for personal needs;
- 7. To review, upon written request, the participant's own records;
- 8. To receive a referral to another health care institution if the adult day health care facility is not authorized or not able to provide physical health services or behavioral health services needed by the participant;
- 9. To participate or have the participant's representative participate in the development of a care plan or decisions concerning treatment;
- 10. To participate or refuse to participate in research or experimental treatment; and
- 11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1110 renumbered to Section R9-10-1111; new Section R9-10-1110 renumbered from Section R9-10-1109 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1111. Medical Records**A.** An administrator shall ensure that:

- 1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a participant's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature

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- represents is accountable for the use of the rubber-stamp signature or electronic signature;
4. A participant's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the participant's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
 - c. As permitted by law; and
 5. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth; and
 - d. Any known allergies, including medication allergies;
 2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
 3. An enrollment agreement and date of the participant's first visit;
 4. If applicable, documented general consent and informed consent by the participant or the participant's representative;
 5. If applicable, the name and contact information of the participant's representative and:
 - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
 - b. If the participant's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 6. Documentation of medical history;
 7. A copy of the participant's health care directive, if applicable;
 8. Orders;
 9. The medical assessment required in R9-10-1107(D);
 10. A care plan;
 11. The comprehensive assessment required in R9-10-1107(F);
 12. Progress notes;
 13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
 14. Documentation of adult day health services provided to the participant;
 15. The disposition of the participant upon discharge;
 16. The discharge date, if applicable;
 17. Documentation of a medication administered to the participant that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;
 - d. If medication for pain is administered on a PRN basis to a participant:
 - i. An identification of the participant's pain before administering the medication, and
 - ii. The effect of the medication administered; and
 - e. Any adverse reaction a participant has to the medication;
 18. If applicable, documentation of:
 - a. A significant change in the participant's condition,
 - b. An injury or accident that occurred at the adult day health care facility and required medical services, and
 - c. Notification provided to the participant's medical practitioner or the participant's representative of the significant change in subsection (C)(18)(a) or the injury or accident in subsection (C)(18)(b);
 19. Documentation of whether the participant may sign in or out of the adult day health care facility;
 20. Documentation of freedom from infectious tuberculosis required in R9-10-1107(A); and
 21. Names and telephone numbers of individuals to be notified in the event of an emergency.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1111 renumbered to Section R9-10-1112; new Section R9-10-1111 renumbered from Section R9-10-1110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1112. Participant's Council

- A.** A participants' council:
1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
 2. May develop guidelines that govern the council's activities;
 3. May meet quarterly;
 4. May record minutes of the meetings; and
 5. May provide written input on planned activities and policies of the adult day health care facility.
- B.** A participants' council may invite personnel or the administrator to attend their meetings.
- C.** An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1112 renumbered to Section R9-10-1113; new Section R9-10-1112 renumbered from Section R9-10-1111 and amended by exempt rulemaking at 20 A.A.R. 1409, pur-

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suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014
(Supp. 14-2).

R9-10-1113. Adult Day Health Services

- A.** An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B.** An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C.** An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
 1. According to the:
 - a. Participant's care plan,
 - b. Policies and procedures, and
 - c. Monthly calendar of planned activities required in R9-10-1103(D)(2); and
 2. That include:
 - a. Physical activities,
 - b. Group discussion,
 - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
 - d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
 - e. Activities of daily living,
 - f. Participants' council meetings, and
 - g. Leisure time.
- D.** An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
 1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
 2. Documenting changes in the participant's mental and physical condition in the participant's medical record; and
 3. Reporting any changes to the participant's representative or medical practitioner.
- E.** If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
 1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- F.** An administrator shall ensure that:
 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and
 - b. Ensure that medication is administered to a participant only as prescribed;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the participant's medical record.
- G.** If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
 1. A participant's medication is stored by the adult day health care facility;
 2. The following assistance is provided to a participant:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the participant while the participant takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;
 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and

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- iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a participant:
 - a. Is in compliance with an order, and
 - b. Is documented in the participant's medical record.
- H.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members, and
 - 2. A current toxicology reference guide is available for use by personnel members.
- I.** When medication is stored at an adult day health care facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and
 - b. Storing, inventorying, and dispensing controlled substances.
- J.** A medication error or a participant's refusal to take a medication is:
 - 1. Reported to the participant's representative within 12 hours, and
 - 2. Documented in the participant's medical record within 24 hours.
- K.** An adverse reaction is:
 - 1. Reported to the participant's representative and medical practitioner within 12 hours, and
 - 2. Documented in the participant's medical record within 24 hours.
- L.** An administrator shall:
 - 1. Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
 - 2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
 - 3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
 - a. Name of the participant;
 - b. Type of injury;
 - c. Names of witnesses, if applicable; and
 - d. Action taken;
 - 4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
 - 5. Retain the report for at least 12 months after the date of the injury.
- M.** For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
 - 1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to policies and procedures; or
- 2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1113 renumbered to Section R9-10-1114; new Section R9-10-1113 renumbered from Section R9-10-1112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1114. Food Services

- A.** An administrator shall:
 - 1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
 - 2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
 - a. The therapeutic diet is prescribed in writing by:
 - i. The participant's medical practitioner, or
 - ii. A registered dietitian; and
 - b. A current therapeutic diet reference manual is available to the food service supervisor.
- B.** A food service supervisor shall ensure that:
 - 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
 - 3. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
 - 4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1107(F), or the participant's care plan;
 - 5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
 - 6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
 - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 2. Food is protected from potential contamination;
 - 3. Food is prepared:

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- a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
 - D.** An administrator shall ensure that:
 1. If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
 - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. Maintains a copy of the adult day health care facility's food establishment license or permit;
 2. If the adult day health care facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
 3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.
- Historical Note**
 Amended effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1114 renumbered to Section R9-10-1115; new Section R9-10-1114 renumbered from Section R9-10-1113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1115. Emergency and Safety Standards

- A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of participants and other individuals on the premises;
 - b. Assigned responsibilities for each personnel member and employee;
 - c. Instructions for the evacuation of participants, including:
 - i. When, how, and where participants will be relocated; and
 - ii. A plan for notifying the emergency contact for each participant;
 - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
 - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement; and
4. A disaster drill for assigned personnel is conducted on each shift at least once every three months and documented.
- B.** An administrator shall ensure that:
 1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
 2. A participant's orientation is documented in the participant's medical record.
- C.** An administrator shall ensure that:
 1. An evacuation drill for employees and participants is conducted at least once every six months;
 2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and participants to evacuate to a designated area;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.

Historical Note

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1115 renumbered to Section R9-10-1116; new Section

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R9-10-1115 renumbered from Section R9-10-1114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1116. Environmental Standards**A.** An administrator shall ensure that:

1. The adult day health care facility's premises are:
 - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the adult day health care facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants; and
14. Pets or animals are:
 - a. Controlled to prevent endangering the participants and to maintain sanitation;
 - b. Not allowed in treatment, food storage, food preparation, or dining areas;
 - c. Licensed consistent with local ordinances; and
 - d. For a dog or cat, vaccinated against rabies.

B. If a swimming pool is located on the premises, an administrator shall ensure that:

1. On a day that a participant uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);
4. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1106(D), is present in the pool area when a participant is in the pool area; and
5. At least two personnel members are present in the pool area if two or more participants are in the pool area.

Historical Note

Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1116 renumbered to Section R9-10-1117; new Section R9-10-1116 renumbered from Section R9-10-1115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1117. Physical Plant Standards

- A.** An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards incorporated by reference in R9-10-104.01, in effect on the date the adult day health care facility submitted the application including the notarized attestation of architectural plans according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 1. The services stated in the adult day health care facility's scope of services, and
 2. An individual accepted as a participant by the adult day health care facility.
- C.** An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- D.** An administrator shall ensure that an outside activity space is provided and available that:
 1. Is on the premises,
 2. Has a hard-surfaced section for wheelchairs,
 3. Has an available shaded area, and
 4. Has a means of egress without entering the adult day health care facility.
- E.** An administrator shall ensure that:

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1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
 2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
 - a. A mirror;
 - b. Toilet paper for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or an air hand dryer; and
 - e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
 3. A bathroom has a window that opens or another means of ventilation;
 4. If a bathing facility is provided:
 - a. The bathing facility provides privacy when in use;
 - b. Shower enclosures have nonporous surfaces;
 - c. Showers and tubs have grab bars for participant safety; and
 - d. Tub and shower floors have slip-resistant surfaces;
 5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
 6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
 7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
 8. All flooring is slip-resistant.
- F.** If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer;
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool; and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool;
 - ii. Has a latch located at least 54 inches from the ground; and
 - iii. Is locked when the swimming pool is not in use;
 3. A life preserver or shepherd's crook is available and accessible in the pool area; and
 4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

Historical Note

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section R9-10-1117 renumbered from Section R9-10-1116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1118. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1119. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1120. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1121. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1122. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1123. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1124. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1125. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1126. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1127. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3).

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ARTICLE 12. HOME HEALTH AGENCIES**R9-10-1201. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-151 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
 - a. Operates under the license of the home health agency, and
 - b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1202. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
 - a. The name and address of each proposed branch office, if applicable; and
 - b. The geographic region to be served by:
 - i. The proposed home health agency's administrative office, and
 - ii. Each proposed branch office; and
2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
 - a. The applicant, if the applicant is an individual; or
 - b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1203. Administration**A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. Establish, in writing:
 - a. A home health agency's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
 - b. Not present in a home health agency's administrative office for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
 - a. A physician;
 - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
 - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
 - a. Meets at least once every 12 months,
 - b. Documents meetings, and
 - c. Assists in establishing and evaluating policies and procedures for the home health agency.

B. An administrator:

1. Shall serve no more than five home health agencies;
2. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
3. Has the authority and responsibility to manage the home health agency;
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
5. Ensures compliance with A.R.S. § 36-411.

C. An administrator shall:

1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
 - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
 - c. Cover how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Include a method to identify a patient to ensure the patient receives the appropriate services;
 - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - g. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The home health agency to respond to a patient complaint;
 - h. Cover health care directives;

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- i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident reports and supporting documentation;
 - k. Cover contracted services; and
 - l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient admission, discharge planning, and discharge;
 - b. Cover the provision of home health services and, if applicable, specific types of supportive services and medical social services;
 - c. Include when general consent and informed consent are required;
 - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - e. Cover medication procurement, if applicable, and administration; and
 - f. Cover infection control;
3. Ensure that policies and procedures are:
 - a. Available to personnel members, employees, and volunteers, and
 - b. Reviewed at least once every three years and updated as needed;
4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;
5. Designate, in writing, a home health services director who is:
 - a. A physician with at least 24 months of experience working for or with a home health agency; or
 - b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;
6. Ensure that:
 - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist according to A.R.S. § 36-1940.01 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
 - b. Nutritional services are provided by a registered dietitian;
 - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
 - d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
 - e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or a practical nurse or registered nurse licensed according to A.R.S. Title 32, Chapter 15;
 - f. Pharmacy services are provided by a pharmacist; and
 - g. Medical social services are provided:
 - i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
 - ii. For medical social services, related to the practice of social work in A.R.S. § 32-3251, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;
7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
8. Unless otherwise stated, ensure that:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1204. Quality Management

An administrator shall ensure that:

1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
 - c. A method to evaluate the data collected to identify a concern about the provision of services;
 - d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
 - e. A method to determine whether actions taken improved the provision of services; and
 - f. The frequency of submitting the documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. Each identified concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1205. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1206. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services, and
 - b. According to policies and procedures;
3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the home health agency's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient; and
4. A personnel member, an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
 - b. As specified in R9-10-113.

B. An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:

1. Includes:

- a. The individual's name, date of birth, and contact telephone number;
- b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
- c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. The individual's compliance with the requirements in A.R.S. § 36-411;
 - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
 - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
 - viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the home health agency; and
 - b. For at least 24 months after the last date the individual provided services in or for the home health agency; and
3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4).

R9-10-1207. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:

1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
2. With participation from:
 - a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
 - b. A registered nurse;
3. That includes:
 - a. The patient's diagnosis;
 - b. Surgery dates relevant to home health services, if applicable;
 - c. The patient's cognitive awareness of self, location, and time;
 - d. Functional abilities and limitations;
 - e. Goals for functional rehabilitation, if applicable;

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- f. The type, duration, and frequency of each service to be provided;
 - g. Treatments the patient is receiving from a source other than the home health agency;
 - h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
 - i. Any known drug allergies;
 - j. Nutritional requirements and preferences;
 - k. Specific measures to improve the patient's safety and protect the patient against injury; and
 - l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient; and
4. That is established and implemented within five days of start of care.

B. An administrator shall ensure that:

- 1. Home health services are provided to a patient by the home health agency according to the patient's care plan;
- 2. The patient's care plan is reviewed and updated:
 - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
 - b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
 - c. At least every 60 calendar days;
- 3. The patient's care plan is reviewed and documented by a registered nurse, an occupational therapist, an occupational therapist assistant, a physical therapist, or a physical therapist assistant, with the patient or the patient's representative at least every 30 calendar days;
- 4. The patient's physician, physician assistant, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is updated; and
- 5. A home health agency documents and responds to a referral from a health care provider within 48 hours of receiving the referral.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1208. Patient Rights**A. An administrator shall ensure that:**

- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
- 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
- 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and

- b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

- 1. A patient is treated with dignity, respect, and consideration;
- 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
- 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
 - d. Is informed of the following:
 - i. The home health agency's policy on health care directives;
 - ii. The patient complaint process;
 - iii. Home health services provided by or through the home health agency; and
 - iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;
 - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.

C. A patient has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy in treatment and care for personal needs;
- 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;

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6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1209. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, timed, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a physician, registered nurse practitioner, or podiatrist according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the physician, registered nurse practitioner, or podiatrist issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical record;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a home health agency maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address and telephone number;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;

3. The name and telephone of the patient's physician or registered nurse practitioner;
4. The name and telephone number of patient's podiatrist, if applicable;
5. Documentation of general consent and, if applicable, informed consent;
6. Documentation of medical history and current diagnoses;
7. A copy of the patient's health care directive, if applicable;
8. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
9. Orders;
10. Assessments;
11. Care plan;
12. Progress notes;
13. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
15. The disposition of the patient upon discharge;
16. The discharge plan;
17. Discharge instructions and discharge summary, if applicable;
18. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports;
19. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication;
20. Documentation of tasks assigned to a home health aide or other personnel member;
21. Documentation of coordination of patient care;

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22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1210. Home Health Services

- A.** An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, physician assistant, or podiatrist for home health services.
- B.** An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.
- C.** A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.
- D.** A home health services director shall ensure that a registered nurse:
 1. Unless a patient's physician, physician assistant, or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts and document an initial assessment of the patient to determine:
 - a. The needs of the patient;
 - b. Resources available to address the patient's needs;
 - c. The patient's home and family environment;
 - d. Goals for patient care;
 - e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
 - f. Medical supplies or equipment needed by the patient;
 2. Reviews a patient's health care directives at the time of the initial assessment;
 3. Implements a patient's care plan, developed as specified in R9-10-1207;
 4. Coordinates patient care with other individuals providing home health services or other services to the patient;
 5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
 6. At least every 60 calendar days until a patient is discharged:
 - a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
 - b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.
- E.** A home health services director shall ensure that:
 1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
 2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
 - a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
 - b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.
- F.** A home health services director shall ensure that:
 1. A registered nurse:
 - a. Except as specified in subsection (F)(2)(b)(i) and (ii):
 - i. Assigns tasks in writing to a home health aide or licensed health aide who is providing home health services to a patient; and
 - ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks;
 - b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide or licensed health aide services provided to a patient; and
 - c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide or licensed health aide services to assess the home health services provided by the home health aide or licensed health aide:
 - i. At least every two weeks when the patient is also receiving nursing services or therapy services, and
 - ii. At least every 60 calendar days when the patient is only receiving home health aide or licensed health aide services;
 2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(C)(6)(a), (c), or (d), as applicable:
 - a. Provides the applicable therapy service to the patient according to the patient's care plan;
 - b. If a home health aide or licensed health aide is assigned to assist the patient in performing activities related to the therapy service:
 - i. Assigns tasks in writing to the home health aide or licensed health aide who is assisting the patient;
 - ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks; and
 - iii. Provides direction to the home health aide or licensed health aide in performing the assigned tasks related to the therapy service;
 - c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;
 - d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
 - e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
 - i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an

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- initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
- ii. Meets with a patient who is receiving home health services from a home health aide or licensed health aide every two weeks to assess the home health services provided by the home health aide; and
3. A home health aide:
 - a. Is only assigned to provide services the home health aide can competently perform; and
 - b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).
 4. A licensed health aide:
 - a. Is only licensed to provide services the licensed health aide can competently perform, and
 - b. Only performs tasks assigned to the licensed health aide in writing by a registered nurse and as specified under A.R.S. § 32-1601(14).

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

R9-10-1211. Supportive Services

- A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.
- B. An administrator:
 1. May allow:
 - a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
 - b. A personnel member who is not a home health aide to perform personal care services; and
 2. Shall ensure that:
 - a. Supportive services are provided to a patient according to policies and procedures;
 - b. A registered nurse:
 - i. Assesses a patient's need for supportive services,
 - ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
 - iii. Assigns specific tasks in writing to a personnel member providing personal care services,
 - iv. Provides direction for supportive services, and
 - v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
 - c. Supportive services are documented in a patient's medical record.

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at

20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1212. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1213. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1214. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1215. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1216. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1217. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1218. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1219. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1220. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1221. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1222. Repealed

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Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1223. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1224. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1225. Reserved**R9-10-1226. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1227. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1228. Repealed**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1229. Reserved**R9-10-1230. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY**R9-10-1301. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

sions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1302. Administration**A. The governing authority for a behavioral health specialized transitional facility:**

1. Is the superintendent of the state hospital; and
2. Shall:
 - a. Establish, in writing:
 - i. A behavioral health specialized transitional facility's scope of services, and
 - ii. Qualifications for an administrator;
 - b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
 - c. Adopt a quality management program according to R9-10-1303;
 - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
 - i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
 - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
 - f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, and recordkeeping;

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- d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
 - e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
 - g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
 - h. Cover when informed consent is required and how informed consent is obtained;
 - i. Cover the criteria and process for conducting research using patients or patients' medical records;
 - j. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
 - k. Include a method of patient identification to ensure a patient receives the services ordered for the patient;
 - l. Cover contracted services;
 - m. Cover health care directives;
 - n. Cover medical records, including electronic medical records;
 - o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
 - p. Cover infection control;
 - q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
 - r. Cover environmental services that affect patient care;
 - s. Cover training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect and reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
 - t. Cover quality management, including incident reports and supporting documentation;
 - u. Cover emergency treatment and disaster plan;
 - v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
 - x. Include preventing unauthorized patient absences;
 - y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
 - z. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
 - aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities;
 - bb. Include equipment inspection and maintenance; and
 - cc. Cover religious visitation by a clergy member in compliance with A.R.S. § 36-407.02;
- 2. Policies and procedures are available to each personnel member;
 - 3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 - 4. Food services are provided as specified in R9-10-1314;
 - 5. The following individuals have access to a patient:
 - a. The patient's representative,
 - b. An individual assigned by a court of law to provide services to the patient, and
 - c. An attorney hired by the patient or patient's family;
 - 6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
 - 7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
 - a. Patient rights,
 - b. Telephone number for the Department and the Office of Human Rights,
 - c. Location of inspection reports,
 - d. Complaint procedures, and
 - e. Visitation hours and procedures.
- D.** An administrator shall:
- 1. Provide written notification to the Department of a patient's:
 - a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
 - b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
 - c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
 - 2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
 - 3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.
- E.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation of the patient;
 - b. Any action taken according to subsection (E)(1); and
 - c. The report in subsection (E)(2);
 - 4. Maintain the documentation required in subsection (E)(3) for at least 12 months after the date of the report;
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information

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within five working days after the report required in subsection (E)(2):

- a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

F. An administrator shall:

1. Unless otherwise stated, ensure that:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;
2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
 - a. Is a medical staff member, and
 - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
 - a. Is a psychiatrist or a psychologist;
 - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
 - c. May, if qualified, also serve as the medical director.

G. A medical director:

1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Restraint and seclusion, according to R9-10-225;
 - b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
 - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
 - d. The process by which emergency medical treatment will be provided to a patient; and
 - e. The requirements for completion of medication records and recording of adverse events.

H. A clinical director:

1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
 - b. Providing:
 - i. Supervision to behavioral health paraprofessionals, according to R9-10-115(2); and
 - ii. Clinical oversight to behavioral health technicians, according to R9-10-115(3);
 - c. The qualifications for personnel members who provide clinical oversight;
 - d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
 - e. The process for developing and implementing a patient's treatment plan;
 - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
 - g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
3. Shall ensure that patient services are provided by personnel that are competent and proficient in providing the services; and
4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1303. Quality Management

An administrator shall ensure that:

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1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1304. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1305. Personnel Requirements and Records

- A. An administrator shall ensure that a personnel member:
 1. Is at least 18 years old; and
 2. Either:
 - a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
 - b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.
- B. An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:
 1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
 2. Each time the fingerprint clearance card is issued or renewed.
- C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:
 1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
 2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.
- D. An administrator shall ensure:
 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

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- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
 - 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
 - 3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health specialized transitional facility's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.
- E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a patient for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
 - 1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and
 - 2. As specified in R9-10-113.
- G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 - 1. The individual's name, date of birth, and contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;
 - g. First aid training, if required for the individual according to this Article or policies and procedures;
 - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
 - i. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- H. An administrator shall ensure that personnel records are maintained:
 - 1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
 - 2. For at least 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.
- I. An administrator shall ensure that:
 - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented.
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented;
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 - 6. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1306. Admission Requirements

- A. An administrator shall ensure that, before a patient is admitted to the behavioral health specialized transitional facility, a court of competent jurisdiction has ordered the patient to be:
 - 1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
 - 2. Committed under A.R.S. § 36-3707.
- B. An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:

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1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility;
 2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
 3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.
- C. Within seven calendar days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:
1. A medical history is taken from the patient and a physical examination performed on the patient;
 2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-113;
 3. A patient is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
 - a. Fewer than 12 months have passed since the patient was screened for tuberculosis, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
 4. An assessment for the patient is completed:
 - a. According to the behavioral health specialized transitional facility's policies and procedures;
 - b. That includes the patient's:
 - i. Legal history, including criminal justice record;
 - ii. Behavioral health treatment history;
 - iii. Medical conditions and history; and
 - iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
 - c. That includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and
 - iii. The signature of the personnel member conducting the assessment and the date signed.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final rulemaking

at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative

- A. An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
 2. Discharge under A.R.S. § 36-3714.
- B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
1. Conditional release to a less restrictive alternative, or
 2. Discharge including the disposition of the patient upon discharge.
- D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
 2. The patient receives:
 - a. Written follow-up instructions including as applicable to the patient:
 - i. On-going behavioral health issues and physical health conditions;
 - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
 - iii. Counseling goals; and
 - b. A supply of medications determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015,

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effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1308. Transportation

An administrator of a behavioral health specialized transitional facility that uses a vehicle owned or leased by the behavioral health specialized transitional facility to provide transportation to a patient shall ensure that:

1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a locked first aid kit,
 - c. Contains a working heating and air conditioning system, and
 - d. Contains drinking water sufficient to meet the needs of each patient present in the vehicle;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
 - a. Is 21 years of age or older,
 - b. Has a valid driver license,
 - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle,
 - d. Does not leave a patient in the vehicle unattended, and
 - e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1309. Patient Rights

An administrator shall ensure that:

1. A patient:
 - a. Has privacy in treatment and personal care needs;
 - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
 - i. Restricted by court order; or

- ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
- c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
 - i. Whom the court assigns to the patient, or
 - ii. Whom the patient obtains at the patient's own expense; and
- d. Is not subjected to:
 - i. Abuse;
 - ii. Neglect;
 - iii. Exploitation;
 - iv. Coercion;
 - v. Manipulation;
 - vi. Seclusion, if not necessary to prevent imminent harm to self or others;
 - vii. Restraint, if not necessary to prevent imminent harm to self or others;
 - viii. Sexual abuse according to A.R.S. § 13-1404; or
 - ix. Sexual assault according to A.R.S. § 13-1406; and
2. A patient or the patient's representative:
 - a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
 - b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
 - c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(j);
 - d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
 - e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
 - i. Health care directives;
 - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and
 - iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to

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Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1310. Behavioral Health Services**A.** A clinical director shall ensure that:

1. A treatment plan is developed and implemented for the patient:
 - a. According to the behavioral health specialized transitional facility's policies and procedures;
 - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
 - c. Including:
 - i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
 - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
 - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
 - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
 - v. The date when the patient's treatment plan will be reviewed;
 - vi. If a discharge date has been determined, the treatment needed after discharge; and
 - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
2. A patient's treatment plan is reviewed and updated:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the patient's assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment.

B. A clinical director shall ensure that treatment is:

1. Offered to a patient according to the patient's treatment plan;
2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
3. Documented in the patient's medical record as specified in R9-10-1312.

C. The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.**D.** A clinical director shall ensure that:

1. A patient receives the annual examination required by A.R.S. § 36-3708, and

2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1311. Physical Health Services**A.** A medical director shall ensure that:

1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
 2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.
- B.** A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
1. Offered to a patient according to the patient's treatment plan;
 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
 3. Documented in the patient's medical record as specified in R9-10-1312.

C. An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1312. Medical Records

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
 2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
 3. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
 4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
 5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 6. If applicable, the name and contact information of the patient's representative and:
 - a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
 7. Documentation of medical history and physical examination of the patient;
 8. A copy of patient's health care directives, if applicable;
 9. Orders;
 10. The patient's assessment including updates;
 11. The patient's treatment plan including updates;
 12. Progress notes;
 13. Documentation of transportation provided to the patient;
 14. Documentation of behavioral health services and physical health services provided to the patient;
 15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
 16. Documentation of the annual written notice of the patient of the patient's right to petition for:
 - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
 - b. Discharged as required by A.R.S. § 36-3714;
 17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
 18. Documentation of the patient's, if applicable:
 - a. Conditional release to a less restrictive alternative; or
 - b. Discharge, including the disposition of the patient upon discharge;
 19. If a patient has been discharged, a discharge summary that includes:
 - a. A summary of the treatment provided to the patient;
 - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
 - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
 - d. A description of the disposition of the patient's possessions, funds, or medications; and
 - e. The date the patient was discharged from the behavioral health specialized transitional facility;
 20. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports,
 - d. Documentation of restraint or seclusion,
 - e. Patient follow-up instructions, and
 - f. Consultation reports; and
 21. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;

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- b. The name, strength, dosage, and route of administration;
- c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
- d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
- e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
- f. Any adverse reaction a patient has to the medication; and
- g. If applicable, a patient's refusal to take medication ordered for the patient.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1313. Medication Services

- A. An administrator shall ensure that policies and procedures for medication services:
 - 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient, including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
 - 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. A medical director shall ensure that:
 - 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication; and
 - c. Ensure that medication is administered to a patient only as prescribed;
 - 2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
 - 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 - 4. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record; and
 - 5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- C. If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
 - 1. A patient's medication is stored by the behavioral health specialized transitional facility;
 - 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; and
 - e. Observing the patient while the patient takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,

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- ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health specialized transitional facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances; and
 - e. Documenting the maintenance of a medication requiring refrigeration.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective

November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1314. Food Services

- A.** An administrator shall ensure that:
 - 1. The behavioral health specialized transitional facility has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
 - 2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
 - 3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
 - a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
 - b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
 - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 - 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
 - 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
 - 3. Meals for each day are planned using the applicable dietary guidelines according to the U.S. Department of Health and Human Services and the U.S. Department of Agriculture;
 - 4. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

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- i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
- 6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
 - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 2. Food is protected from potential contamination;
 - 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 - 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the

Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1315. Emergency and Safety Standards

- A. A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
 - 1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
 - 2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
 - 3. A requirement that a cart or container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
 - 4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
 - 5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.
- B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.
- C. An administrator shall ensure that the behavioral health specialized transitional facility has:
 - 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
 - 2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- D. An administrator shall ensure that:
 - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;
 - b. When, how, and where patients will be relocated;
 - c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
 - d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and

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- e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;
 - 2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
 - 3. A disaster drill is performed on each shift at least once every 12 months;
 - 4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
 - a. The date and time of the disaster plan review or disaster drill;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
 - c. A critique of the disaster plan review or disaster drill; and
 - d. If applicable, recommendations for improvement;
 - 5. An evacuation drill for employees and patients:
 - a. Is conducted on each shift at least once every three months;
 - b. Includes all individuals on the premises except for:
 - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
 - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
 - 6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
 - c. If applicable, an identification of patients needing assistance for evacuation;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 - 7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
 - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 - 3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
 - 4. Equipment used at the behavioral health specialized transitional facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 - 5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 - 6. Garbage and refuse are:
 - a. Stored in covered containers, and
 - b. Removed from the premises at least once a week;
 - 7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84° F;
 - 8. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 - 9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
 - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 - 11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
 - 12. Pets and animals, except for service animals, are prohibited on the premises.
- B.** An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.
- C.** An administrator shall ensure that:
- 1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 - 2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area inaccessible to patients; and
 - 3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.
- D.** An administrator shall ensure that:
- 1. A patient's bedroom is provided with:
 - a. An individual storage space, such as a dresser or chest;

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1316. Environmental Standards**A.** An administrator shall ensure that:

- 1. The premises and equipment are:

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- b. A bed that:
 - i. Consists of at least a mattress and frame, and
 - ii. Is at least 36 inches wide and 72 inches long; and
- c. A pillow and linens that include:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the patient's warmth;
- 2. Clean linens and bath towels are provided to a patient as needed and at least once every seven calendar days; and
- 3. A patient's clothing may be cleaned according to policies and procedures.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1317. Physical Plant Standards

- A. An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in R9-10-104.01, in effect on the date the behavioral health specialized transitional facility submitted the application including the notarized attestation of architectural plans according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the behavioral health specialized transitional facility's scope of services, and
 - 2. An individual accepted as a patient by the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a behavioral health specialized transitional facility has:
 - 1. An area in which a patient may meet with a visitor,
 - 2. Areas where patients may receive individual treatment,
 - 3. Areas where patients may receive group counseling or other group treatment,
 - 4. An area for community dining; and
 - 5. Sufficient space in one or more common areas for individual and group activities.
- D. An administrator shall ensure that the behavioral health specialized transitional facility has:
 - 1. A bathroom adjacent to a common area for use by patients and visitors that:
 - a. Provides privacy to the user; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue dispenser,
 - iv. Dispensed soap for hand washing,
 - v. Single use paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation;
 - 2. An indoor common area that is not used as a sleeping area and that has:

- a. A working telephone that allows a patient to make a private telephone call;
- b. A distortion-free mirror;
- c. A current calendar and an accurate clock;
- d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
- e. A working television and access to a radio;
- 3. A dining room or dining area that:
 - a. Is lighted and ventilated,
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
- 4. An outdoor area that:
 - a. Is accessible to patients,
 - b. Has sufficient space to accommodate the social and recreational needs of patients, and
 - c. Has shaded and unshaded areas;
- 5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
- 6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
- 7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
- 8. For each patient, a private bedroom that:
 - a. Contains at least 60 square feet of floor space, not including the closet;
 - b. Has walls from floor to ceiling;
 - c. Has a door that opens into a hallway or common area;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of the patient occupying the bedroom; and
 - f. Has sufficient lighting for a patient to read.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES**R9-10-1401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:
 "Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1402. Administration

- A. A governing authority shall:

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1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
 2. Establish, in writing:
 - a. A substance abuse transitional facility's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-1403;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a substance abuse transitional facility's premises for more than 30 calendar days, or
 - b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and
 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
 2. Has the authority and responsibility to manage the substance abuse transitional facility; and
 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training, including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
 - g. Cover first aid training;
 - h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
 - i. Cover specific steps for:
 - i. A participant to file a complaint, and
 - ii. The substance abuse transitional facility to respond to a participant's complaint;
 - j. Cover medical records, including electronic medical records;
 - k. Cover quality management, including incident reports and supporting documentation;
 - l. Cover contracted services; and
 - m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
 - b. Include when general consent and informed consent are required;
 - c. Cover the provision of behavioral health services and physical health services;
 - d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - e. Cover infection control;
 - f. Cover environmental services that affect participant care;
 - g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
 - h. Cover the security of a participant's possessions that are allowed on the premises;
 - i. Cover smoking tobacco products on the premises;
 - j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
 - k. Cover how often periodic monitoring occurs based on a participant's condition;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to employees; and
5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.

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- D.** An administrator shall provide written notification to the Department of a participant's:
1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
 2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- H.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:
1. The participant rights listed in R9-10-1409,
 2. The facility's current license,
 3. The location at which inspection reports are available for review or can be made available for review, and
 4. The days and times when a participant may accept visitors and make telephone calls.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1402 repealed; new Section R9-10-1402 renumbered from Section R9-10-1403 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1403. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to participants;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to participant care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1403 renumbered to R9-10-1402; new Section R9-10-1403 renumbered from R9-10-1404 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1404. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1404 renumbered to R9-10-1403; new Section R9-10-1404 renumbered from R9-10-1405 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1405. Personnel

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- A.** An administrator shall ensure that:
1. A personnel member is:
 - a. At least 21 years old, or
 - b. If providing behavioral health services, at least 18 years old;
 2. An employee is at least 18 years old;
 3. A student is at least 18 years old; and
 4. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
 - b. Include:
 - i. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides behavioral health services or physical health services, and
 - b. According to policies and procedures;
 3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
 4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
 - b. Meet the needs of a participant, and
 - c. Ensure the health and safety of a participant;
 5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
 6. A personnel member's orientation is documented, to include:
 - a. The personnel member's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
 8. A personnel member's skills and knowledge are verified and documented:
 - a. Before providing services related to participant care, and
 - b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
 9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of-control behavior is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- C.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
 2. As specified in R9-10-113.
- E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F.** An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's completion of the training required in subsection (B)(8), if applicable;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
 - h. First aid training, if required for the individual according to subsection (H) or policies and procedures;

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- i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D); and
 - j. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- G.** An administrator shall ensure that personnel records are:
- 1. Maintained:
 - a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
 - b. For at least 24 months after the last date the individual provided services at or for a substance abuse transitional facility; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- I.** An administrator shall ensure that:
- 1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
 - 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;
 - 3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
 - 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
 - b. Includes documentation of the employees who work each day and the hours worked by each employee; and
 - c. Is maintained for at least 12 months after the last date on the documentation;
 - 5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call;
 - 6. A registered nurse is present on the substance abuse transitional facility's premises or on-call; and
 - 7. A fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1405 renumbered to R9-10-1404; new Section R9-10-1405 renumbered from R9-10-1406 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final

rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1406. Admission; Assessment

An administrator shall ensure that:

- 1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;
- 2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
- 3. The general consent obtained in subsection (2) is documented in the participant's medical record;
- 4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
- 5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
- 6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
 - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
 - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
- 7. An assessment:
 - a. Documents a participant's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-morbidity;
 - iv. Medical condition and history;
 - v. Behavioral health treatment history;
 - vi. Symptoms reported by the participant; and
 - vii. Referrals needed by the participant, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the participant's needs,
 - ii. The behavioral health services and physical health services that will be provided to the participant, and
 - iii. The signature and date signed of the personnel member conducting the assessment; and
 - c. Is documented in participant's medical record;
- 8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
- 9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to

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another health care institution where the behavioral health services can be provided;

10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
13. A participant's assessment information is:
 - a. Documented in the medical record within 48 hours after completing the assessment, and
 - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1406 renumbered to R9-10-1405; new Section R9-10-1406 renumbered from R9-10-1407 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1407. Discharge

- A. An administrator shall ensure that:
 1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
 - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
 - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
 - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
 2. When an individual is discharged, a personnel member:
 - a. Provides the participant with discharge information that includes:
 - i. The identified specific needs of the participant after discharge, and
 - ii. Resources that may be available for the participant; and
 - b. Contacts any resources identified as required in subsection (A)(1)(b).
- B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.
- D. An administrator shall ensure that a discharge summary:
 1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
 2. Includes the following information completed by an individual authorized by policies and procedures:

- a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
- b. A summary of the behavioral health services and physical health services provided to the participant;
- c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
- d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

- E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is discharged.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1407 renumbered to R9-10-1406; new Section R9-10-1407 renumbered from R9-10-1408 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1408. Transfer

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the participant;
2. According to policies and procedures:
 - a. An evaluation of the participant is conducted before the transfer;
 - b. Information in the participant's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
3. Documentation in the participant's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the participant during a transfer.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1408 renumbered to R9-10-1407; new Section R9-10-1408 renumbered from R9-10-1409 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1409. Participant Rights

- A. An administrator shall ensure that:
 1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;

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2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
 - b. Where participant rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
 2. A participant is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
 3. A participant or the participant's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
 - d. Is informed of the participant complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
 - i. Medical record, or
 - ii. Financial records.
- C.** A participant has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that:
 - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
 - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
 - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
 6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
 7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
 8. To be provided locked storage space for the participant's belongings while the participant receives services; and
 9. To be informed of the requirements necessary for the participant's discharge.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1409 renumbered to R9-10-1408; new Section R9-10-1409 renumbered from R9-10-1410 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1410. Medical Records

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a participant's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A participant's medical record is available to an individual:

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- a. Authorized according to policies and procedures to access the participant's medical record;
- b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
- c. As permitted by law; and
- 6. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
 - 1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth; and
 - d. Any known allergies, including medication allergies;
 - 2. A participant's presenting behavioral health issue;
 - 3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
 - 4. If applicable, the name and contact information of the participant's representative and:
 - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
 - b. If the participant's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 - 5. Documentation of medical history and results of a physical examination;
 - 6. The date of admission and, if applicable, date of discharge;
 - 7. Orders;
 - 8. Assessment;
 - 9. Progress notes;
 - 10. Documentation of substance abuse transitional agency services provided to the participant;
 - 11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
 - 12. The disposition of the participant upon discharge;
 - 13. The discharge plan;
 - 14. A discharge summary, if applicable; and
 - 15. Documentation of a medication administered to a participant that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An evaluation of the participant's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An evaluation of the participant's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The signature of the individual administering the medication; and
 - f. Any adverse reaction a participant has to the medication.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1410 renumbered to R9-10-1409; new Section R9-10-1410 renumbered from R9-10-1411 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1411. Behavioral Health Services

- A.** An administrator shall ensure that counseling is:
 - 1. Offered as described in the substance abuse transitional facility's scope of services,
 - 2. Provided according to the frequency and number of hours identified in the participant's assessment, and
 - 3. Provided by a behavioral health professional.
- B.** An administrator shall ensure that:
 - 1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 - 2. Each counseling session is documented in a participant's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1411 renumbered to R9-10-1410; new Section R9-10-1411 renumbered from R9-10-1412 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1412. Medication Services

- A.** If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
 - 1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,

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- iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a participant in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 - 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
- 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a participant only as prescribed;
 - d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
 - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 - 3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the participant's medical record.
- C.** If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
- 1. A participant's medication is stored by the substance abuse transitional facility;
 - 2. The following assistance is provided to a participant:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - 3. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the participant while the participant takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance in the self-administration of medication provided to a participant:
 - a. Is in compliance with an order, and
 - b. Is documented in the participant's medical record.
- D.** An administrator shall ensure that:
- 1. A current drug reference guide is available for use by personnel members, and
 - 2. A current toxicology reference guide is available for use by personnel members.
- E.** When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions of the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of participants who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances;
 - e. If applicable, donated medicine according to A.R.S. § 32-1909; and
 - f. Documenting the maintenance of a medication requiring refrigeration.

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- F. An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1412 renumbered to R9-10-1411; new Section R9-10-1412 renumbered from R9-10-1413 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1413. Food Services

- A. An administrator shall ensure that:
1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
 - a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
 - b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
 2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
 - a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and
 - b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
 3. A registered dietitian is employed full-time, part-time, or as a consultant; and
 4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.
- B. A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
 2. A food menu is:
 - a. Prepared at least one week in advance,
 - b. Conspicuously posted, and
 - c. Maintained for at least 60 calendar days after the last day included in the food menu;
 3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
 4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
 5. Meals and snacks for each day are planned using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
 6. A participant is provided:
 - a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The participant agrees; and
 - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 5. Frozen foods are stored at a temperature of 0° F or below; and
 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-

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1413 renumbered to R9-10-1412; new Section R9-10-1413 renumbered from R9-10-1414 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1414. Emergency and Safety Standards

- A.** An administrator shall ensure that:
1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
 2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable;
 3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
 4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. When, how, and where participants will be relocated;
 - b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
 - c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster;
 5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
 6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each employee or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement; and
 7. A disaster drill for employees is conducted on each shift at least once every three months and documented.
- B.** An administrator shall ensure that:
1. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Any repairs or corrections stated on the fire inspection report are made, and
 3. Documentation of a current fire inspection is maintained.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-

1414 renumbered to R9-10-1413; new Section R9-10-1414 renumbered from R9-10-1415 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1415. Environmental Standards

- A.** An administrator shall ensure that:
1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
 2. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
 - b. Clean, and
 - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
 3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 5. Equipment used at the substance abuse transitional facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 7. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the premises at least once a week;
 8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
 9. A space heater is not used;
 10. Common areas:
 - a. Are lighted to assure the safety of participants, and
 - b. Have lighting sufficient to allow personnel members to monitor participant activity;
 11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
 12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
 13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 14. Oxygen containers are secured in an upright position;
 15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;

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16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1415 renumbered to R9-10-1414; new Section R9-10-1415 renumbered from R9-10-1416 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1416. Physical Plant Standards**A. An administrator shall ensure that a substance abuse transitional facility has:**

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
 - a. A room that provides privacy for a participant to receive treatment or visitors; and
 - b. A common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.

C. An administrator shall ensure that:

1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
2. For every eight participants, there is at least one working bathtub or shower;
3. A participant bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror;
 - b. Toilet tissue for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
 - e. A window that opens or another means of ventilation; and
 - f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
4. Each participant is provided a bedroom for sleeping; and
5. A participant bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Except as provided in subsection (D):
 - i. Contains a door that opens into a hallway, common area, or outdoors; and
 - ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
 - c. Is constructed and furnished to provide unimpeded access to the door;
 - d. Has window or door covers that provide participant privacy;
 - e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that, except as provided in subsection (D):
 - (1) Is shared by no more than eight participants;
 - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and
 - i. Has sufficient lighting for participant occupying the bedroom to read.

D. An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:

1. A bedroom has a door that allows egress from the bedroom,
2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,

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3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1416 renumbered to R9-10-1415; new Section R9-10-1416 renumbered from R9-10-1417 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

R9-10-1417. Renumbered**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1417 renumbered to R9-10-1416 by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 15. ABORTION CLINICS**R9-10-1501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Admitting privileges" means permission extended by a hospital to a physician to allow admission of an individual as an inpatient, as defined in R9-10-201:
 - a. By the patient's own physician, or
 - b. Through a written agreement between the patient's physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
2. "Course" means training or education, including hands-on practice under the supervision of a physician.
3. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
4. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
5. "Incident" means an abortion-related patient death or serious injury to a patient or fetus delivered alive.
6. "Local" means under the jurisdiction of a city or county in Arizona.
7. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
8. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1509.
9. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
10. "Neonatal resuscitation" means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
11. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
12. "Patient care staff member" means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
13. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
14. "Personally identifiable patient information" means:
 - a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
 - i. The patient,
 - ii. The patient's representative,
 - iii. The patient's emergency contact,
 - iv. The patient's children,
 - v. The patient's spouse,
 - vi. The patient's sexual partner, and
 - vii. Any other individual identified in the patient's medical record other than patient care staff;
 - b. The patient's place of employment;
 - c. The patient's referring physician;
 - d. The patient's insurance carrier or account;
 - e. Any "individually identifiable health information" as proscribed in 45 CFR 164-514; and
 - f. Any other information in the patient's medical record that could reasonably lead to the identification of the patient.
15. "Personnel" means patient care staff members, employees, and volunteers.
16. "Serious injury" means a life-threatening physical condition related to an abortion procedure.
17. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
18. "Volunteer" means an individual who, without compensation, performs duties as directed by a patient care staff member at an abortion clinic.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April

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1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1502. Application Requirements and Documentation Submission

- A.** An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B.** A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

Exhibit A. Repealed**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-1503. Administration

- A.** A licensee is responsible for the organization and management of an abortion clinic.
- B.** A licensee shall:
 - 1. Adopt policies and procedures for the administration and operation of an abortion clinic;
 - 2. Designate a medical director who:
 - a. Is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
 - b. May be the same individual as the licensee;
 - 3. Ensure the following documents are conspicuously posted on the premises:
 - a. Current abortion clinic license issued by the Department,
 - b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic,
 - c. Evacuation map, and
 - d. Signs that comply with A.R.S. § 36-2153(H); and
 - 4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.

- C.** A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including:
 - 1. Personnel qualifications, duties, and responsibilities;
 - 2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
 - 3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
 - a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation, and
 - b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
 - 4. Verification of the competency of the physician performing an abortion according to R9-10-1506;
 - 5. The storage, administration, accessibility, disposal, and documentation of a medication or controlled substance;
 - 6. Accessibility and security of medical records;
 - 7. Abortion procedures including:
 - a. Recovery and follow-up care;
 - b. The minimum length of time a patient remains in the recovery room or area based on:
 - i. The type of abortion performed,
 - ii. The estimated gestational age of the fetus,
 - iii. The type and amount of medication administered, and
 - iv. The physiologic signs including vital signs and blood loss; and
 - c. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
 - 8. Infection control including methods of sterilizing equipment and supplies;
 - 9. Medical emergencies; and
 - 10. Patient discharge and patient transfer.
- D.** For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Amended by final

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rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1504. Quality Management

A medical director shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the licensee;
2. A documented report is submitted to the licensee that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1504 renumbered to R9-10-1505; new Section R9-10-1504 made by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1505. Incident Reporting

- A. A licensee shall ensure that the Department is notified of an incident as follows:
 1. For the death of a patient, verbal notification the next working day;
 2. For a fetus delivered alive, verbal notification the next working day; and
 3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.
- B. A medical director shall conduct an investigation of an incident and document an incident report that includes:
 1. The date and time of the incident;

2. The name of the patient;
3. A description of the incident, including, if applicable, information required in A.R.S. § 36-2161(A)(15);
4. Names of individuals who observed the incident;
5. Action taken by patient care staff members and employees during the incident and immediately following the incident; and
6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.

C. A medical director shall ensure that the incident report is:

1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
2. Maintained on the premises for at least two years after the date of the incident.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1505 renumbered to R9-10-1506; new Section R9-10-1505 renumbered from R9-10-1504 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-1506. Personnel Qualifications and Records

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
 - a. The submission of documentation of education and experience, and
 - b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file;
3. An individual who performs an ultrasound provides documentation that the individual is:
 - a. A physician;
 - b. A physician assistant, registered nurse practitioner, or nurse who completed a course in performing ultrasounds under the supervision of a physician; or
 - c. An individual who:

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- i. Completed a course in performing ultrasounds under the supervision of a physician, and
 - ii. Is not otherwise precluded by law from performing an ultrasound;
4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
 - a. Is a:
 - i. Physician,
 - ii. Physician assistant,
 - iii. Registered nurse practitioner, or
 - iv. Nurse; and
 - b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
 - i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
 - ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
6. A personnel file for each patient care staff member and each volunteer is maintained either electronically or in writing and includes:
 - a. The individual's name and position title;
 - b. The first and, if applicable, the last date of employment or volunteer service;
 - c. Verification of qualifications, training, or licensure, as applicable;
 - d. Documentation of cardiopulmonary resuscitation certification, as applicable;
 - e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
 - f. Documentation of training for surgical assistants and volunteers;
 - g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
 - h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
7. Personnel files are maintained on the premises for at least two years after the ending date of employment or volunteer service.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative

Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1506 renumbered to R9-10-1507; new Section R9-10-1506 renumbered from R9-10-1505 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1507. Staffing Requirements

- A. A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
 1. Meet the requirements of this Article,
 2. Ensure the health and safety of a patient, and
 3. Meet the needs of a patient based on the patient's medical evaluation.
- B. A licensee shall ensure that:
 1. A patient care staff member other than a surgical assistant, who is current in cardiopulmonary resuscitation certification, is on the premises until all patients are discharged;
 2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
 3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and discharged from the recovery room;
 4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
 5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1507 renumbered to

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R9-10-1508; new Section R9-10-1507 renumbered from R9-10-1506 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1508. Patient Rights

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

1. To refuse treatment, or withdraw consent for treatment;
2. To have medical records kept confidential; and
3. To be informed of:
 - a. Billing procedures and financial liability before abortion services are provided;
 - b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
 - c. Counseling services that are provided on the premises;
 - d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
 - e. The right to receive a print of the ultrasound image.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1508 renumbered to R9-10-1509; new Section R9-10-1508 renumbered from R9-10-1507 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1509. Abortion Procedures

A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:

1. A medical history including:
 - a. Allergies to medications, antiseptic solutions, or latex;
 - b. Obstetrical and gynecological history;
 - c. Past surgeries;
 - d. Medication the patient is currently taking; and
 - e. Other medical conditions;
2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa;
3. The following laboratory tests:
 - a. A urine or blood test to determine pregnancy;
 - b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
 - c. Anemia screening; and

d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and

4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).

B. If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:

1. The patient receives information from a physician on this condition;
2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
4. The form in subsection (B)(3) is maintained in the patient's medical record; and
5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.

C. A physician shall estimate the gestational age of the fetus, based on one of the following criteria, and record the estimated gestational age in the patient's medical record:

1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.

D. A medical director shall ensure that:

1. The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in R9-10-1506(3);
2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;
3. An original patient ultrasound image is:
 - a. Interpreted by a physician, and
 - b. Maintained in the patient's medical record in either electronic or paper form; and
4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.

E. A medical director shall ensure that before an abortion is performed on a patient:

1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158 is signed and dated by the patient or the patient's representative;
2. Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications;
3. Information specified in A.R.S. § 36-2161(A)(12) is requested from the patient; and
4. If applicable, information required in A.R.S. § 36-2161(C) is provided to the patient.

F. A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.

G. A medical director shall ensure that:

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1. A patient care staff member monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
 2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
 3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
 4. If a fetus is delivered alive:
 - a. Resuscitative measures, including the following, are used to support life:
 - i. Warming and drying of the fetus,
 - ii. Clearing secretions from and positioning the airway of the fetus,
 - iii. Administering oxygen as needed to the fetus, and
 - iv. Assessing and monitoring the cardiopulmonary status of the fetus;
 - b. A determination is made of whether the fetus is a viable fetus;
 - c. A viable fetus is provided treatment to support life;
 - d. A viable fetus is transferred as required in R9-10-1510; and
 - e. Resuscitative measures and the transfer, as applicable, are documented.
- H.** To ensure a patient's health and safety, a medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by:
 - a. A physician;
 - b. A physician assistant;
 - c. A registered nurse practitioner;
 - d. A nurse; or
 - e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
 2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.
- I.** A medical director shall ensure that follow-up care:
1. For a surgical abortion is offered to a patient that includes:
 - a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery:
 - i. By a patient care staff member other than a surgical assistant; and
 - ii. Within 24 hours after the patient's discharge following a surgical abortion; and
 - b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
 - i. A physical examination,
 - ii. A review of all laboratory tests as required in subsection (A)(3), and
 - iii. A urine pregnancy test;
 2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
 - a. A urine pregnancy test, and
 - b. An assessment of the degree of bleeding; and
 3. Is documented in the patient's medical record, including:
 - a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
 - b. If applicable, the results of the follow-up visit; and
 - c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
 - i. Spoke with the patient about the patient's recovery, or
 - ii. Was unable to speak with the patient.
- J.** If a continuing pregnancy is suspected as a result of the follow-up visit in subsection (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1509 renumbered to R9-10-1510; new Section R9-10-1509 renumbered from R9-10-1508 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-1510. Patient Transfer and Discharge

- A.** A medical director shall ensure that:
1. For a patient:
 - a. A patient is transferred to a hospital for an emergency involving the patient;
 - b. A patient transfer is documented in the patient's medical record; and
 - c. Documentation of a medical evaluation, treatment provided, and laboratory and diagnostic information is transferred with a patient; and
 2. For a viable fetus:
 - a. A viable fetus requiring emergency care is transferred to a hospital,
 - b. The transfer of a viable fetus is documented in the viable fetus's medical record, and
 - c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.
- B.** A medical director shall ensure that before a patient is discharged:
1. A physician signs the patient's discharge order; and

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2. A patient receives follow-up instructions at discharge that include:
 - a. Signs of possible complications,
 - b. When to access medical services in response to complications,
 - c. A telephone number of an individual or entity to contact for medical emergencies,
 - d. Information and precautions for resuming vaginal intercourse after the abortion, and
 - e. Information specific to the patient's abortion or condition.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1510 renumbered to R9-10-1511; new Section R9-10-1510 renumbered from R9-10-1509 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1511. Medications and Controlled Substances

A medical director shall ensure that:

1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
4. Medications and controlled substances are maintained in a locked area on the premises;
5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
8. Medication information for a patient is maintained in the patient's medical record and contains:
 - a. The patient's name, age, and weight;
 - b. The medications the patient is currently taking;
 - c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
 - d. If medication is administered to the patient:
 - i. The date and time of administration;

- ii. The name, strength, dosage form, amount of medication, and route of administration; and
 - iii. The identification and signature of the individual administering the medication; and
9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
 - a. The date and time of oxygen administration;
 - b. The amount and flow rate of the oxygen;
 - c. The identification and signature of the individual administering the oxygen; and
 - d. For a viable fetus:
 - i. The date and time of medication administration;
 - ii. The name, strength, dosage form, amount of medication, and route of administration; and
 - iii. The identification and signature of the individual administering the medication.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Section R9-10-1511 renumbered to R9-10-1512; new Section R9-10-1511 renumbered from R9-10-1510 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1512. Medical Records

- A. A licensee shall ensure that a medical record is established and maintained for a patient that contains:
 1. Patient identification including:
 - a. The patient's name, address, and date of birth;
 - b. The designated patient's representative, if applicable; and
 - c. The name and telephone number of an individual to contact in an emergency;
 2. The patient's medical history required in R9-10-1509(A)(1);
 3. The patient's physical examination required in R9-10-1509(A)(2);
 4. The laboratory test results required in R9-10-1509(A)(3);
 5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);
 6. The physician's estimated gestational age of the fetus required in R9-10-1509(C);
 7. Each consent form signed by the patient or the patient's representative;
 8. Orders issued by a physician, physician assistant, or registered nurse practitioner;

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9. A record of medical services, nursing services, and health-related services provided to the patient;
 10. The patient's medication information;
 11. Documentation related to follow-up care specified in R9-10-1509(I); and
 12. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.
- B.** A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
1. An identification of the fetus, including:
 - a. The name of the patient from whom the fetus was delivered alive, and
 - b. The date the fetus was delivered alive;
 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
 4. If applicable, information about medication administered to the fetus delivered alive; and
 5. If the abortion procedure was performed at or after 20 weeks gestational age:
 - a. Documentation of the requirements in R9-10-1509(G)(4); and
 - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.
- C.** A licensee shall ensure that:
1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
 2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
 3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
 4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
 5. Vital records and vital statistics are retained according to A.R.S. § 36-343.
- D.** If the Department requests patient medical records for review, the licensee:
1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
 2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
 3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
 - a. The patient's medical history required in R9-10-1509(A)(1);
 - b. The patient's physical examination required in R9-10-1509(A)(2);
 - c. The laboratory test results required in R9-10-1509(A)(3);
 - d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
 - e. The ultrasound results required in R9-10-1509(D)(2);
 - f. Each consent form signed by the patient or the patient's representative;
 - g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - h. A record of medical services, nursing services, and health-related services provided to the patient; and
 - i. The patient's medication information;
- E.** If the Department's request is in connection with a licensing or compliance inspection:
- a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
 - b. Shall:
 - i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
 - ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
 - iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
 - (1) For one to ten patients, within two working days after the request, and
 - (2) For every additional five patients, within an additional two working days; and
- F.** If the Department's request is in connection with a complaint investigation, shall:
- a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
 - b. Ensure the patient medical records include:
 - i. The patient's name, address, and date of birth;
 - ii. The patient's representative, if applicable; and
 - iii. The name and telephone number of an individual to contact in an emergency.
- G.** A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:
1. An entry in a medical record is dated and legible;
 2. An entry is authenticated by:
 - a. A signature; or
 - b. An individual's initials if the individual's signature already appears in the medical record;
 3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
 4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
 5. If a rubber-stamp signature or an electronic signature is used:
 - a. An individual's rubber stamp or electronic signature is not used by another individual;

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- b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
 - c. The signed statement is included in the individual's personnel record; and
 - 6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.
- F. As required by A.R.S. § 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1512 renumbered to R9-10-1513; new Section R9-10-1512 renumbered from R9-10-1511 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1513. Environmental and Safety Standards

A licensee shall ensure that:

1. The premises:
 - a. Provide lighting and ventilation to ensure the health and safety of a patient,
 - b. Are maintained in a clean condition,
 - c. Are free from a condition or situation that may cause a patient to suffer physical injury,
 - d. Are maintained free from insects and vermin, and
 - e. Are smoke-free;
2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
3. Soiled linen and clothing are kept:
 - a. In a covered container, and
 - b. Separate from clean linen and clothing;
4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence;
6. An evacuation drill is conducted at least once every six months that includes all personnel on the premises on the day of the evacuation drill; and
7. Documentation of the evacuation drill is maintained on the premises for at least one year after the date of the evacuation drill and includes:
 - a. The date and time of the evacuation drill, and
 - b. The names of personnel participating in the evacuation drill.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1513 renumbered to R9-10-1514; new Section R9-10-1513 renumbered from R9-10-1512 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1514. Equipment Standards

A licensee shall ensure that:

1. Equipment and supplies are maintained in a:
 - a. Clean condition, and
 - b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
 - a. Equipment to measure blood pressure;
 - b. A stethoscope;
 - c. A scale for weighing a patient;
 - d. Supplies for obtaining specimens and cultures and for laboratory tests; and
 - e. Equipment and supplies for use in a medical emergency including:
 - i. Ventilatory assistance equipment,
 - ii. Oxygen source,
 - iii. Suction apparatus, and
 - iv. Intravenous fluid equipment and supplies; and
 - f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
 - a. Drugs to support cardiopulmonary function of a patient, and
 - b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:
 - a. Equipment to provide warmth and drying of a fetus delivered alive,
 - b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
 - c. Equipment necessary to administer oxygen to a fetus delivered alive,
 - d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
 - e. Drugs to support cardiopulmonary function in a viable fetus;

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7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and
9. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1514 renumbered to R9-10-1515; new Section R9-10-1514 renumbered from R9-10-1513 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1515. Physical Plant Standards

- A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in R9-10-104.01 that were in effect on the date the abortion clinic submitted the application including the notarized attestation of architectural plans according to R9-10-104.
- B. A licensee shall ensure that an abortion clinic provides areas or rooms:
 1. That provide privacy for:
 - a. A patient's interview, medical evaluation, and counseling;
 - b. A patient to dress; and
 - c. Performing an abortion procedure;
 2. For personnel to dress;
 3. With a sink and a flushable toilet in working order;
 4. For cleaning and sterilizing equipment and supplies;
 5. For storing medical records;
 6. For storing equipment and supplies;
 7. For hand washing before the abortion procedure; and
 8. For a patient recovering after an abortion.
- C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

Historical Note

New Section R9-10-1515 made by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section repealed; new Section renumbered from R9-10-1514 and amended by final rulemaking at 24 A.A.R. 3043,

effective October 2, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES**R9-10-1601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.
2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.
3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.
4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.
5. "Sibling" means one of two or more individuals having one or both parents in common.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:

1. Name,
2. Address,
3. Class or subclass,
4. License number, and
5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1602 renumbered to R9-10-1603; new Section R9-10-1602 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1603. Administration

- A. A governing authority of a behavioral health respite home:
 1. Consists of no more than two providers, who live in the behavioral health respite home;
 2. Has the authority and responsibility to manage the behavioral health respite home;
 3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
 4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and

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5. Shall ensure that:
 - a. Except as provided in R9-10-1612(A), no more than three recipients are accepted by the behavioral health respite home;
 - b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
 - c. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.
- B. A provider:
 1. Is at least 21 years of age;
 2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
 3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
 4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
 5. Has documentation of evidence of freedom from infectious tuberculosis:
 - a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and
 - b. As specified in R9-10-113.
- C. A provider shall ensure that policies and procedures are:
 1. Established, documented, and implemented to protect the health and safety of a recipient that cover:
 - a. Recordkeeping;
 - b. Recipient acceptance and release;
 - c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;
 - d. Recipient rights;
 - e. The provision of respite care services, including coordinating the provision of behavioral health services;
 - f. Recipients' medical records, including electronic medical records;
 - g. Assistance in the self-administration of medication;
 - h. Infection control; and
 - i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
 2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
 3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.
- D. A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:
 1. Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the recipient's death; and
 2. Self-injury, within two working days after the recipient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E. If abuse, neglect, or exploitation of a recipient is alleged or suspected to have occurred before the recipient was accepted or while the recipient is not at a behavioral health respite home and not receiving services from the behavioral health respite home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the recipient as follows:
 1. For a recipient 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a recipient under 18 years of age, according to A.R.S. § 13-3620.
- F. If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a recipient is receiving behavioral health respite home services, the provider shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the recipient as follows:
 - a. To the behavioral health respite home's collaborating health care institution; and
 - b. For a:
 - i. Recipient 18 years of age or older, according to A.R.S. § 46-454; and
 - ii. Recipient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the recipient related to the suspected abuse or neglect and any change to the recipient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The action taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:
 1. Is designated by the recipient's parent or guardian to release the recipient, and
 2. Presents documentation at the time of the recipient's release that verifies the individual's identity.
- H. A provider shall maintain a record for each provider that includes:
 1. The provider's:

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- a. Name,
- b. Date of birth, and
- c. Contact telephone number; and
2. Documentation of:
 - a. Verification of skills and knowledge, completed by the behavioral health respite home's collaborating health care institution;
 - b. Certification in cardiopulmonary resuscitation and first aid training;
 - c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution; and
 - d. Evidence of freedom from infectious tuberculosis.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1603 renumbered to R9-10-1604; new Section R9-10-1603 renumbered from R9-10-1602 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1604. Recipient Rights

- A. A provider shall ensure that:
 1. A recipient is treated with dignity, respect, and consideration;
 2. A recipient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by:
 - i. A behavioral health respite home's provider, or
 - ii. An individual other than a recipient residing in the behavioral health respite home; and
 3. A recipient or the recipient's representative:
 - a. Is informed of the recipient complaint process;
 - b. Consents to photographs of the recipient before the recipient is photographed, except that a recipient may be photographed when accepted by a behavioral health respite home for identification and administrative purposes; and
 - c. Except as otherwise permitted by law, provides written consent to the release of information in the recipient's medical record.
- B. A recipient has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive services that support and respect the recipient's individuality, choices, strengths, and abilities;
 3. To receive privacy in care for personal needs;
 4. To review, upon written request, the recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the recipient; and
6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the recipient's rights.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1604 renumbered to R9-10-1605; new Section R9-10-1604 renumbered from R9-10-1603 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1605. Providing Services

- A. A provider shall ensure that behavioral health services and ancillary services are provided to a recipient according to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution.
- B. A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:
 1. Documentation of any significant change in a recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs; and
 2. Notification of a recipient's unexpected self-release.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1605 renumbered to R9-10-1606; new Section R9-10-1605 renumbered from R9-10-1604 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1606. Assistance in the Self-Administration of Medication

- A. If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
 1. If a recipient is receiving assistance in the self-administration of medication, the recipient's medication is stored by the provider;
 2. The following assistance is provided to a recipient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the recipient;
 - c. Observing the recipient while the recipient removes the medication from the medication container or medication organizer;
 - d. Verifying that the medication is taken as ordered by the recipient's medical practitioner by confirming that:
 - i. The recipient taking the medication is the individual stated on the medication container label,
 - ii. The recipient is taking the dosage of the medication as stated on the medication container label, and
 - iii. The recipient is taking the medication at the time stated on the medication container label; or
 - e. Observing the recipient while the recipient takes the medication; and

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3. Assistance in the self-administration of medication provided to a recipient is documented in the recipient's medical record.
- B. When medication is stored by a provider, the provider shall ensure that:
 1. A locked cabinet, closet, or self-contained unit is used for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Medication, including expired medication, that is no longer being used is discarded.
- C. A provider shall immediately report a medication error or a recipient's adverse reaction to a medication to the:
 1. Medical practitioner who ordered the medication, or
 2. Contact individual at the behavioral health respite home's collaborating health care institution.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1606 renumbered to R9-10-1607; new Section R9-10-1606 renumbered from R9-10-1605 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1607. Medical Records

- A. A provider shall ensure that:
 1. A medical record is established and maintained for each recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a recipient's medical record is:
 - a. Only recorded by the provider or an individual designated by the provider to record an entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. A recipient's medical record is available to an individual:
 - a. Authorized by policies and procedures to access the recipient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the recipient or the recipient's representative; or
 - c. As permitted by law; and
 4. A recipient's medical record is protected from loss, damage, or unauthorized use.
- B. If a provider maintains recipients' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C. A provider shall ensure that a recipient's medical record contains:
 1. Recipient information that includes:
 - a. The recipient's name,
 - b. The recipient's date of birth,
 - c. Any known allergies, and
 - d. Medication information for the recipient;
 2. The names, addresses, and telephone numbers of:
 - a. The recipient's medical practitioner;
 - b. The recipient's case manager, if applicable;
 - c. The behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and
 - d. An individual to be contacted in the event of an emergency;
 3. The date and time of the recipient's acceptance by the behavioral health respite home and, if applicable, the date

- and time of the recipient's release from the behavioral health respite home;
4. If applicable, the name and contact information of the recipient's representative and:
 - a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or
 - b. If the recipient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the recipient's treatment plan and any updates to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution;
6. For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:
 - a. The date and time of assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The provider's signature or first and last initials; and
 - d. Any adverse reaction the recipient has to the medication;
7. Documentation of the recipient's refusal of a medication, if applicable;
8. Documentation of any significant change in the recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs;
9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and
11. A written notice of release from the behavioral health respite home, if applicable.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1607 renumbered to R9-10-1608; new Section R9-10-1607 renumbered from R9-10-1606 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1608. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a recipient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a recipient as prescribed by the recipient's physician or registered dietitian; and
5. Chemicals and detergents are not stored with food.

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Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1608 renumbered to R9-10-1609; new Section R9-10-1608 renumbered from R9-10-1607 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1609. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at a behavioral health respite home sufficient to meet the needs of recipients;
2. If a firearm or ammunition for a firearm is stored at a behavioral health respite home:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a recipient;
3. A smoke detector is installed in:
 - a. A bedroom used by a recipient,
 - b. A hallway in a behavioral health respite home, and
 - c. A behavioral health respite home's kitchen;
4. A smoke detector required in subsection (3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a behavioral health respite home, has a back-up battery;
5. A behavioral health respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health respite home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any recipient in a behavioral health respite home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least 12 months after the date of the evacuation drill.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1609 renumbered to R9-10-1610; new Section R9-10-1609 renumbered from R9-10-1608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1610. Environmental Standards

A. A provider shall ensure that a behavioral health respite home:

1. Is in a building that:
 - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a recipient;
2. Has a living room accessible at all times to a recipient;

3. Has a dining area furnished for group meals that is accessible to the provider, recipients, and any other individuals present in the behavioral health respite home;
4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
 - a. A working toilet that flushes and has a seat; and
 - b. A sink with running water accessible for use by a recipient;
5. Has equipment and supplies to maintain a recipient's personal hygiene accessible to the recipient;
6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the behavioral health respite home.

B. A provider shall ensure that any pets or other animals allowed on the premises are:

1. Controlled to prevent endangering a recipient and to maintain sanitation;
2. Licensed consistent with local ordinances; and
3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:

1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.

D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1610 renumbered to R9-10-1611; new Section R9-10-1610 renumbered from R9-10-1609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1611. Adult Behavioral Health Respite Services

A provider shall ensure that:

1. A bedroom for use by a recipient:
 - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
 - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
 - c. Contains for each recipient using the bedroom:
 - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
 - ii. Clean bedding appropriate for the season; and
 - iii. Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
 - d. If used for:
 - i. Single occupancy, contains at least 60 square feet of floor space; or
 - ii. Double occupancy, contains at least 100 square feet of floor space;
2. A mirror is available to a recipient for grooming;
3. A recipient does not share a bedroom with an individual who is not a recipient;
4. No more than two recipients share a bedroom;
5. If two recipients share a bedroom, each recipient agrees, in writing, to share the bedroom; and
6. A recipient's bedroom is not used to store anything that may be a hazard to the recipient or another individual.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1611 renumbered to R9-10-1612; new Section R9-10-1611 renumbered from R9-10-1610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1612. Children's Behavioral Health Respite Services

- A. A provider may provide children's behavioral health respite services for up to four recipients if at least two of the recipients are siblings.
- B. For a behavioral health respite home that provides children's behavioral health respite services, a provider shall:
 1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
 2. Ensure that:
 - a. If an adult other than a provider is present in the behavioral health respite home, the provider supervises the adult when and where a recipient is present;
 - b. A recipient does not share a bedroom with:
 - i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the recipient;
 - ii. Except as provided in subsection (C), an adult; or
 - iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;

- c. A recipient may share a bedroom with an individual that is not the same gender if the individual is the recipient's sibling;
- d. A bedroom used by a recipient:
 - i. If the bedroom is a private bedroom, contains at least 60 square feet of floor space, not including the closet; or
 - ii. If the bedroom is a shared bedroom:
 - (1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
 - (2) If there are four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet;
 - (3) Provides space between beds or bunk beds; and
 - (4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
 - iii. For a recipient under three years of age, may contain a crib;
 - iv. Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
 - v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
- e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a recipient;
- f. A recipient older than three years of age does not sleep in a crib;
- g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and
- h. The following are stored in a labeled container separate from food storage areas and inaccessible to a recipient:
 - i. Materials and chemicals labeled as a toxic substance, and
 - ii. Substances that have a child warning label and may be a hazard to a recipient.

- C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

Historical Note

New Section R9-10-1612 renumbered from R9-10-1611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS**R9-10-1701. Definitions**

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Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1702. Administration

- A.** A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of the health care institution;
 2. Establish, in writing:
 - a. A health care institution's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-1703;
 5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a health care institution's premises for more than 30 calendar days, or
 - b. Not present on a health care institution's premises for more than 30 calendar days; and
 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is directly accountable to the governing authority of a health care institution for the daily operation of the health care institution and all services provided by or at the health care institution;
 2. Has the authority and responsibility to manage the health care institution; and
 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the health care institution's premises and accountable for the health care institution when the administrator is not present on the health care institution's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training, including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Include a method to identify a patient to ensure the patient receives services as ordered;
 - g. Cover first aid training;
 - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - i. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The health care institution to respond to and resolve a patient complaint;
 - j. Cover medical records, including electronic medical records;
 - k. Cover a quality management program, including incident report and supporting documentation;
 - l. Cover contracted services;
 - m. Cover health care directives;
 - n. Cover when an individual may visit a patient in a health care institution; and
 - o. Cover fall prevention and fall recovery that complies with requirements in A.R.S. § 36-420.01;
 2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;
 - b. Cover patient outings, if applicable;
 - c. Include when general consent and informed consent are required;
 - d. Cover the provision of services listed in the health care institution's scope of services;
 - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
 - f. Cover infection control;
 - g. Cover telehealth, if applicable;
 - h. Cover environmental services that affect patient care;
 - i. Cover smoking and the use of tobacco products on the health care institution's premises;
 - j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - k. Cover how incidents are reported and investigated; and
 - l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and

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5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.
- D. If applicable, an administrator shall designate a clinical director who:
 1. Provides direction for behavioral health services provided at the health care institution, and
 2. Is a behavioral health professional.
- E. An administrator shall provide written notification to the Department of a patient's:
 1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- G. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (G)(1); and
 - c. The report in subsection (G)(2);
 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (G)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The action taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a patient, or a patient's representative:
 1. The health care institution's current license,
 2. The evacuation plan listed in R9-10-1711, and
 3. The location at which inspection reports required in R9-10-1711(B) are available for review or can be made available for review.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Subsection reference for inspection reports corrected at R9-10-1702(H)(3), file number R20-03 at the request of the Department (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1703. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pur-

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suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1704. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article,
2. Documentation of current contracted services that includes a description of the contracted services provided is maintained.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1705. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;

3. Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the health care institution's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.

C. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed;
5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.

D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

- a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and
- b. As specified in R9-10-113.

E. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the health care institution provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-1702(C)(2)(I);
 - g. First aid training, if required for the individual according to this Article or policies and procedures; and

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- h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (D).
- F.** An administrator shall ensure that personnel records are:
1. Maintained:
 - a. Throughout an individual's period of providing services in or for the health care institution, and
 - b. For at least 24 months after the last date the individual provided services in or for the health care institution; and
 2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- G.** An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.
- H.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.
4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains the risks and benefits of the transfer to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1706. Transport; Transfer

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Information in the patient's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
 2. Transportation provided for a patient by the patient or the patient's representative,
 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
- R9-10-1707. Patient Rights**
- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or

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- k. Misappropriation of personal and private property by the unclassified health care institution's personnel members, employees, volunteers, or students; and
 - 3. A patient or the patient's representative:
 - a. Is informed of the patient complaint process;
 - b. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and
 - c. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
 - C. A patient has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in care for personal needs;
 - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the patient; and
 - 6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1708. Medical Records**
- A. An administrator shall ensure that:
 - 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 - 6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
 - B. If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
 - C. An administrator shall ensure that a patient's medical record contains:
 - 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
 - 2. The name of the admitting medical practitioner or behavioral health professional;
 - 3. The date of admission and, if applicable, the date of discharge;
 - 4. An admitting diagnosis;
 - 5. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
 - 6. If applicable, documented general consent and informed consent by the patient or the patient's representative;
 - 7. Documentation of medical history and results of a physical examination;
 - 8. A copy of the patient's health care directive, if applicable;
 - 9. Orders;
 - 10. Assessment;
 - 11. Treatment plans;
 - 12. Interval note;
 - 13. Progress notes;
 - 14. Documentation of health care institution services provided to the patient;
 - 15. Disposition of the patient after discharge;
 - 16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - 17. Discharge plan;

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18. A discharge summary, if applicable;
 19. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports; and
 20. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when initially administered or PRN:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication, when initially administered or PRN:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication.
2. A process is specified for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
 - B. If a health care institution provides medication administration, an administrator shall ensure that:
 1. Medication is stored by the health care institution;
 2. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 4. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.
 - C. If a health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:
 1. A patient's medication is stored by the health care institution;
 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The patient is taking the dosage of the medication as stated on the medication container label, and
 - iii. The patient is taking the medication at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1709. Medication Services**A. An administrator shall ensure that:**

1. Policies and procedures for medication services include:
 - a. A process for providing information to a patient about medication prescribed for the patient including the prescribed medications:
 - i. Anticipated results,
 - ii. Potential adverse reactions,
 - iii. Potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting a medication error;
 - c. Procedures for responding to and reporting an unexpected reaction to a medication;
 - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regimen meets the patient's needs;
 - e. Procedures for:
 - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
 - ii. Monitoring a patient who self-administers medication;
 - f. Procedures for assisting a patient in obtaining medication; and
 - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

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5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance in the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
 2. A current toxicology reference guide is available for use by personnel members; and
 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a health care institution, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances;
 - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19

A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1710. Food Services

If food services are provided, an administrator shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1711. Emergency and Safety Standards

A. An administrator shall ensure that:

1. A first aid kit is available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
 - a. A bedroom used by a patient,
 - b. A hallway in a health care institution, and
 - c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by personnel members and any patient in a health care institution;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least 12 months after the date of the evacuation drill.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and

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3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards

- A. If applicable, an administrator shall ensure that a health care institution:

1. Is in a building that:
 - a. Has a certificate of occupancy from the local jurisdiction; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;
3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
 - a. At least one bathroom for every six individuals residing in the health care institution, including patients; and
 - b. A bathroom accessible for use by a patient that contains:
 - i. A working sink with running water, and
 - ii. A working toilet that flushes and has a seat; and
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

- B. An administrator shall ensure that:

1. A health care institution's premises are:
 - a. Sufficient to provide the health care institution's scope of services;
 - b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
 - c. Clean and free from accumulations of dirt, garbage, and rubbish; and
 - d. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
 - a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Is for the exclusive use of the health care institution;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. If pets or animals are allowed in the health care institution, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and

- c. For a dog or a cat, vaccinated against rabies;
5. A smoke-free environment is maintained on the premises;
6. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
7. Equipment at the health care institution is:
 - a. Sufficient to provide the health care institution's scope of service;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures;
8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

Historical Note

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1713. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1714. Reserved**R9-10-1715. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1716. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1717. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1718. Repealed

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Historical Note

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1719. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1720. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1721. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1722. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1723. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1724. Reserved**R9-10-1725. Reserved****R9-10-1726. Reserved****R9-10-1727. Reserved****R9-10-1728. Reserved****R9-10-1729. Reserved****R9-10-1730. Reserved****R9-10-1731. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1732. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1733. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1734. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES**R9-10-1801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1802. Supplemental Application Requirements; Exemption

- A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:
1. The name of the backup provider; and
 2. For the adult behavioral health therapeutic home's collaborating health care institution:
 - a. Name,
 - b. Address,
 - c. Class or subclass,
 - d. License number, and
 - e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.
- B. An adult behavioral health therapeutic home is exempt from complying with building codes or zoning standards required in 9 A.A.C. 10, Article 1 specified in A.R.S. § 36-421.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 871 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

R9-10-1803. Administration

- A. A governing authority of an adult behavioral health therapeutic home:
1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
 2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;

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3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collaborating health care institution, consistent with the requirements in this Chapter;
 4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
 5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
 6. Shall ensure that:
 - a. No more than three residents are accepted by the adult behavioral health therapeutic home;
 - b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.
- B.** A provider or back-up provider:
1. Is at least 21 years of age;
 2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
 3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
 4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
 5. Has documentation of evidence of freedom from infectious tuberculosis:
 - a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and
 - b. As specified in R9-10-113.
- C.** A provider shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a resident that cover:
 - a. Recordkeeping;
 - b. Resident acceptance and release;
 - c. Resident rights;
 - d. The provision of services, including coordinating the provision of behavioral health services;
 - e. Residents' medical records, including electronic medical records;
 - f. Assistance in the self-administration of medication;
 - g. Infection control; and
 - h. How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 2. Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
 3. Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.
- D.** A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- F.** If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. To the adult behavioral health therapeutic home's collaborating health care institution; and
 - b. According to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** A provider shall maintain a record for each provider and backup provider that includes:
1. For the provider and the backup provider:
 - a. Name;
 - b. Date of birth;
 - c. Contact telephone number; and
 - d. Documentation of:
 - i. Verification of skills and knowledge, completed by the adult behavioral health therapeutic home's collaborating health care institution;

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- ii. Certification in cardiopulmonary resuscitation and first aid training;
 - iii. Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home's collaborating health care institution;
 - iv. If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
 - v. Evidence of freedom from infectious tuberculosis; and
2. For the backup provider, home address.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1804. Resident Rights

- A.** A provider shall ensure that:
- 1. A resident is treated with dignity, respect, and consideration;
 - 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by:
 - i. An adult behavioral health therapeutic home's provider or backup provider, or
 - ii. An individual other than a resident residing in the adult behavioral health therapeutic home; and
 - 3. A resident or the resident's representative:
 - a. Is informed of the resident complaint process;
 - b. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when accepted by an adult behavioral health therapeutic home for identification and administrative purposes; and
 - c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's medical record.
- B.** A resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in care for personal needs;
 - 4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the resident; and

- 6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1805. Providing Services

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.
- B.** A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.
- C.** A provider who provides behavioral health services to a resident:
- 1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and
 - 2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1806. Assistance in the Self-Administration of Medication

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
- 1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
 - 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the medication container or medication organizer;
 - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication as stated on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label; or
 - e. Observing the resident while the resident takes the medication; and
 - 3. Assistance in the self-administration of medication provided to a resident is documented in the resident's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:

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1. A locked cabinet, closet, or self-contained unit is used for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Medication, including expired medication, that is no longer being used is discarded.
- C. A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:
1. Medical practitioner who ordered the medication, or
 2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1807. Medical Records

- A. A provider shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Only recorded by the provider or individual designated by the provider to record an entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. A resident's medical record is available to an individual:
 - a. Authorized by policies and procedures to access the resident's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
 4. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C. A provider shall ensure that a resident's medical record contains:
1. Resident information that includes:
 - a. The resident's name,
 - b. The resident's date of birth,
 - c. Any known allergies, and
 - d. Medication information for the resident;
 2. The names, addresses, and telephone numbers of:
 - a. The resident's medical practitioner;
 - b. The resident's case manager, if applicable;
 - c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
 - d. An individual to be contacted in the event of an emergency;
 3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
 4. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:

- i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
 - a. The date and time of assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The provider's signature or first and last initials; and
 - d. Any adverse reaction the resident has to the medication;
7. Documentation of the resident's refusal of a medication, if applicable;
8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
10. If applicable, a written notice of termination of residency.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1808. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
5. Chemicals or detergents are not stored with food.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1809. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a resident;

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3. A smoke detector is installed in:
 - a. A bedroom used by a resident,
 - b. A hallway in an adult behavioral health therapeutic home, and
 - c. An adult behavioral health therapeutic home's kitchen;
4. A smoke detector required in subsection (3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;
5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards

- A. A provider shall ensure that an adult behavioral health therapeutic home:
 1. Is in a building that:
 - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;
 2. Has a living room accessible at all times to a resident;
 3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;
 4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:
 - a. A working toilet that flushes and has a seat; and
 - b. A sink with running water accessible for use by a resident;
 5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;
 6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
 7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.
- B. A provider shall ensure that pets and animals are:

1. Controlled to prevent endangering the residents and to maintain sanitation;
2. Licensed consistent with local ordinances; and
3. For a dog or cat, vaccinated against rabies.
- C. If a swimming pool is located on the premises, a provider shall ensure that:
 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational cleaning system;
 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.
- E. A provider shall ensure that:
 1. A bedroom for use by a resident:
 - a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
 - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
 - c. Contains for each resident using the bedroom:
 - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
 - ii. Clean bedding appropriate for the season; and
 - iii. An individual dresser and closet for storage of personal possessions and clothing; and
 - d. If used for:
 - i. Single occupancy, contains at least 60 square feet of floor space; or
 - ii. Double occupancy, contains at least 100 square feet of floor space; and
 2. A mirror is available to a resident for grooming;
 3. A resident does not share a bedroom with an individual who is not a resident;
 4. No more than two residents share a bedroom;

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5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and
6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

ARTICLE 19. COUNSELING FACILITIES**R9-10-1901. Repealed****Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Repealed by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1902. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as a counseling facility shall submit, in a format provided by the Department:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
2. If applicable, a request to provide one of more of the following:
 - a. DUI screening,
 - b. DUI education,
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment;
3. Whether the counseling facility has an affiliated outpatient treatment center;
4. If the counseling facility has an affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name; and
 - b. Either:
 - i. The license number assigned to the affiliated outpatient treatment center by the Department; or
 - ii. If the affiliated outpatient treatment center is not currently licensed, the:
 - (1) Street address of the affiliated outpatient treatment center, and
 - (2) Date the affiliated outpatient treatment center submitted to the Department an application for a health care institution license;
5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
 - a. The affiliated counseling facility's name; and
 - b. Either:
 - i. The license number assigned to the affiliated counseling facility by the Department; or

- ii. If the affiliated counseling facility is not currently licensed, the:

- (1) Street address of the affiliated counseling facility, and
- (2) Date the affiliated counseling facility submitted to the Department an application for a health care institution license.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1903. Administration**A. A governing authority shall:**

1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
2. Establish, in writing:
 - a. A counseling facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1904;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on the premises for more than 30 calendar days, or
 - b. Not present on the premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
2. Has the authority and responsibility to manage the counseling facility; and
3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.

C. An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:

1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;
2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
3. Include how a personnel member may submit a complaint relating to services provided to a patient;
4. Cover the requirements in Title 36, Chapter 4, Article 11;

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5. Cover patient screening, admission, assessment, discharge planning, and discharge;
 6. Cover medical records;
 7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
 8. Include when general consent and informed consent are required;
 9. Cover telehealth, if applicable;
 10. Cover specific steps for:
 - a. A patient or a patient's representative to file a complaint, and
 - b. A counseling facility to respond to a complaint; and
 11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.
- D.** An administrator shall ensure that:
1. Policies and procedures established according to subsection (C) are documented and implemented;
 2. Counseling facility policies and procedures are:
 - a. Reviewed at least once every three years and updated as needed, and
 - b. Available to personnel members and employees;
 3. Unless otherwise stated:
 - a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
 4. The following are conspicuously posted:
 - a. The current license for the counseling facility issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the counseling facility;
 - d. A list of patient rights;
 - e. A map for evacuating the facility; and
 - f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
 5. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's medical record; and
 6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.
- E.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-1904. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

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- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1905. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1906. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of counseling expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides counseling, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:

- a. Provide the counseling in the counseling facility's scope of services,
- b. Meet the needs of a patient, and
- c. Ensure the health and safety of a patient;
4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;
5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
6. A personnel member only provides counseling the personnel member is qualified to provide;
7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
8. A personnel member completes orientation before providing counseling to a patient;
9. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
11. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;
 - vii. If applicable, cardiopulmonary resuscitation training; and
 - viii. If applicable, first aid training; and
14. The record in subsection (13) is:
 - a. Maintained while an individual provides services for or at the counseling facility and for at least 24

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months after the last date the individual provided services for or at the counseling facility; and

- b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1907. Patient Rights

- A. An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).
- B. An administrator shall ensure that:
 1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
 3. A patient or the patient's representative:
 - a. Either consents to or refuses counseling;
 - b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
 - c. Is informed of the following:
 - i. The counseling facility's policy on health care directives, and
 - ii. The patient complaint process;
 - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
- C. A patient has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy during counseling;
 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;

6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1908. Medical Records

- A. An administrator shall ensure that:
 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law; and
 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
 1. Patient information that includes:
 - a. The patient's name and address, and
 - b. The patient's date of birth;
 2. A diagnosis or reason for counseling;
 3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient

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- consenting for the patient's representative to act on the patient's behalf; or
- b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 5. Documentation of medical history;
- 6. Orders;
- 7. Assessment;
- 8. Interval notes;
- 9. Progress notes;
- 10. Documentation of counseling provided to the patient;
- 11. The name of each individual providing counseling;
- 12. Disposition of the patient upon discharge;
- 13. Documentation of the patient's follow-up instructions provided to the patient;
- 14. A discharge summary; and
- 15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1909. Counseling

- A.** An administrator of a counseling facility shall ensure that:
 - 1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
 - 2. A personnel member who provides counseling is at least 18 years old; and
 - 3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
 - B.** An administrator of a counseling facility shall ensure that:
 - 1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
 - a. Available:
 - i. In the patient's medical record maintained by the counseling facility;
 - ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
 - iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center; and
 - b. Either:
 - i. Completed by a personnel member at the counseling facility; or
 - ii. Obtained from a behavioral health provider other than the counseling facility;
 - 2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
- 3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;
 - 4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;
 - 5. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
 - 6. A behavioral health assessment:
 - a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance use history;
 - iii. Co-morbidity;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in patient's medical record;
 - 7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
 - 8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
 - 9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;

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10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
 11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
 12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
 13. Counseling is:
 - a. Offered as described in the counseling facility's scope of services;
 - b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
 - c. Provided by a behavioral health professional or a behavioral health technician;
 14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 15. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- C.** An administrator may provide any of the following, according to the applicable requirements in 9 A.A.C. 20, to individuals required to attend by a referring court, if approved by the Department to provide the services:
1. DUI screening,
 2. DUI education,
 3. DUI treatment, or
 4. Misdemeanor domestic violence offender treatment.
- D.** An administrator of a counseling facility authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
 2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.
- Historical Note**
- New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).
- R9-10-1910. Physical Plant, Environmental Services, and Safety Standards**
- A.** An administrator shall ensure that a counseling facility has either:
1. Both of the following:
 - a. A smoke detector installed in each hallway of the counseling facility that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the counseling facility;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
 2. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order.
- B.** An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.
- C.** An administrator shall ensure that on a counseling facility's premises:
1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
 2. Corridors and exits are kept clear of any obstructions;
 3. A patient can exit through any exit during hours of clinical operation;
 4. An extension cord is not used instead of permanent electrical wiring; and
 5. Each electrical outlet and electrical switch has a cover plate that is in good repair.
- D.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.
- E.** An administrator shall ensure that:
1. A counseling facility's premises are:
 - a. Sufficient to provide the counseling facility's scope of services;
 - b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
 2. If a bathroom is on the premises, the bathroom contains:
 - a. A working sink with running water,

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- b. A working toilet that flushes and has a seat,
- c. Toilet tissue,
- d. Soap for hand washing,
- e. Paper towels or a mechanical air hand dryer,
- f. Lighting, and
- g. A means of ventilation;
- 3. If a bathroom is not on the premises, a bathroom is:
 - a. Available for a patient's use,
 - b. Located in a building in contiguous proximity to the counseling facility, and
 - c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
- 4. A tobacco smoke-free environment is maintained on the premises.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

R9-10-1911. Integrated Information

- A. An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
 - 1. Quality management plan, documented incidents, and reports required in R9-10-1904;
 - 2. Contracted services information in R9-10-1905;
 - 3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
 - 4. Medical records in R9-10-1908.
- B. An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.
- C. If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
 - 1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
 - 2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
 - 3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
 - 4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the in-service education plan;

- 5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
 - a. The days and hours the personnel member provides counseling for each facility;
 - b. If the personnel member's job description is different for each facility:
 - i. Each job description for the personnel member, and
 - ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
 - c. If a personnel member is a behavioral health technician, documentation of the clinical oversight provided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and
- 6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.

- D. An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:
 - 1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
 - a. In a written or electronic format at the counseling facility's premises; or
 - b. Electronically directly to the Department.
 - 2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

ARTICLE 20. PAIN MANAGEMENT CLINICS**R9-10-2001. Definitions**

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:

- 1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- 2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2002. Application and Documentation Submission Requirements

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.

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- B.** An applicant or licensee shall submit to the Department:
1. The applicable fees required in R9-10-106(C), and
 2. The documentation required according to A.R.S. § 36-448.02(C)(1).

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). For clarity, the citation to Arizona Revised Statutes in subsection (B)(2) has been corrected to include "A.R.S." and the § (section) symbol (Supp. 21-2).

R9-10-2003. Administration

- A.** A licensee is responsible for the organization and management of a pain management clinic.
- B.** A licensee shall:
1. Adopt policies and procedures for the administration and operation of a pain management clinic;
 2. Designate a medical director who:
 - a. Is licensed:
 - i. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
 - ii. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity; and
 - b. May be the same individual as the licensee;
 3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
 - a. Meet the requirements of this Article,
 - b. Ensure the health and safety of a patient, and
 - c. Meet the needs of a patient based on the patient's medical evaluation; and
 4. Ensure the following are conspicuously posted on the premises:
 - a. The current pain management clinic license issued by the Department;
 - b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
 - c. An evacuation map posted in all hallways; and
 - d. A phone number for:
 - i. An opioid assistance and referral hotline, and
 - ii. A poison control hotline.
- C.** A medical director shall ensure that:
1. Pain management services are provided under the direction of:
 - a. A physician, or
 - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
 2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
 3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.
- D.** A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
 2. Cover cardiopulmonary resuscitation training, including:
 - a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;
 - b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
 - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 3. Cover the storage, accessibility, disposal, and documentation of a medication;
 4. Cover the prescribing or ordering of an opioid:
 - a. Including how, when, and by whom:
 - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient's substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
 - v. Informed consent is obtained from a patient or the patient's representative;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
 - b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:
 - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
 - ii. History of substance use disorder,
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
 - c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
 - d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
 - i. Face-to-face interactions with the patient,
 - ii. Assessment of a patient's substance use risk,
 - iii. Urine drug testing,
 - iv. Renewal of an opioid prescription without a face-to-face interaction with the patient, and
 - v. Monitoring the effectiveness of the treatment;
 - e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
 - g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and

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- h. If opioids are administered at the pain management clinic, including how, when, and by whom:
 - i. A patient's need for opioid administration is assessed,
 - ii. A patient receiving an opioid is monitored, and
 - iii. The actions taken according to subsections (D)(4)(h)(i) and (ii) are documented;
- 5. Cover accessibility and security of medical records;
- 6. Cover infection control, including methods for sterilizing equipment and supplies and methods for identifying, storing, and disposing of biohazardous medical waste; and
- 7. Cover emergency treatment, including:
 - a. A list of the medications, supplies, and equipment kept on the premises to provide treatment in response to an emergency caused by a procedure or medication administered at the pain management clinic;
 - b. A requirement that a cart or a container is available for emergency treatment that contains the medications, supplies, and equipment specified in the policies and procedures according to subsection (D)(7)(a);
 - c. A method to verify and document that the contents of the cart or container are available for emergency treatment; and
 - d. A method for ensuring a patient is transferred to a hospital or other health care institution to receive treatment for a medical emergency that the pain management clinic is not authorized or not able to provide.
- E. As applicable and except when contrary to medical judgment for a patient, a medical director shall ensure that the policies and procedures in subsection (D)(4) are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
 - 1. Centers for Disease Control and Prevention, or
 - 2. The U.S. Department of Veterans Affairs and the U.S. Department of Defense.
- F. A medical director shall, except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, ensure that:
 - 1. If an opioid may have contributed to a patient's death:
 - a. Written notification of the patient's death is provided to the Department in a Department-provided format if:
 - i. A personnel member of the pain management clinic prescribed, ordered, or administered the opioid that may have contributed to the patient's death, or
 - ii. The patient's death occurred while the patient was on the premises of the pain management clinic; and
 - b. The written notification required by subsection (F)(1)(a)(i) is provided within one working day:
 - i. After the patient's death, if an opioid administered as part of treatment may have contributed to the death; or
 - ii. After a personnel member of the pain management clinic learns of the patient's death, if a prescribed opioid may have contributed to the patient's death; and
 - c. The written notification required by subsection (F)(1)(a)(ii) is provided according to R9-4-602; and
 - 2. Written notification of a suspected opioid overdose is provided to the Department according to R9-4-602.
- G. If the Department requests a patient's medical record for review, the licensee:
 - 1. May provide the patient medical record to the Department either in paper or in an electronic format that is acceptable to the Department, and
 - 2. Shall ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- H. The Department may take enforcement action as specified in R9-10-111 if a pain management clinic:
 - 1. Is not in substantial compliance with applicable requirements in 9 A.A.C. 10, Article 1 or this Article; or
 - 2. Is in substantial compliance, but refuses to carry out a plan of correction acceptable to the Department.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2004. Quality Management

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate opioid-related adverse reactions or other incidents;
 - b. A method to collect data on services provided to patients;
 - c. A method to use the data to identify concerns about the delivery of services related to patient care;
 - d. A method to make changes or take action in response to a concern identified according to subsection (1)(c); and
 - e. The frequency with which the documented report required in subsection (2) will be submitted to the licensee;
- 2. A documented report is submitted to the licensee that includes:
 - a. Each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken in response to that concern; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2005. Medication Services

A medical director shall ensure that:

- 1. Medications are stored in a locked area on the premises;
- 2. Only personnel members designated by policies and procedures have access to the locked area containing medications;
- 3. Expired, mislabeled, or unusable medications are disposed of according to policies and procedures;
- 4. If an opioid is administered at a pain management clinic, an opioid antagonist is available on the premises;
- 5. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is:

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- a. Immediately reported to the medical director and licensee, and
- b. Recorded in the patient's medical record; and
- 6. Medication information for a patient is maintained in the patient's medical record.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2006. Pain Management Services

- A. A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.
- B. A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:
 - 1. Before the procedure is initially used on a patient, the patient is evaluated by:
 - a. A medical practitioner or
 - b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
 - 2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
 - 3. The following information is included in the patient's medical record:
 - a. The evaluation of the patient required in subsection (B)(1),
 - b. A record of the procedure, and
 - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.
- C. Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
 - 1. Before prescribing an opioid for a patient of the pain management clinic:
 - a. Conducts a physical examination of the patient;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;
 - e. Explains alternatives to a prescribed opioid; and
 - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
 - i. Is also prescribed or ordered a sedative-hypnotic medication, or
 - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
 - 2. Before ordering an opioid for a patient of the pain management clinic:
 - a. Conducts a physical examination of the patient;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of

Pharmacy Controlled Substances Prescription Monitoring Program database;

- c. Conducts an assessment of the patient's substance use risk;
- d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
- e. If applicable, explains alternatives to an ordered opioid; and
- f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);
- 3. When administering or causing administration of an opioid to a patient:
 - a. Before administration, identifies the patient's need for the opioid; and
 - b. Monitors the patient's response to the opioid; and
- 4. Documents the pain management services provided in the patient's medical record according to R9-10-2008.
- D. A medical practitioner is exempt from the requirements in subsection (C)(2), if:
 - 1. An order for an opioid is part of treatment for a patient in an emergency;
 - 2. The order is issued according to policies and procedures that include procedures for:
 - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
 - b. Ordering and administering an opioid in an emergency situation, and
 - c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and
 - 3. The emergency situation is documented in the patient's medical record.
- E. The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:
 - 1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or
 - 2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2007. Patient Rights

- A. A licensee shall ensure that a patient is afforded the following rights and is informed of these rights:
 - 1. To refuse treatment or withdraw consent for treatment;
 - 2. To have patient medical records kept confidential; and

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3. To be informed of proposed treatment and associated risks, possible complications, and alternatives before pain management services are provided.
- B.** A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:
 1. The patient's:
 - a. Name,
 - b. Date of birth or other patient identifier, and
 - c. Condition for which an opioid is being prescribed or ordered;
 2. That an opioid is being prescribed or ordered;
 3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
 4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
 5. Alternatives to a prescribed or ordered opioid;
 6. The name and signature of the individual explaining the use of an opioid to the patient; and
 7. The signature of the patient or the patient's representative and the date signed.
- d. Other factors relevant to prescribing or ordering an opioid for the patient;
11. Medications administered to the patient and, if an opioid is administered:
 - a. The patient's need for the opioid before the opioid was administered, and
 - b. The effect of the opioid administered; and
12. A record of services provided to the patient.
- B.** A licensee shall ensure that:
 1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
 2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
 3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.
- C.** A medical director shall ensure that:
 1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
 2. An entry in a medical record is dated and legible;
 3. An entry is authenticated;
 4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
 5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
 6. If a rubber-stamp signature or an electronic signature is used:
 - a. An individual's rubber-stamp or electronic signature is not used by another individual; and
 - b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
 7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2008. Medical Records

- A.** A medical director shall ensure that a medical record is established and maintained for a patient that contains:
 1. Patient identification, including:
 - a. The patient's name, address, and date of birth;
 - b. The patient's representative, if applicable; and
 - c. The name and telephone number of an individual to contact in an emergency;
 2. The patient's medical history;
 3. The patient's physical examination;
 4. Laboratory test results;
 5. The patient's diagnosis, including co-occurring disorders;
 6. The patient's treatment plan;
 7. If applicable:
 - a. The effectiveness of the patient's current treatment,
 - b. The duration of the current treatment,
 - c. Alternative treatments tried by or planned for the patient, and
 - d. The expected benefit of a new treatment compared with continuing the current treatment;
 8. Each consent form signed by the patient or the patient's representative;
 9. The patient's medication information, including:
 - a. The patient's age and weight;
 - b. The medications and herbal supplements the patient is currently taking; and
 - c. Allergies or sensitivities to medications, antiseptic solutions, or latex;
 10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
 - a. The nature and intensity of the patient's pain,
 - b. The specific opioid and the reason for the prescription or order,
 - c. The objectives used to determine whether the patient is being successfully treated, and

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2009. Equipment and Safety Standards

- A.** A medical director shall ensure that:
 1. The equipment is:
 - a. Sufficient to accommodate:
 - i. The services stated in the pain management clinic's scope of services, and
 - ii. An individual accepted as a patient by the pain management clinic;
 - b. Maintained in working order;
 - c. Tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
 - d. Used according to the manufacturer's recommendations;
 2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;

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3. Equipment and supplies are clean and, if applicable, sterile before each use;
 4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures.
- B.** A medical director shall establish an infection control program and ensure that:
1. The infection control program includes:
 - a. A method to identify and document infections that occur at the pain management clinic;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
 - d. Documentation of infection control activities, including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases; and
 2. Infection control documentation is maintained for at least 12 months after the date of documentation.
- C.** A medical director shall ensure that soiled linen and clothing are kept:
1. In a covered container, and
 2. Separate from clean linen and clothing.
- D.** A licensee shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
 2. Make and document any repairs or corrections stated on the fire inspection report;
 3. Maintain documentation of a current fire inspection;
 4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
 5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.
- E.** A licensee shall ensure that a pain management clinic has either:
1. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
 2. Both of the following:
 - a. A smoke detector installed in each hallway of the pain management clinic that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the pain management clinic;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2010. Environmental and Physical Plant Standards

- A.** A licensee shall ensure that the premises:
1. Provide lighting and ventilation to ensure the health and safety of a patient;
 2. Are maintained in a clean condition;
 3. Are free from a condition or situation that may cause a patient to suffer physical injury;
 4. Are maintained free from insects and vermin;
 5. Are smoke-free; and
 6. Are sufficient to accommodate:
 - a. The services stated in the pain management center's scope of services, and
 - b. An individual accepted as a patient by the pain management center.
- B.** A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
1. Contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation; and
 2. Is for the exclusive use of the pain management clinic.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

ARTICLE 21. RECOVERY CARE CENTERS**R9-10-2101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:
 "Recovery care services" has the same meaning as in A.R.S. § 36-448.51.

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Historical Note

New Section R9-10-2101 renumbered from R9-10-501 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2102. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
2. Establish in writing:
 - a. A recovery care center's scope of services, and
 - b. Qualifications for an administrator;
3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
5. Adopt a quality management program according to R9-10-2103;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a recovery care center's premises for more than 30 calendar days, or
 - b. Not present on a recovery care center's premises for more than 30 calendar days; and
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;
2. Has the authority and responsibility to manage a recovery care center; and
3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center's premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training required in R9-10-2105(G) including:
 - i. The method and content of cardiopulmonary resuscitation training,

- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
- iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
- iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;

- f. Cover first aid training;
- g. Include a method to identify a patient to ensure the patient receives services as ordered;
- h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
- i. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The recovery care center to respond to a patient's complaint;
- j. Cover health care directives;
- k. Cover medical records, including electronic medical records;
- l. Cover a quality management program, including incident reports and supporting documentation;
- m. Cover contracted services;
- n. Cover tissue and organ procurement and transplant; and
- o. Cover when an individual may visit a patient in a recovery care center;

2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:

- a. Cover patient screening, admission, transfer, discharge planning, and discharge;
- b. Cover the provision of recovery care services;
- c. Include when general consent and informed consent are required;
- d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
- e. Cover dispensing, administering, and disposing of medications;
- f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
- g. Cover infection control; and
- h. Cover environmental services that affect patient care;

3. Policies and procedures are reviewed at least once every three years and updated as needed;**4.** Policies and procedures are available to personnel members, employees, volunteers, and students; and**5.** Unless otherwise stated:

- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
- b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

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Historical Note

New Section R9-10-2102 renumbered from R9-10-502 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2103. Quality Management

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-2103 renumbered from R9-10-503 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2104. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-2104 renumbered from R9-10-504 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2105. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected

physical health services and behavioral health services listed in the established job description,

- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and

- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides physical health services or behavioral health services, and
- b. According to policies and procedures; and

3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:

- a. Provide the services in the recovery care center's scope of services,
- b. Meet the needs of a patient, and
- c. Ensure the health and safety of a patient.

- B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

- C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
2. As specified in R9-10-113.

- D. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and

3. Documentation of:

- a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
- b. The individual's education and experience applicable to the employee's job duties;
- c. The individual's completed orientation and in-service education as required by policies and procedures;
- d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
- e. The individual's compliance with the requirements in A.R.S. § 36-411;
- f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-2102(C)(1)(e);

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- g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
 - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).
- E.** An administrator shall ensure that personnel records are:
- 1. Maintained:
 - a. Throughout the individual's period of providing services in or for the recovery care center, and
 - b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- F.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 - 6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.
- G.** An administrator shall ensure that a nursing personnel member:
- 1. Is 18 years of age or older,
 - 2. Is certified in cardiopulmonary resuscitation within the first month of employment,
 - 3. Maintains current certification in cardiopulmonary resuscitation, and
 - 4. Attends additional orientation that includes patient care and infection control policies and procedures.
- Historical Note**
- New Section R9-10-2105 renumbered from R9-10-505 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2106. Medical Staff**
- A.** A governing authority shall require that:
- 1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
 - 2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
 - 3. A medical staff member complies with medical staff bylaws and medical staff regulations;
 - 4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
 - 5. A medical staff member is available to direct patient care;
 - 6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees, including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Requiring that each patient has a medical staff member who coordinates the patient's care;
 - f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
 - g. Defining a medical staff member's responsibilities for the transfer of a patient;
 - h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
 - i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
 - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
 - 7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
- 1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
 - 2. A record for each medical staff member is established and maintained that includes:
 - a. A completed application for clinical privileges,
 - b. The dates and lengths of appointment and reappointment of clinical privileges,
 - c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
 - 3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
 - a. For a current medical staff member, within 2 hours after the Department's request, or
 - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

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Historical Note

New Section R9-10-2106 renumbered from R9-10-506 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2107. Admission

- A.** An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.
- B.** An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
 - 1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center;
 - 2. A discharge summary from the referring health care institution or physician;
 - 3. Physician orders; and
 - 4. Documentation concerning health care directives.

Historical Note

New Section R9-10-2107 renumbered from R9-10-507 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2108. Discharge

- A.** For a patient, an administrator shall ensure that discharge planning:
 - 1. Identifies the specific needs of the patient after discharge, if applicable;
 - 2. If a discharge date has been determined, identifies the anticipated discharge date;
 - 3. Includes the participation of the patient or the patient's representative;
 - 4. Is completed before discharge occurs;
 - 5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
 - 6. Is documented in the patient's medical record.
- B.** For a patient discharge or a transfer of the patient, an administrator shall ensure that:
 - 1. A discharge summary is developed that includes:
 - a. A description of the patient's medical condition and the medical services provided to the patient; and
 - b. The signature of the medical practitioner coordinating the patient's medical services;
 - 2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;
 - 3. Discharge instructions are developed and documented; and
 - 4. The patient or the patient's representative is provided with a copy of the discharge instructions.

Historical Note

New Section R9-10-2108 renumbered from R9-10-508 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2109. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2110. Patient Rights

- A.** An administrator shall ensure:
 - 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 - 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
 - 1. A patient is treated with dignity, respect, and consideration;
 - 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
 - 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;

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- c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The recovery care center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
- C. A patient has the following rights:**
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To have access to a telephone;
 5. To be advised of the recovery care center's policy regarding health care directives;
 6. To associate and communicate privately with individuals of the patient's choice;
 7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
 9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
 10. To participate or refuse to participate in research or experimental treatment; and
 11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- New Section R9-10-2110 renumbered from R9-10-510 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2111. Medical Records**
- A.** An administrator shall ensure that:
1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according by policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 6. Policies and procedures that include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a recovery care center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. The patient's name,
 - b. The patient's address,
 - c. The patient's date of birth, and
 - d. Any known allergies;
 2. The date of admission and, if applicable, the date of discharge;
 3. The admitting diagnosis;
 4. A discharge summary from the referring health care institution or physician;
 5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
 6. The medical history and physical examination required in R9-10-2107(B)(1);
 7. A copy of the patient's health care directive, if applicable;
 8. The name and telephone number of the patient's medical practitioner;
 9. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
 10. Orders;
 11. Nursing assessment;
 12. Treatment plans;
 13. Progress notes;

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14. Documentation of recovery care center services provided to a patient;
 15. The disposition of the patient after discharge;
 16. The discharge plan;
 17. A discharge summary, if applicable;
 18. Transfer documentation from the referring health care institution or physician;
 19. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report;
 20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and
 22. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain on a PRN basis:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication administered on a PRN basis:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The signature of the individual administering or observing the patient self-administer the medication; and
 - f. Any adverse reaction a patient has to the medication.
- D.** An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

Historical Note

New Section R9-10-2111 renumbered from R9-10-511 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2112. Nursing Services

- A.** An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B.** A director of nursing shall:
1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
 2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
 3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
 4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and

5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.

- C.** An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D.** An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

Historical Note

New Section R9-10-2112 renumbered from R9-10-512 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2113. Medication Services

- A.** An administrator shall ensure that policies and procedures for medication services:
1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures for documenting medication administration; and
 - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** An administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.
- C.** An administrator shall ensure that:

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1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.

- D. When medication is stored at a recovery care center, an administrator shall ensure that:
 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

Historical Note

New Section R9-10-2113 renumbered from R9-10-513 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2114. Ancillary Services

An administrator shall ensure that:

1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and

2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

Historical Note

New Section R9-10-2114 renumbered from R9-10-514 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2115. Food Services

- A. An administrator shall ensure that:
 1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
 2. A copy of the recovery care center's food establishment license or permit is maintained; and
 3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
 - b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.
- B. An administrator shall:
 1. Designate a food service manager who is responsible for food service in the recovery care center; and
 2. Ensure that a current therapeutic diet reference manual is available to the food service manager.
- C. A food service manager shall ensure that:
 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals and snacks provided by the recovery care center are served according to posted menus;
 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
 5. A patient is provided:
 - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and veg-

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- etable food group or the bread and cereal food group;
6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 7. Water is available and accessible to a patient.

Historical Note

New Section R9-10-2115 renumbered from R9-10-515 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2116. Emergency and Safety Standards

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
 1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
 2. Transfer arrangements for patients who require care not provided by the recovery care center.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.
- C. An administrator shall ensure that:
 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated, including:
 - i. Instructions for the evacuation or transfer of patients,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for providing continuing services to meet patient's needs;
 - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;
 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 5. An evacuation drill for employees and patients:
 - a. Is conducted at least once every six months;
 - b. Includes all individuals on the premises except for:
 - i. A patient whose medical record contains documentation that evacuation from the recovery

care center would cause harm to the patient, and

- ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and patients to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of patients needing assistance for evacuation, and
 - ii. An identification of patients who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
- D. An administrator shall:
 1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the inspection report, and
 3. Maintain documentation of a current fire inspection.

Historical Note

New Section R9-10-2116 renumbered from R9-10-516 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2117. Environmental Standards

- A. An administrator shall ensure the recovery care center's infection control policies and procedures include:
 1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
 2. Handling and disposal of biohazardous medical waste; and
 3. Sterilization, disinfection, and storage of medical equipment and supplies.
- B. An administrator shall ensure that:
 1. A recovery care center's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
 2. A pest control program is implemented and documented;
 3. Equipment used to provide recovery care services is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

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5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 6. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
 7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
 9. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 11. Oxygen containers are secured in an upright position;
 12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
 14. If pets or animals are allowed in the recovery care center, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation; and
 - b. Licensed consistent with local ordinances;
 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- C. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a recovery care center; and
 2. Smoking tobacco products may be permitted outside a recovery care center if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

Historical Note

New Section R9-10-2117 renumbered from R9-10-517 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2118. Physical Plant Standards

- A. An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the recovery care center's scope of services; and
 2. An individual accepted as a patient by the recovery care center.
- C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.

Historical Note

New Section R9-10-2118 renumbered from R9-10-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

ARTICLE 22. NURSING-SUPPORTED GROUP HOMES**R9-10-2201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the definitions in A.R.S. § 36-551 apply in this Article unless otherwise specified.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2202. Supplementary Application Requirements and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing-supported group home shall include:
1. In a Department-provided format, whether the applicant is requesting authorization:
 - a. To admit residents who:
 - i. Are on a ventilator,
 - ii. Have a tracheostomy tube, or
 - iii. Receive total parenteral nutrition; or
 - b. To provide:
 - i. Services to individuals under 18 years of age, including the licensed capacity requested;
 - ii. Restraint;
 - iii. Clinical laboratory services; or
 - iv. Respiratory care services; and
 2. A copy of the applicant's service provider award letter with the Division.
- B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
1. The information required in subsection (A)(1), as applicable; and
 2. Documentation of the licensee's service provider contract with the Division.

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Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2203. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing-supported group home;
2. Establish, in writing, the nursing-supported group home's scope of services;
3. Designate, in writing, an administrator for the nursing-supported group home who:
 - a. Is at least 21 years old; and
 - b. Meets one of the following:
 - i. Is a registered nurse,
 - ii. Is a nursing care institution administrator, or
 - iii. Has a minimum of three-years' experience working as an administrator or personnel member in a nursing-supported group home or other health care institution licensed under this Chapter;
4. Adopt a quality management program according to R9-10-2204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
 - a. Expected not to be present on the premises of the nursing-supported group home for more than 30 calendar days, or
 - b. Not present on the premises of the nursing-supported group home for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator:
 - a. Notify the Department according to A.R.S. § 36-425(I), and
 - b. Submit to the Department a copy of documentation demonstrating the new administrator's compliance with the requirements in subsection (A)(3).

B. An administrator:

1. Is directly accountable to the governing authority of a nursing-supported group home for the daily operation of the nursing-supported group home and all services provided by or at the nursing-supported group home;
2. Has the authority and responsibility to manage the nursing-supported group home;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the nursing-supported group home and accountable for the nursing-supported group home when the administrator is not present on the nursing-supported group home's premises; and
4. Ensures the nursing-supported group home's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and

experience for personnel members, employees, volunteers, and students;

- b. Cover the process for checking on a personnel member through the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
- c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
- d. Include methods to prevent abuse or neglect of a resident, including:
 - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
 - ii. Reporting of abuse or neglect of a resident;
- e. Include how a personnel member may submit a complaint relating to resident care;
- f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
- g. Cover cardiopulmonary resuscitation training including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
 - ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the ability to perform cardiopulmonary resuscitation;
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
- h. Cover first aid training;
- i. Include a method to identify a resident to ensure the resident receives physical health services, habilitation services, and behavioral care as ordered;
- j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
- k. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The nursing-supported group home to respond to a resident's complaint;
- l. Cover health care directives;
- m. Cover medical records, including electronic medical records;
- n. Cover a quality management program, including incident reports and supporting documentation;
- o. Cover contracted services;
- p. Cover resident's personal accounts;
- q. Cover petty cash funds;
- r. If the nursing-supported group home may admit a resident who is not placed in the nursing-supported group home by the Division, cover:
 - i. Fees and the process for receiving a fee for a resident,
 - ii. The reasons and process for terminating residency, and
 - iii. The process for refunding a fee for a resident;
- s. Cover smoking and the use of tobacco products on the premises;

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- t. Cover the storage and use of alcoholic beverages on the premises; and
- u. Cover when an individual may visit a resident in a nursing-supported group home;
- 2. Policies and procedures for physical health services, habilitation services, and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of physical health services, habilitation services, and behavioral care;
 - c. Cover acuity, including a process for obtaining sufficient nursing personnel and other personnel members to meet the needs of residents;
 - d. Include when general consent and informed consent are required;
 - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover infection control;
 - g. Cover interventions to address a resident's inappropriate behavior, including:
 - i. The hierarchy for use;
 - ii. Use of time-outs for inappropriate behavior; and
 - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
 - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
 - i. Require an order, including the frequency of monitoring and assessing the restraint; and
 - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
 - i. Cover telehealth, if applicable;
 - j. Cover environmental services that affect resident care;
 - k. Cover the security of a resident's possessions that are allowed on the premises;
 - l. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-2210(B);
 - m. Include a method for obtaining an advocate for a resident, if necessary;
 - n. Cover resident outings;
 - o. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
 - p. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing-supported group home, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing-supported group home.
- D. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing-supported group home's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- E. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing-supported group home's employee or personnel member, an administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (E)(1); and
 - c. The report in subsection (E)(2);
 - 4. Maintain the documentation in subsection (E)(3) for at least 12 months after the date of the report in subsection (E)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- F. An administrator shall:
 - 1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the nursing-supported group home;

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2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
 3. Ensure that the following are conspicuously posted on the premises:
 - a. The current nursing-supported group home license issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Bureau of Assisted Living Facilities Licensing;
 - ii. Adult Protective Services of the Department of Economic Security; and
 - iii. If applicable, Child Protective Services of the Department of Child Safety;
 - c. A notice that a resident may file a complaint with the Department concerning the nursing-supported group home;
 - d. The monthly schedule of recreational activities; and
 - e. One of the following:
 - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
 - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- G.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- H.** An administrator shall:
1. Notify a resident's representative, family member, or other individual designated by the resident within one calendar day after:
 - a. The resident's death,
 - b. There is a significant change in the resident's medical condition, or
 - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
 2. For an illness or injury in subsection (H)(1)(c), document the following:
 - a. The date and time of the illness or injury;
 - b. A description of the illness or injury;
 - c. If applicable, the names of individuals who observed the injury;
 - d. The actions taken by personnel members, according to policies and procedures;
 - e. The individuals notified by the personnel members; and
 - f. Any action taken to prevent the illness or injury from occurring in the future.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(p);
 2. Designate a personnel member who is responsible for the personal accounts;
 3. Maintain a complete and separate accounting of each personal account;
 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(q) include:
 - a. A prescribed cash limit of the petty cash fund, and
 - b. The hours of the day a resident may access the petty cash fund; and
 2. A resident's written acknowledgment is obtained for a petty cash transaction.
- K.** An administrator shall ensure that an acuity plan is developed, documented, and implemented for the nursing-supported group home that:
1. Includes:
 - a. A method that establishes the types and numbers of personnel members that are required in the nursing-supported group home to ensure resident health and safety, and
 - b. A policy and procedure stating the steps the nursing-supported group home will take to obtain or assign the necessary personnel members to address resident acuity;
 2. Is used when making assignments for resident treatment; and
 3. Is reviewed and updated, as necessary, at least once every 12 months.
- L.** An administrator shall establish and document the criteria for determining when a resident's absence is unplanned, including the criteria for a resident who:
1. Is absent against medical advice,
 2. Is under the age of 18, or
 3. Does not return to the nursing-supported group home at the expected time after a planned absence.
- M.** An administrator shall ensure that documentation of the most recent monitoring of the nursing-supported group home, conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2), is on the premises of the nursing-supported group home.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-2204. Quality Management

An administrator shall ensure that:

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1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2205. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2206. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services, habilitation services, or behavioral care expected to be provided by the personnel member according to the established job description; and
 - ii. The acuity of the residents receiving physical health services, habilitation services, or behav-

- ioral care from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description; and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides physical health services, habilitation services, or behavioral care; and
 - b. According to policies and procedures; and
3. Sufficient personnel members are present on a nursing-supported group home's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the nursing-supported group home's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.

- C.** An administrator shall ensure that an organizational chart of the nursing-supported group home is established, updated as necessary, and maintained on the premises:

1. Outlining the roles, responsibilities, and relationships within the nursing-supported group home; and
2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.

- D.** An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.

- E.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

- F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the nursing-supported group home, and
2. As specified in R9-10-113.

- G.** An administrator shall ensure that:

1. The types and numbers of nurses and other personnel members required according to the acuity plan in R9-10-

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- 2203(K) are present in the nursing-supported group home;
2. Documentation of the nurses and other personnel members present on the nursing-supported group home's premises each day is maintained and includes:
 - a. The date;
 - b. The number of residents;
 - c. The name, license or certification credential if applicable, and assigned duties of each nurse or other personnel member who worked that day; and
 - d. The actual number of hours each nurse or other personnel member worked that day; and
 3. The documentation of nurses and other personnel members required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.
- H.** An administrator shall ensure that a personnel member is on duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises.
- I.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's compliance with the requirements in A.R.S. § 36-411;
 - d. The nursing-supported group home's check on the individual in the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
 - e. Orientation and in-service education as required by policies and procedures;
 - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-2203(C)(1)(d)(i);
 - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - h. If applicable, the individual's qualifications and ongoing training for each type of restraint used, as required in R9-10-2217;
 - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2203(C)(1)(g);
 - j. First aid training, if required for the individual according to this Article or policies and procedures;
 - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F); and
 - l. The individual's compliance with the requirements in A.R.S. § 36-420.01 regarding fall prevention and fall recovery training.
- J.** An administrator shall ensure that personnel records are:
1. Maintained:
 - a. Throughout the individual's period of providing services in or for the nursing-supported group home, and
 - b. For at least 24 months after the last date the individual provided services in or for the nursing-supported group home; and
 2. For a personnel member who has not provided physical health services, habilitation services, or behavioral care at or for the nursing-supported group home during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 2. A personnel member completes orientation before providing physical health services, habilitation services, or behavioral care;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 6. A work schedule of each personnel member is developed and maintained at the nursing-supported group home for at least 12 months after the date of the work schedule.
- L.** An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-2207. Admissions

An administrator shall ensure that:

1. A resident is admitted only:
 - a. On a physician's order or based on a placement evaluation by the Division;
 - b. If the resident has or is at risk for having a developmental disability or cognitive disability;
 - c. If the resident's placement evaluation indicates that the resident requires continuous nursing services;
 - d. If the resident's placement evaluation indicates that the resident's needs can be met by the nursing-supported group home; and
 - e. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages or social needs, if the resident can be assigned to a room within the nursing-supported group home with other residents of similar ages or social needs;
2. The physician's admitting order or placement evaluation documentation in subsection (1)(a) includes the physical health services, habilitation services, and behavioral care

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- required to meet the immediate needs of a resident, including medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
 4. The resident's individual service and program plan, as required by A.A.C. R6-6-602, accompanies the resident;
 5. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the nursing-supported group home as established in the nursing-supported group home's scope of services;
 6. A resident is assigned to the nursing-supported group home based, as applicable, on the patient's:
 - a. Documented diagnosis,
 - b. Treatment needs,
 - c. Developmental level,
 - d. Social skills,
 - e. Verbal skills, and
 - f. Acuity;
 7. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
 8. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
 - a. A medical practitioner designated for the resident, or
 - b. A physician assistant or a registered nurse practitioner designated by the resident's designated medical practitioner;
 9. Compliance with the requirements in subsection (8) is documented in the resident's medical record;
 10. Except as specified in subsection (11), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113; and
 11. A resident who transfers from a nursing care institution or another nursing-supported group home to the nursing-supported group home is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
 - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (10) accompanies the resident at the time of transfer.
- c. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing-supported group home; and
 2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge,
 - b. The reason for the transfer or discharge,
 - c. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1), and
 - d. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing-supported group home and beyond the nursing-supported group home's scope of services.
- B.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A registered nurse coordinates the transfer and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including the following, is provided to a receiving health care institution:
 - i. Orders that are in effect at the time of the transfer; and
 - ii. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of transfer; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C.** Except in an emergency, a registered nurse shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that include:
 - a. Information necessary to meet the resident's need for medical services and nursing services, including specific care instructions and whether the resident requires any durable medical equipment or supplies; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
 3. A discharge summary:
 - a. Is developed by a registered nurse;
 - b. Authenticated by the resident's designated medical practitioner or designee; and
 - c. Includes:
 - i. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of discharge;
 - ii. The resident's need for medical services;

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2208. Transfer; Discharge

- A.** An administrator, in coordination with the Division if applicable, shall ensure that:
1. A resident is transferred or discharged if:
 - a. The nursing-supported group home is not authorized or not able to meet the needs of the resident,
 - b. The resident no longer requires continuous nursing services, or

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- iii. The resident's developmental, behavioral, social, and nutritional status;
- iv. The resident's medical and psychosocial history;
- v. The date of the discharge; and
- vi. The location of the resident after discharge.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2209. Transport

- A.** Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
 2. A registered nurse coordinates the transport and the services provided to the resident, and
 3. The resident is transported according to R9-10-2210(A).
- C.** Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-2210 to a location other than a licensed health care institution;
 2. Transportation provided for a resident by the resident or the resident's representative;
 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
 4. A transport to another licensed health care institution in an emergency.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2210. Transportation; Resident Outings

- A.** An administrator of a nursing-supported group home that uses a vehicle owned or leased by the nursing-supported group home to provide transportation to a resident shall ensure that:
1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,

- c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license and no driving restriction on the driver's documentation of compliance with the requirements in A.R.S. § 36-411;
 - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of residents; and
 4. Transportation safety is maintained as follows:
 - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that an outing is consistent with the age, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C.** An administrator shall ensure that:
1. A sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
 2. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-2203(C)(1)(g) and first aid training;
 3. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
 4. The documentation described in subsection (C)(3) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
 5. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The resident's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each

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medication needed by the resident during the anticipated duration of the outing;

- c. The resident's allergies; and
- d. The name and telephone number of a designated individual, who is present on the nursing-supported group home's premises, to notify in case of an emergency.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2211. Resident Rights**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A resident has privacy in:
 - a. Treatment,
 - b. Bathing and toileting,
 - c. Room accommodations, and
 - d. Visiting or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Except as allowed in R9-10-2217, restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by a nursing-supported group home's personnel members, employees, volunteers, or students; or
 - l. Segregation solely on the basis of the resident's disability; and
4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
 - d. Is informed of the following:

- i. The health care institution's policy on health care directives;
 - ii. If applicable, the policies in R9-10-2203(C)(1)(r); and
 - iii. The resident complaint process;
- e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing-supported group home for identification and administrative purposes;
 - f. May manage the resident's financial affairs;
 - g. Has access to and may communicate with any individual, organization, or agency;
 - h. Except as provided in the resident's individual program plan, has privacy:
 - i. In interactions with other residents or visitors to the nursing-supported group home,
 - ii. In the resident's mail, and
 - iii. For telephone calls made by or to the resident;
 - i. May review the nursing-supported group home's current license survey report and, if applicable, plan of correction in effect;
 - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
 - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
 - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
 - i. Medical record, and
 - ii. Financial records;
 - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
 - n. Is informed of the method for contacting the resident's designated medical practitioner;
 - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
 - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
 - q. Except in the event of an emergency, is informed orally or in writing before the nursing-supported group home makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;

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5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the nursing-supported group home is not authorized or not able to provide physical health services, habilitation services, and behavioral care needed by the resident;
8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2212. Medical Records

- A.** An administrator shall ensure that:
 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A resident's medical record is available to an individual:
 - a. Authorized to access the resident's medical record according to policies and procedures;
 - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a nursing-supported group home maintains residents' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
 1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth; and
 - c. Any known allergies, including medication allergies;
 2. The admission date and, if applicable, the date of discharge;
 3. The admitting diagnosis or presenting symptoms;
 4. Documentation of the resident's placement evaluation;
 5. Documentation of the resident's individual service and program plan, as required by A.A.C. R6-6-602;
 6. Documentation of:
 - a. The resident's last periodic evaluation, conducted according to A.A.C. R6-6-604, before the resident's admission; and
 - b. Each periodic evaluation, conducted according to A.A.C. R6-6-604, while the resident was admitted to the nursing-supported group home;
 7. Documentation of general consent and, if applicable, informed consent;
 8. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 9. The name and contact information of an individual to be contacted under R9-10-2203(H)(1);
 10. Documentation of the initial assessment required in R9-10-2207(3) to determine acuity;
 11. The medical history and physical examination required in R9-10-2215(A)(2);
 12. A copy of the resident's living will or other health care directive, if applicable;
 13. The name and telephone number of the resident's designated medical practitioner;
 14. Orders;
 15. Documentation of the resident's comprehensive assessment;
 16. Individual program plans, including nursing care plans or medical care plans, if applicable;
 17. Documentation of physical health services, habilitation services, and behavioral care provided to the resident;
 18. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
 19. If applicable, documentation of restraint;
 20. If applicable, documentation of any actions other than restraint taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
 21. If applicable, documentation that evacuation from the nursing-supported group home would cause harm to the resident;
 22. The disposition of the resident after discharge;
 23. The discharge plan;

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24. The discharge summary;
25. Transfer documentation;
26. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report;
27. Documentation of freedom from infectious tuberculosis required in R9-10-2207(10);
28. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain on a PRN basis:
 - i. An evaluation of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - e. For a psychotropic medication administered on a PRN basis:
 - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - f. The identification, signature, and professional designation of the individual administering the medication; and
 - g. Any adverse reaction a resident has to the medication; and
29. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2213. Nursing Services

- A.** An administrator shall ensure that:
 1. Nursing services are provided 24 hours a day in a nursing-supported group home;
 2. A director of nursing is appointed who:
 - a. Is a registered nurse, and
 - b. Is responsible for the direction of nursing services;
 3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
 4. If the director of nursing is responsible for nursing services for 30 or more residents, the director of nursing does not provide direct care to residents on a regular basis.
- B.** A director of nursing shall ensure that:
 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments; orders for physical health services, rehabilitation services, and behavioral care; and individual program plans and the nursing-supported group home's scope of services;
 2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are assigned to be on the

- nursing-supported group home premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing-supported group home's premises;
4. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's designated medical practitioner and, if applicable, the resident's representative, if the resident:
 - a. Is injured,
 - b. Is involved in an incident that may require medical services, or
 - c. Has a significant change in condition; and
5. Only a medication required by an order is administered to a resident.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2214. Individual Program Plan

- A.** An administrator shall ensure that:
 1. A comprehensive assessment of a resident:
 - a. Is conducted or coordinated by the director of nursing, in collaboration with an interdisciplinary team that includes:
 - i. The resident's designated medical practitioner or designee;
 - ii. A registered nurse;
 - iii. If the resident is receiving medications as part of physical health services or behavioral care, a pharmacist; and
 - iv. Personnel members qualified to provide each type of habilitation services or rehabilitation services identified in a placement evaluation in R9-10-2207(1)(a) or the initial assessment required in R9-10-2207(3);
 - b. Is completed for the resident within 30 calendar days after the resident's admission to a nursing-supported group home;
 - c. Is updated:
 - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
 - ii. When the resident experiences a significant change;
 - d. Includes the following information for the resident:
 - i. Identifying information;
 - ii. An evaluation of the resident's hearing, speech, and vision;
 - iii. An evaluation of the resident's ability to understand and recall information;
 - iv. An evaluation of the resident's mental status;
 - v. Whether the resident demonstrates inappropriate behavior;
 - vi. Preferences for customary routine and activities;
 - vii. An evaluation of the resident's ability to perform activities of daily living;
 - viii. Need for a mobility device;
 - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
 - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;

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- xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
 - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
 - xiii. An evaluation of the resident's oral and dental status;
 - xiv. An evaluation of the condition of the resident's skin;
 - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
 - xvi. Identification of any treatment or medication ordered for the resident;
 - xvii. Identification of interventions that may support the resident towards independence;
 - xviii. Identification of any assistive devices needed by the resident;
 - xix. Identification of the physical health services needed by the resident, including physical health services not provided by the nursing-supported group home;
 - xx. Identification of measurable goals and behavioral objective for the physical health services, habilitation services, and behavioral care, in priority order, with time limits for attainment;
 - xxi. Identification of the methods, schedule, and strategies to accomplish the goals in subsection (A)(1)(d)(xviii), including the personnel member responsible;
 - xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
 - xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
 - xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
 - xxv. If restraint is included in subsection (A)(1)(d)(xxiv), the specific restraints that may be used because of the resident's inappropriate behavior;
 - xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
 - xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
 - xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
 - xxix. Potential for discharge;
 - e. Is signed and dated by the director of nursing; and
 - f. Is used to determine or update the resident's acuity;
2. If any of the conditions in subsection (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing-supported group home unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
 4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
 - a. The director of nursing;
 - b. A registered nurse providing nursing services to the resident; and
 - c. If there is a significant change in the resident's ability to maintain adequate nutrition and hydration, a registered dietitian.
- B.** An administrator shall ensure that an individual program plan for a resident:
1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
 2. Includes the acuity of the resident;
 3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
 4. Ensures that a resident is provided physical health services, rehabilitation services, habilitation services, and other services or behavioral care that:
 - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
 - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2215. Physical Health Services

- A.** An administrator shall ensure that:
1. A resident has a designated medical practitioner;
 2. A physical examination is performed on a resident by the resident's designated medical practitioner or by a physician, physician assistant, or registered nurse practitioner designated by the resident's designated medical practitioner:
 - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
 - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
 3. The resident's designated medical practitioner, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and

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4. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The resident's designated medical practitioner provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.
- B.** A director of nursing shall ensure that:
 1. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
 2. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse; and
 3. Nursing personnel provide education and training to:
 - a. Residents on hygiene and other behaviors that promote health; and
 - b. Personnel members on:
 - i. Detecting signs of illness or injury or significant changes in condition,
 - ii. First aid, and
 - iii. Basic skills for caring for residents.
- C.** An administrator shall ensure that:
 1. A resident's need for dental services is determined as part of the resident's initial assessment in R9-10-2207(3);
 2. Unless a resident's eligibility for third-party payment for dental services is determined before the resident's initial comprehensive assessment in R9-10-2214(A)(1)(b) due to the resident's immediate need for dental services, the resident's eligibility for third-party payment for dental services is determined as part of the resident's comprehensive assessment;
 3. Within one month after the initial comprehensive assessment in R9-10-2214(A)(1)(b), a personnel member coordinates for a resident the scheduling of a dental examination and, if needed, dental treatment:
 - a. If the resident is eligible for third-party payment for dental services, and
 - b. Unless the nursing-supported group home has documentation that the resident received a dental examination within 12 months before admission;
 4. If a resident is eligible for third-party payment for dental services:
 - a. A dental examination is scheduled for the resident according to guidelines by the entity providing third-party payment for dental services and at least once every 12 months, and
 - b. Dental treatment is scheduled according to guidelines by the entity providing third-party payment for dental services and as needed;
 5. Except as provided in subsection (C)(6), if a dental examination of a resident indicates a need for dental treatment, the resident's individual program plan includes the scheduling of dental treatment for the resident when the resident is eligible for third-party payment for dental services;
 6. If needed, a resident is provided with emergency dental services;
 7. A resident is provided with education and training in oral hygiene; and
 8. A resident's medical record contains documentation of:
 - a. Each dental examination of the resident,
 - b. All dental treatment received by the resident, and
 - c. The resident's education and training in oral hygiene.
- D.** An administrator shall ensure that:
 1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment in R9-10-2214(A)(1)(b) and, if applicable, as part of the update of the comprehensive assessment in R9-10-2214(A)(1)(c); and
 2. If an issue is identified with the resident's vision or hearing:
 - a. The issue is included in the resident's individual program plan,
 - b. A personnel member contacts and coordinates with applicable entities to determine any vision or hearing benefits for which the resident may be eligible, and
 - c. The nursing-supported group home makes reasonable accommodations to address the issue in compliance with applicable federal and state disability laws.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2216. Behavioral Care

- A.** An administrator shall ensure that:
 1. A resident who receives behavioral care from the nursing-supported group home is evaluated by a behavioral health professional or medical practitioner:
 - a. Within 30 calendar days before the resident is admitted to the nursing-supported group home or before the resident begins receiving behavioral care, and
 - b. At least once every six months throughout the duration of the resident's need for behavioral care;
 2. A behavioral health professional or medical practitioner:
 - a. Documents that the behavioral care needed by the resident is within the nursing-supported group home's scope of services, and
 - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
 3. The documentation in subsection (A)(2) is included in the resident's medical record.
- B.** If a resident of a nursing-supported group home requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
 1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
 2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is

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obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2217. Restraint

If a nursing-supported group home is authorized to provide restraint, an administrator shall ensure that:

1. Policies and procedures for providing restraint are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint used and include for each type of restraint used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint,
 - (2) Place a resident in the restraint,
 - (3) Monitor a resident in the restraint,
 - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint and when released from the restraint, or
 - (5) Renew the order for restraint;
 - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint; and
 - iii. Criteria for monitoring and assessing a resident including:
 - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint;
 - (2) For the renewal of an order for restraint, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a resident's nutritional needs and elimination needs;
 - c. Establish the criteria and procedures for renewing an order for restraint;
 - d. Establish procedures for internal review of the use of restraint; and
 - e. Establish medical record and personnel record documentation requirements for restraint, if applicable;
2. An order for restraint is:
 - a. Obtained from a physician or registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
3. Restraint is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (4), after obtaining an order for the restraint;
 - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint for the resident before obtaining an order for the restraint, and
 - b. Obtains an order for the restraint of the resident during the emergency application of the restraint;
5. An order for restraint includes:
 - a. The name of the physician or registered nurse practitioner ordering the restraint;
 - b. The date and time that the restraint was ordered;
 - c. The specific restraint ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint without an additional order; and
 - f. The maximum duration authorized for the restraint;
6. An order for restraint is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint of a resident is not provided by the resident's designated medical practitioner, the resident's designated medical practitioner is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint, assess or monitor a resident during restraint, or evaluate a resident after restraint, and a physician or registered nurse practitioner does not order restraint, until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;

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- iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
 - iv. The safe use of restraint, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint is no longer necessary;
 - vi. Monitoring and assessing a resident while the resident is in restraint according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- 9. When a resident is placed in restraint:
 - a. The restraint is conducted according to policies and procedures;
 - b. The restraint is proportionate and appropriate to the severity of the resident's behavior and the resident's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint is available for consultation throughout the duration of the restraint;
 - d. The resident is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint and determines:
 - i. The resident's current behavior;
 - ii. The resident's reaction to the restraint used;
 - iii. The resident's medical and behavioral condition; and
 - iv. Whether to continue or terminate the restraint;
 - f. The resident is given the opportunity:
 - i. To eat during mealtime; and
 - ii. To use the toilet; and
 - g. The restraint is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or, if the resident's restraint does not end during the shift in which it began, during the shift in which the resident's restraint ends:
 - a. The emergency situation that required the resident to be restrained;
 - b. The times the resident's restraint actually began and ended;
 - c. The monitoring required in subsection (9)(d),
 - d. The time of the assessment required in subsection (9)(e);
 - e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint;
 - f. The times the resident was given the opportunity to eat or use the toilet according to subsection (9)(f); and
 - g. The resident evaluation required in subsection (12);
- 11. If an emergency situation continues beyond the time limit of an order for restraint, the order is renewed according to policies and procedures that include:
 - a. The specific criteria for release from restraint without an additional order; and
 - b. The maximum duration authorized for the restraint; and
- 12. A resident is evaluated after restraint is no longer being used for the resident.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2218. Rehabilitation Services

If rehabilitation services are provided on a nursing-supported group home's premises, an administrator shall ensure that:

- 1. Rehabilitation services are provided:
 - a. Under the direction of an individual qualified according to policies and procedures;
 - b. By an individual licensed to provide the rehabilitation services; and
 - c. According to an order; and
- 2. The medical record of a resident receiving rehabilitation services includes:
 - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
 - b. A documented individual program plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services;
 - c. The rehabilitation services provided;
 - d. The resident's response to the rehabilitation services; and
 - e. The authentication of the individual providing the rehabilitation services.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2219. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is

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- provided to the Department for review upon the Department's request;
3. The nursing-supported group home:
 - a. Is able to provide the clinical laboratory services delineated in the nursing-supported group home's scope of services when needed by the residents,
 - b. Obtains specimens for the clinical laboratory services delineated in the nursing-supported group home's scope of services without transporting the residents from the nursing-supported group home's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory;
 4. Clinical laboratory and pathology test results are:
 - a. Available to the ordering physician:
 - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing-supported group home's premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing-supported group home's premises; and
 - b. Documented in a resident's medical record;
 5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, a personnel member notifies:
 - a. The ordering physician,
 - b. A registered nurse in the nursing-supported group home,
 - c. The nursing-supported group home's administrator, or
 - d. The director of nursing;
 6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
 7. If the nursing-supported group home provides blood or blood products, policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood or blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
 8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2220. Respiratory Care Services

If respiratory care services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a resident's designated medical practitioner;
2. Respiratory care services are provided according to an order that includes:
 - a. The resident's name;
 - b. The name and signature of the ordering individual;

- c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services provided;
 - c. The effect of the respiratory care services;
 - d. The resident's adverse reaction to the respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
 4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-2219.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2221. Medication Services

- A. An administrator shall ensure that policies and procedures for medication services:
 1. Include:
 - a. A process for providing information to a resident or the resident's representative about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's designated medical practitioner and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
 - d. Procedures for documenting medication services; and
 - e. Procedures for assisting a resident in obtaining medication; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a pharmacist;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and

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- d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
- 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record; and
- 4. If a psychotropic medication is administered to a resident, the psychotropic medication:
 - a. Is only administered to a resident for a diagnosed medical condition; and
 - b. Unless clinically contraindicated or otherwise ordered by the resident's designated medical practitioner or the designated medical practitioner's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the designated medical practitioner documents the necessity for the continued use and dosage.
- C. If a nursing-supported group home provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A resident's medication is stored by the nursing-supported group home;
 - 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the resident's designated medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's designated medical practitioner or a registered nurse;
 - 4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by the resident's designated medical practitioner; another physician, physician assistant, or registered nurse; or an individual trained by a physician, physician assistant, or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members; and
 - 2. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a nursing-supported group home, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
 - e. If applicable, donated medicine according to A.R.S. § 32-1909.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's designated medical practitioner or the physician who ordered the medication and the nursing-supported group home's director of nursing.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2457 (July 25, 2025), effective August 30, 2025 (Supp. 25-3).

R9-10-2222. Infection Control

An administrator shall ensure that:

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1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the nursing-supported group home;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing-supported group home;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing-supported group home; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization, disinfection, and storage of medical equipment and supplies;
 - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
 - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
 - f. Training of personnel members, employees, and volunteers in infection control practices; and
 - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2223. Food Services

- A. An administrator shall ensure that a registered nurse who is part of the interdisciplinary team for a resident requiring a modified or special diet:
 1. Consults with a registered dietitian or the resident's designated medical practitioner, as needed, about the resident's modified or special diet;
 2. Reviews a food menu before the food menu is used to ensure that the resident's nutritional needs are being met;
 3. Documents the review of a food menu; and
 4. Is available for consultation regarding the resident's nutritional needs.
- B. An administrator shall ensure that:
 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance;
 - b. Taking into consideration the food allergies and preferences of the residents;
 - c. Including for a resident the modified or special diet for the resident; and
 - d. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served on each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015.asp>;
 4. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
 - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
 - c. Three meals a day with not more than 14 hours between the evening meal and breakfast; and
 - d. The opportunity to have additional food between meals, unless a restrictive diet is specified in the resident's individual program plan;
 5. A resident is provided with food substitutions of similar nutritional value if:
 - a. The resident refuses to eat the food served, or
 - b. The resident requests a substitution;
 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
 7. If food is used as a part of a program to manage a resident's inappropriate behavior:
 - a. A special diet is included as part of the resident's individual program plan, and

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- b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
- 8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by the resident's designated medical practitioner;
- 9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
- 10. Personnel members supervise meals in dining areas to:
 - a. Direct a resident's self-help dining procedures,
 - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
 - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
- 11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
- 12. Water is available and accessible to residents.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2224. Emergency and Safety Standards**A.** An administrator shall ensure that:

- 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
 - b. When, how, and where residents will be relocated, including:
 - i. Instructions for the evacuation or transfer of residents,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for continuing to provide services to meet a resident's needs;
 - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - d. A plan for back-up power and water supply;
 - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
 - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
 - g. A plan for obtaining food and water for individuals present in the nursing-supported group home or the nursing-supported group home's relocation site during a disaster;
- 2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
- 3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
- 4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;

- b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 - 5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 - 6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
 - 7. An evacuation drill for residents:
 - a. Is conducted at least once each year on each shift and documented; and
 - b. Includes all residents on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the nursing-supported group home would cause harm to the resident, and
 - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
 - 8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 - 9. An evacuation path is conspicuously posted on each hallway of each floor of the nursing-supported group home.
- B.** An administrator shall ensure that a nursing-supported group home has either:
- 1. A fire alarm system and a sprinkler system meeting the following requirements installed and in working order:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01; or
 - 2. Both of the following:
 - a. A fire extinguisher that is:
 - i. Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
 - ii. Accessible to personnel members and inaccessible to residents;
 - iii. If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
 - b. Smoke detectors that are:

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- i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
 - ii. Either battery operated or, if hard-wired into the electrical system of the nursing-supported group home, have a back-up battery;
 - iii. Capable of alerting all residents in the nursing-supported group home, including a resident with a mobility or sensory impairment;
 - iv. In working order; and
 - v. Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.
- C. An administrator shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.
- D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
 - c. In sufficiently good repair that no object, equipment, or condition present constitutes a hazard; and
- 3. Standing water is not allowed to accumulate on the premises, except in an area or vessel the purpose of which is to hold standing water.
- C. An administrator shall ensure that:
 - 1. An unvented space heater or open-flame space heater is not used on the premises;
 - 2. An electric portable heater or electric radiant heater is not used on the premises unless the electric portable heater or electric radiant heater:
 - a. Has:
 - i. Either a non-porous casing or a grill with a mesh small enough to prevent cloth or a child's finger from entering the casing,
 - ii. A tilt switch that shuts off power to the electric portable heater if the electric portable heater tips over,
 - iii. An automatic shutoff control to prevent overheating, and
 - iv. A thermostat control; and
 - b. Is plugged directly into a wall outlet; and
 - 3. A vented space heater used on the premises is:
 - a. Safety-approved;
 - b. Professionally installed in accordance with the requirements of the local jurisdiction; and
 - c. Mounted as a permanent fixture in a wall, floor, or ceiling.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2225. Environmental Standards

- A. An administrator shall ensure that:
 - 1. The premises and equipment are free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 - 2. The premises are free of accumulations of garbage or refuse;
 - 3. Garbage and refuse in the facility are:
 - a. Stored in cleanable containers or in sealable plastic bags and
 - b. Removed from the facility at least once every seven days;
 - 4. Cleaning compounds and toxic substances are maintained in labeled containers that:
 - a. Are stored to prevent a hazard;
 - b. Are appropriate to the contents of each container;
 - c. If appropriate based on a resident's disability, are locked; and
 - d. Are stored in a separate location from food or medicine;
 - 5. Combustible or flammable materials are not stored within three feet of a furnace, heater, water heater, or usable fireplace;
 - 6. Unused furniture, equipment, fabrics, or devices are removed from the facility or maintained in a covered area on the premises that is designated by the licensee for storage in a manner that does not create a hazard; and
 - 7. There are no firearms or ammunition on the premises;
- B. An administrator shall ensure that:
 - 1. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 - 2. The premises and its structures and furnishings are:
 - a. In a clean condition,
 - b. Free of odors, such as urine or rotting food; and

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

R9-10-2226. Physical Plant Standards

- A. An administrator shall ensure that:
 - 1. A nursing-supported group home is in compliance with applicable federal and state disability laws;
 - 2. If a nursing-supported group home has a resident with a mobility, sensory, or other physical impairment, documentation is available for review at the nursing-supported group home that:
 - a. Is provided by the Division; and
 - b. Identifies modifications, if any, needed to the premises to ensure that the premises are:
 - i. Accessible to and usable by the resident, and
 - ii. Contribute to the resident's health and safety;
 - 3. The premises have been modified as identified by the Division in subsection (A)(2)(b);
 - 4. Ramps, stairs, or steps on the premises are secured firmly to the ground or a permanent structure and have slip-resistant surfaces; and
 - 5. If handrails and grab bars are installed in a nursing-supported group home, handrails and grab bars are securely attached and stationary.
- B. An administrator shall ensure that:
 - 1. A method of heating and cooling maintains the nursing-supported group home between 65° F and 85° F in areas of the nursing-supported group home occupied by residents;
 - 2. A usable fireplace is covered by a protective screen or covering at all times;
 - 3. Ventilation is provided by an openable window, air conditioning, or other mechanical device;

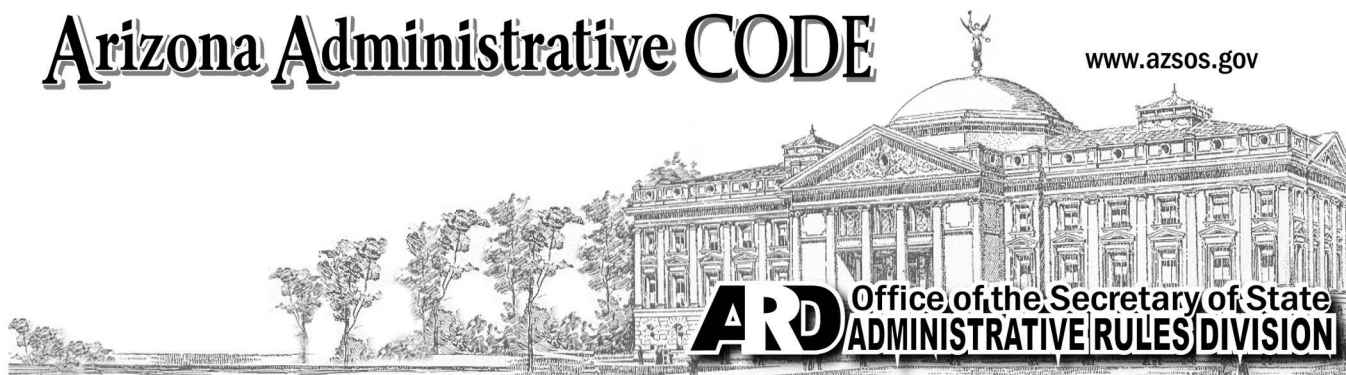
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4. Working, safe appliances for cooling and cooking food are provided in the nursing-supported group home that:
 - a. Are safety-approved;
 - b. If used to refrigerate food, maintain the food at a temperature of 40° F or below at all times; and
 - c. If used to freeze food, maintain the food at a temperature of 0° F or below at all times;
 5. Hot water temperatures in the nursing-supported group home are maintained between 95° F and 120° F; and
 6. Bathtubs and showers contain slip-resistant strips, rubber bath mats, or slip-resistant surfaces.
- C. An administrator shall ensure that:
1. Electrical lighting is contained in each room in the nursing-supported group home;
 2. Electrical devices and equipment on the premises are safety-approved, safe, and in working order;
 3. Electrical outlets on the premises are safe, covered with a faceplate, and installed in accordance with the requirements of the local jurisdiction;
 4. Any electrical outlet located within 3 feet of a water source includes a ground fault circuit interrupt (GFCI);
5. An appliance, light, or other device with a frayed or spliced electrical cord is not used on the premises; and
 6. An electrical cord, including an extension cord, on the premises is not:
 - a. Used as a substitute for permanent wiring,
 - b. Run under a rug or carpeting,
 - c. Run over a nail, or
 - d. Run from one room to another.
- D. An administrator shall ensure that:
1. A nursing-supported group home contains a safe, working plumbing system;
 2. If a nursing-supported group home's plumbing system is connected to a non-municipal sewage disposal system, the plumbing system and connective piping are free of visible leakage; and
 3. The premises do not contain unfenced or uncovered wells, ditches, or holes into which an individual may step or fall.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).



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CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

9 A.A.C. 22

Supplement Information Supp. 25-3

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

For questions, contact:

Name: Sladjana Kuzmanovic
Title: Senior Rules Analyst
Office: Office of the General Counsel
Telephone: (602) 417-4232
Fax: (602) 253-9115
Email: AHCCCSRules@azahcccs.gov
Department: Arizona Health Cost Containment System
Address: 801 E. Jefferson
Phoenix, AZ 85034
Website: <https://www.azahcccs.gov>

The release of this Chapter in Supp. 25-3 replaces Supp. 25-2, 1-164 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

Authority: A.R.S. § 36-2901 et seq.

Supp. 25-2

Editor's Note: Historical notes for Sections made, repealed or amended in Supp. 14-1 were updated to reflect the effective date as immediate per the original notice filed by the agency. A number of other publication errors have been corrected in Supplement 20-4 that should have been made in Supp. 14-1. These include: adding new Sections R9-22-301 and R9-22-302; correcting a punctuation error in R9-22-1401; repealing Sections R9-22-1407 and R9-22-1443; and the amending of R9-22-1501 (Supp. 20-4).

Editor's Note: The Office of the Secretary of State prints all Code Chapters on white paper (Supp 01-3).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), under Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1993, Ch. 6, § 34. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

Article 13, consisting of Sections R9-22-1301 through R9-22-

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Article 14, consisting of Sections R9-22-1401 through R9-22-1436, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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Article 15, consisting of Sections R9-22-1501 through R9-22-1508, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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Article 16, consisting of Sections R9-22-1601 through R9-22-1612, R9-22-1614 through R9-22-1616, and R9-22-1618 through R9-22-1619, expired at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

Article 16, consisting of Sections R9-22-1601 through R9-22-1636, repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 16, consisting of Sections R9-22-1601 through R9-22-1613, R9-22-1615 through R9-22-1620, R9-22-1622 through R9-22-1631, R9-22-1633, R9-22-1634, and R9-22-1636, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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Article 18, consisting of Sections R9-22-1801 through R9-22-1806, emergency renewed at 30 A.A.R. 69 (January 12, 2024) with an immediate effective date of December 21, 2023 (Supp. 23-4).

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ARTICLE 1. DEFINITIONS

R9-22-101. Location of Definitions

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

Definition	Section or Citation
"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	9 A.A.C. 10, Article 1
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Ancillary service"	R9-22-101
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
"Authorized representative"	R9-22-101
"Authorization"	R9-22-202
"Auto-assignment algorithm"	R9-22-1701
"AZ-NBCCEDP"	R9-22-2001
"Behavior management services"	R9-22-1201
"Behavioral health therapeutic home care services"	R9-22-1201
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"Behavioral health professional"	R9-22-101
"Behavioral health recipient"	R9-22-201
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"Child"	R9-22-1503
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"Chronic"	R9-22-1301
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	9 A.A.C. 10
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Continuous stay"	R9-22-101
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01

"Copayment"	R9-22-701
"Cost avoid"	R9-22-1201
"Cost-To-Charge Ratio" or "CCR"	R9-22-701 or R9-22-712
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"Tribal Facility"	A.R.S. § 36-2981
"Unrecovered trauma center readiness costs"	R9-22-2101
"Urban Contractor"	R9-22-718
"Urban Hospital"	R9-22-718
"USCIS"	R9-22-301
"Utilization management"	R9-22-501
"WWHP"	R9-22-2001

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

"ADHS" means the Arizona Department of Health Services.

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

"Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

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

"AHCCCS registered provider" means a provider or non-contracting provider who:

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

Meets license or certification requirements to provide covered services.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

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

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

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

"Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

"Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution,

If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,

If the behavioral health services were provided in a setting other than a licensed health care institution; and

Are provided under supervision by a behavioral health professional R9-10-101.

"Behavioral Health Professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

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

"Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

"Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"CMS" means the Centers for Medicare and Medicaid Services.

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

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

"Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

"Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

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“Day” means a calendar day unless otherwise specified.

“DBHS” means the Division of Behavioral Health Services within the Arizona Department of Health Services.

“DES” means the Department of Economic Security.

“Diagnostic services” means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

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

“Discussion” means an oral or written exchange of information or any form of negotiation.

“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

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

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

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

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

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

“FQHC” means federally qualified health center.

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

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

“IHS” means Indian Health Service.

“IMD” or “Institution for Mental Diseases” means an Institution for Mental Diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

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

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

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

Shown on the postmark;

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

Entered as the date on the document, if there is no legible postmark or postage meter mark.

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

“Medical supplies” means consumable items that are designed specifically to meet a medical purpose.

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

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Non-FES member” means an eligible person who is entitled to full AHCCCS services.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, which-

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ever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

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

“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

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

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

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

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

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

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

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

“SSN” means Social Security number.

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

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

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

A marketing organization, or

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

“Taxi” is as defined in A.R.S. § 28-101(53).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-101 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-101 repealed, former Sections R9-22-102 and R9-22-301 renumbered as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency by adding new paragraphs (24), (46), (84) and (91) and renumbering accordingly effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency by adding new paragraphs (2) and (15) and renumbering accordingly effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment added paragraphs (2) and (15) and renumbered accordingly effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended paragraphs (10) and (15) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended by deleting paragraphs (39) and (62) and renumbering accordingly effective July 1, 1988 (Supp. 88-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking

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at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4).

Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-102. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-102 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1092 (Supp. 82-4). Former Section R9-22-102 renumbered together with former Section R9-22-301 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section adopted effective December 8, 1997 (Supp. 97-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3).

R9-22-103. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-104. Reserved**R9-22-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final

rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-106. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-107. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-108. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-109. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. effective 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-110. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-111. Reserved**R9-22-112. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

R9-22-113. Reserved**R9-22-114. Repealed****Historical Note**

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-115. Repealed**Historical Note**

Final Section adopted at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-116. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-117. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-118. Reserved**R9-22-119. Reserved****R9-22-120. Repealed****Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

ARTICLE 2. SCOPE OF SERVICES**R9-22-201. Scope of Services-related Definitions**

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

“Anticipatory guidance” means a person responsible for a child receives information and guidance of what the person should expect of the child’s development and how to help the child stay healthy.

“Behavioral health recipient” means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

“Benefit year” means a one-year time period of October 1st through September 30th.

“Emergency behavioral health condition for a non-FES member” means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health

and medicine could reasonably expect the absence of immediate medical attention to result in:

Placing the health of the person, including mental health, in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part; or

Serious physical harm to another person.

“Emergency behavioral health services for a non-FES member” means those behavioral health services provided for the treatment of an emergency behavioral health condition.

“Emergency medical condition for a non-FES member” means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

Placing the member’s health in serious jeopardy,

Serious impairment to bodily functions, or

Serious dysfunction of any bodily organ or part.

“Emergency medical services for a non-FES member” means services provided for the treatment of an emergency medical condition.

“Hearing aid” means an instrument or device designed for, or represented by the supplier as aiding or compensating for impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.

“Home health services” means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, rehabilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

“Occupational therapy” means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual’s ability to perform tasks required for independent functioning.

“Pharmaceutical service” means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.

“Physical therapy” means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

“Post-stabilization services” means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.

“Primary care provider services” means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.

“Psychosocial rehabilitation services” means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:

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Living skills training,

Cognitive rehabilitation,

Health promotion,

Supported employment, and

Other services that increase social and communication skills to maximize a member's ability to participate in the community and function independently.

"RBHA" or "Regional Behavioral Health Authority" means the same as in A.R.S. § 36-3401.

"Residual functional deficit" means a member's inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.

"Respiratory therapy" means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.

"Scope of services" means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

"Speech therapy" means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

"Sterilization" means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:

Prevent the progression of disease, disability, or adverse health conditions; or

Prolong life and promote physical health.

"Substance abuse" means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-201 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-202. General Requirements

A. For the purposes of this Article, the following definitions apply:

1. "Authorization" means written, verbal, or electronic authorization by:
 - a. The Administration for services rendered to a fee-for-service member, or
 - b. The contractor for services rendered to a prepaid capitated member.
2. Use of the phrase "attending physician" applies only to the fee-for-service population.

B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:

1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
2. Covered services for the federal emergency services program (FESP) are under R9-22-217.
3. The Administration or a contractor may waive the covered services referral requirements of this Article.
4. Except as authorized by the Administration or a contractor, a primary care provider, attending physician, practitioner, or a dentist shall provide or direct the member's covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
5. A contractor shall offer a female member direct access to preventive and routine services from gynecology providers within the contractor's network without a referral from a primary care provider.
6. A member may receive physical and behavioral health services as specified in Articles 2 and 12.
7. The Administration or a contractor shall provide services under the Section 1115 Waiver as defined in A.R.S. § 36-2901.
8. An AHCCCS registered provider shall provide covered services within the provider's scope of practice.
9. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
 - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
 - b. Services or items furnished gratuitously, and
 - c. Personal care items except as specified under R9-22-212.
10. Medical or behavioral health services are not covered services if provided to:
 - a. An inmate of a public institution; or
 - b. A person who is in residence at an institution for the treatment of tuberculosis.

C. The Administration or a contractor may deny payment of non-emergency services if prior authorization is not obtained as specified in this Article and Article 7 of this Chapter. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.

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- D. Services under A.R.S. § 36-2908 provided during the prior period coverage do not require prior authorization.
- E. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition. The Administration or a contractor shall not reimburse services that require prior authorization unless the provider documents the diagnosis and treatment.
- F. A service is not a covered service if provided outside the GSA unless one of the following applies:
 1. A member is referred by a primary care provider for medical specialty care outside the GSA. If a member is referred outside the GSA to receive an authorized medically necessary service, the contractor shall also provide all other medically necessary covered services for the member;
 2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member's family;
 3. The contractor authorizes placement in a nursing facility located out of the GSA; or
 4. Services are provided during prior period coverage or during the prior quarter coverage.
- G. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- H. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- I. The Administration shall determine the circumstances under which a FFS member may receive services, other than emergency services, from service providers outside the member's county of residence or outside the state. Criteria considered by the Administration in making this determination shall include availability and accessibility of appropriate care and cost effectiveness.
- J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor electing to provide noncovered services.
 1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
 2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.
 3. If a member requests a service that is not covered or is not authorized by a contractor, or the Administration, an AHCCCS-registered service provider may provide the service according to R9-22-702.
- K. Subject to CMS approval, the restrictions, limitations, and exclusions specified in the following subsections do not apply to American Indians receiving services through IHS or a tribal health program operating under P.L. 93-638 when those services are eligible for 100 percent federal financial participation:
 1. R9-22-205(A)(8),
 2. R9-22-206,
 3. R9-22-207,
 4. R9-22-212(C),
 5. R9-22-212(D),
 6. R9-22-212(E)(8),
 7. R9-22-215(C)(5), (C)(6), and
 8. R9-22-215(C)(4).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-202 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective July 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 22, 1995 (Supp. 95-3). Amended effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

R9-22-203. Experimental Services

- A. Experimental services are not covered. A service is not experimental if:
 1. It is generally and widely accepted as a standard of care in the practice of medicine in the United States and is a safe and effective treatment for the condition for which it is intended or used.
 2. The service does not meet the standard in subsection (A)(1), but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of the evidence in peer-reviewed articles in medical journals published in the United States.
 3. The service does not meet the standard in subsection (A)(2) because the condition for which the service is intended or used is rare, but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of opinions from specialists who provide the service or related services.
- B. The following factors shall be considered when evaluating the weight of peer-reviewed articles or the opinions of specialists:
 1. The mortality rate and survival rate of the service as compared to the rates for alternative non-experimental services.
 2. The types, severity, and frequency of complications associated with the services as compared with the complications associated with alternative non-experimental services.
 3. The frequency with which the service has been performed in the past.
 4. Whether there is sufficient historical information regarding the service to provide reliable data regarding risks and benefits.

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5. The reputation and experience of the authors and/or specialists and their record in related areas.
6. The extent to which medical science in the area develops rapidly and the probability that more definite data will be available in the foreseeable future.
7. Whether the peer reviewed article describes a random controlled trial or an anecdotal clinical case study.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-203 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Section amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

R9-22-204. Inpatient General Hospital Services

- A. The following limitations apply to inpatient general hospital services that are provided by FFS providers.
 1. Providers shall obtain prior authorization from the Administration for the following inpatient hospital services:
 - a. Nonemergency and elective admission, including psychiatric hospitalization;
 - b. Elective surgery; and
 - c. Services or items provided to cosmetically reconstruct or improve personal appearance after an illness or injury.
 2. The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization.
 3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
 - a. Voluntary sterilization,
 - b. Dialysis shunt placement,
 - c. Arteriovenous graft placement for dialysis,
 - d. Angioplasties or thrombectomies of dialysis shunts,
 - e. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
 - f. Hospitalization for vaginal delivery that does not exceed 48 hours,
 - g. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
 - h. Other services identified by the Administration through the Provider Participation Agreement.
 4. The Administration may perform concurrent review for hospitalizations of non-FES members to determine whether there is medical necessity for the hospitalization. A provider shall notify the Administration no later than 72 hours after an emergency admission.
- B. Coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for members age 21

and older for claims with discharge dates on or before September 30, 2014. The limit applies for all inpatient hospital services with dates of service during the benefit year regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.

1. For purposes of calculating the limit:
 - a. Inpatient days are counted towards the limit if paid by the Administration or a contractor;
 - b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
 - c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
 - d. Each 24 hours of paid observation services is counted as one inpatient day if the patient is not admitted to the same hospital directly following the observation services,
 - e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
 - f. After 25 days of inpatient hospital services have been paid as provided for in this rule Section:
 - i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
 - ii. Continuous periods of observation services of less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
 - iii. For continuous periods of observation services of 24 hours or more that are not directly followed by an inpatient admission to the same hospital, 23 hours of observations services are covered.
2. The following inpatient days are not included in the inpatient hospital limitation described in this Section:
 - a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract;
 - b. Days related to Behavioral Health:
 - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
 - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
 - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
 - c. Days related to treatment for burns and burn late effects at an American College of Surgeons verified burn center;
 - d. Same Day Admit Discharge services are excluded from the 25 day limit; and
 - e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-204 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective

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tive December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1745, effective October 1, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3). The incorrect label C was changed to B (Supp. 22-3).

R9-22-205. Attending Physician, Practitioner, and Primary Care Provider Services

- A.** A primary care provider, attending physician, or practitioner shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
1. Periodic health examination and assessment;
 2. Evaluation and diagnostic workup;
 3. Medically necessary treatment;
 4. Prescriptions for medication and medically necessary supplies and equipment;
 5. Referral to a specialist or other health care professional if medically necessary;
 6. Patient education;
 7. Home visits if medically necessary; and
 8. Preventive health services, such as, well visits, immunizations, colonoscopies, mammograms and PAP smears.
- B.** The following limitations and exclusions apply to attending physician and practitioner services and primary care provider services:
1. Specialty care and other services provided to a member upon referral from a primary care provider, or to a member upon referral from the attending physician or practitioner are limited to the service or condition for which the referral is made, or for which authorization is given by the Administration or a contractor.
 2. A member's physical examination is not covered if the sole purpose is to obtain documentation for one or more of the following:
 - a. Qualification for insurance,
 - b. Pre-employment physical evaluation,
 - c. Qualification for sports or physical exercise activities,
 - d. Pilot's examination for the Federal Aviation Administration,
 - e. Disability certification to establish any kind of periodic payments,
 - f. Evaluation to establish third-party liabilities, or
 - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
 3. Orthognathic surgery is covered only for a member who is less than 21 years of age;

4. The following services are excluded from AHCCCS coverage:
 - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgeries;
 - b. Pregnancy termination counseling services;
 - c. Pregnancy terminations, unless required by state or federal law.
 - d. Services or items furnished solely for cosmetic purposes; and
 - e. Hysterectomies unless determined medically necessary.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-205 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A), paragraph (15) and added paragraph (20) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(2) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

Editor's Note: The following Section was renumbered and a new Section adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not published as a proposed rule in the Arizona Administrative Register; the rule was not reviewed or approved by the Governor's Regulatory Review Council; and the agency was not required to hold public hearings on the rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-206. Organ and Tissue Transplant Services

- A.** Organ and tissue transplant services are covered for a member if prior authorized and coordinated with the member's contractor, or the Administration. Only the following transplants are covered for individuals 21 years of age or older:
1. Heart, including transplants for the treatment of non-ischemic cardiomyopathy;
 2. Liver, including transplants for patients with hepatitis C;
 3. Kidney (cadaveric and live donor);
 4. Simultaneous Pancreas/Kidney (SPK);
 5. Autologous and Allogeneic related and unrelated Hematopoietic Cell transplants;
 6. Cornea;
 7. Bone;
 8. Lung; and
 9. Pancreas after a kidney transplant (PAK).
- B.** The following transplants are not covered for members 21 years of age or older:

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1. Pancreas only transplants if it is not performed simultaneously with or following a kidney transplant. Partial pancreas transplants and autologous and allogeneic pancreas islet cell transplants are not covered even if performed simultaneously with or following a kidney transplant,
 2. Intestine transplants, and
 3. Any other type of transplant not specifically listed in subsection (A).
- C. When there is a transplant of multiple organs, reimbursement will only be made for those covered.
- D. Organ and tissue transplant services are not covered for non-qualified aliens or noncitizens members of FESP under A.R.S. § 36-2903.03(D).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-206 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-206 renumbered to R9-22-218, new Section R9-22-206 adopted effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1386, effective July 15, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1122, April 1, 2011 (Supp. 11-2).

R9-22-207. Dental Services

- A. The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.
- B. For individuals age 21 years of age or older, the Administration or a contractor shall cover medical and surgical services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.
 1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
 2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.

- C. For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:
1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
 2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-207 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-207 repealed, new Section R9-22-207 adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

R9-22-208. Laboratory, Radiology, and Medical Imaging Services

Laboratory, radiology, and medical imaging services are covered services if:

1. Prescribed by the member's attending physician, practitioner, primary care provider or a dentist, or prescribed by a physician or practitioner upon referral from the primary care provider or dentist.
2. Provided by licensed health care providers in a:
 - a. Hospital,
 - b. Clinic,
 - c. Physician's office, or
 - d. Other health care facility.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-208 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-208 repealed, new Section R9-22-208 adopted effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2).

R9-22-209. Pharmaceutical Services

- A. An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.
- B. The Administration or a contractor shall require a provider to make pharmaceutical services:
 1. Available during customary business hours, and
 2. Located within reasonable travel distance of a member's residence.
- C. Pharmaceutical services are covered if:

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1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
 2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
 3. The contractor or its designee authorizes the service.
- D.** The following limitations apply to pharmaceutical services:
1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
 2. A new prescription or refill in excess of a 30 day supply is not covered unless:
 - a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; or
 - b. The Contractor authorizes the prescription for an extended time period not to exceed a 90-day supply.
 3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.
- E.** A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-209 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 24, 1986 (Supp. 86-5). Amended subsections (A) and (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(3), effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-210. Emergency Medical Services for Non-FES Members**A. General provisions.**

1. Applicability. This Section applies to emergency medical services for non-FES members. Provisions regarding emergency behavioral health services for non-FES members are in R9-22-210.01. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definitions.
 - a. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS or a subcontractor of ADHS/DBHS.

- b. For the purposes of this Section and R9-22-210.01, "fiscal agent" means a person who bills and accepts payment for a hospital or emergency room provider.
 3. Verification. A provider of emergency medical services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor.
 4. Prior authorization.
 - a. Emergency medical services. A provider is not required to obtain prior authorization for emergency medical services.
 - b. Non-emergency medical services. If a non-FES member's medical condition does not require emergency medical services, the provider shall obtain prior authorization as required by the terms of the provider agreement under R9-22-714(A) or the provider's subcontract with the contractor, whichever is applicable.
 5. Prohibition against denial of payment. Neither the Administration nor a contractor shall:
 - a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms,
 - b. Deny or limit payment because the provider failed to obtain prior authorization for emergency services,
 - c. Deny or limit payment because the provider does not have a subcontract.
 6. Grounds for denial. The Administration and a contractor may deny payment for emergency medical services for reasons including but not limited to:
 - a. The claim was not a clean claim;
 - b. The claim was not submitted timely; and
 - c. The provider failed to provide timely notification under subsection (B)(4) to the contractor or the Administration, as appropriate, and the contractor does not have actual notice from any other source that the member has presented for services.
- B.** Additional requirements for emergency medical services for non-FES members enrolled with a contractor.
1. Responsible entity. A contractor is responsible for the provision of all emergency medical services to non-FES members enrolled with the contractor.
 2. Prohibition against denial of payment. A contractor shall not limit or deny payment for emergency medical services when an employee of the contractor instructs the member to obtain emergency medical services.
 3. Contractor notification. A contractor shall not deny payment to a hospital, emergency room provider, or fiscal agent for an emergency medical service rendered to a non-FES member based on the failure of the hospital, emergency room provider, or fiscal agent to notify the member's contractor within 10 days from the day that the member presented for the emergency medical service.
 4. Contractor notification. A hospital, emergency room provider, or fiscal agent shall notify the contractor no later than the 11th day after presentation of the non-FES member for emergency inpatient medical services. A contractor may deny payment for a hospital's, emergency room provider's, or fiscal agent's failure to provide timely notice, under this subsection.
- C.** Post-stabilization services for non-FES members enrolled with a contractor.
1. After the emergency medical condition of a member enrolled with a contractor is stabilized, a provider shall

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request prior authorization from the contractor for post-stabilization services.

2. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that have been prior authorized by the contractor.
3. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor for prior authorization of further post-stabilization services;
4. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain, improve, or resolve the member's stabilized condition if:
 - a. The contractor does not respond to a request for prior authorization within one hour;
 - b. The contractor authorized to give the prior authorization cannot be contacted; or
 - c. The contractor representative and the treating physician cannot reach an agreement concerning the member's care and the contractor physician is not available for consultation. In this situation, the contractor shall give the treating physician the opportunity to consult with a contractor physician. The treating physician may continue with care of the member until the contractor physician is reached or:
 - i. A contractor physician with privileges at the treating hospital assumes responsibility for the member's care,
 - ii. A contractor physician assumes responsibility for the member's care through transfer,
 - iii. The contractor's representative and the treating physician reach agreement concerning the member's care, or
 - iv. The member is discharged.
5. Transfer or discharge. The attending physician or practitioner actually treating the member for the emergency medical condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor.

D. Additional requirements for FFS members.

1. Responsible entity. The Administration is responsible for the provision of all emergency medical services to non-FES FFS members.
2. Grounds for denial. The Administration may deny payment for emergency medical services if a provider fails to provide timely notice to the Administration.
3. Notification. A provider shall notify the Administration no later than 72 hours after a FFS member receiving emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-210 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-210 repealed, new Section R9-22-210 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), para-

graph (1) effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-210.01. Emergency Behavioral Health Services for Non-FES Members

A. General provisions.

1. Applicability. This Section applies to emergency behavioral health services for non-FES members. Provisions regarding emergency medical services for non-FES members are in R9-22-210. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definition. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS, a subcontractor of ADHS/DBHS, or Children's Rehabilitative Services.
3. Responsible entity for inpatient emergency behavioral health services.
 - a. Members enrolled with a contractor. ADHS/DBHS. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services to non-FES members with psychiatric or substance abuse diagnoses who are enrolled with the contractor.
 - b. FFS members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services for non-FES FFS members with psychiatric or substance abuse diagnoses unless services are provided in an IHS or tribally operated 638 facility.
4. Responsible entity for non-inpatient emergency behavioral health services for non-FES members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all non-inpatient emergency behavioral health services for non-FES members.
5. Verification. A provider of emergency behavioral health services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is a member enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor, and determine whether the member is a behavioral health recipient as defined in R9-22-201.
6. Prior authorization.
 - a. Emergency behavioral health services. A provider is not required to obtain prior authorization for emergency behavioral health services.
 - b. Non-emergency behavioral health services. When a non-FES member's behavioral health condition is determined by the provider not to require emergency behavioral health services, the provider shall follow the prior authorization requirements of a contractor

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and ADHS/DBHS or a subcontractor of ADHS/DBHS.

7. Prohibition against limitation or denial of payment. A contractor, TRBHA, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS shall not limit or deny payment to an emergency behavioral health provider for emergency behavioral health services to a non-FES member for the following reasons:
 - a. On the basis of lists of diagnoses or symptoms;
 - b. Prior authorization was not obtained;
 - c. The provider does not have a contract;
 - d. An employee of the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS instructs the member to obtain emergency behavioral health services; or
 - e. The failure of a hospital, emergency room provider, or fiscal agent to notify the member's contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS within 10 days from the day the member presented for the emergency service.
 8. Grounds for denial. A contractor, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS may deny payment for emergency behavioral health services for reasons including but not limited to the following:
 - a. The claim was not a clean claim;
 - b. The claim was not submitted timely; or
 - c. The provider failed to provide timely notification under subsection (A)(9) to the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS or the Administration.
 9. Notification.
 - a. A hospital, emergency room provider, or fiscal agent shall notify a contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, whichever is appropriate, no later than the 11th day from presentation of the non-FES member for emergency inpatient behavioral health services.
 - b. A hospital, emergency room provider, or fiscal agent shall notify the Administration no later than 72 hours after a FFS member receiving emergency behavioral health services presents to a hospital for inpatient services.
 10. Transfer or discharge. The attending physician or the provider actually treating the non-FES member for the emergency behavioral health condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.
- B. Post-stabilization requirements for non-FES members.**
1. A contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that have been prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS.
 2. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor, ADHS/DBHS, or a subcontractor for prior authorization of further post-stabilization services;

3. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain, improve, or resolve the member's stabilized condition if:
 - a. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, does not respond to a request for prior authorization within one hour;
 - b. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS authorized to give the prior authorization cannot be contacted; or
 - c. The representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician cannot reach an agreement concerning the member's care and the contractor's, ADHS/DBHS' or the subcontractor's physician, is not available for consultation. The treating physician may continue with care of the member until ADHS/DBHS', the contractor's, or the subcontractor's physician is reached, or:
 - i. A contracted physician with privileges at the treating hospital assumes responsibility for the member's care;
 - ii. ADHS/DBHS', a contractor's, or a subcontractor's physician assumes responsibility for the member's care through transfer;
 - iii. A representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician reach agreement concerning the member's care; or
 - iv. The member is discharged.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-211. Transportation Services

- A. Emergency ambulance services.**
1. A member shall receive medically necessary emergency transportation in a ground or air ambulance:
 - a. To the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
 - b. If no other appropriate means of transportation is available.
 2. The Administration or a member's contractor shall reimburse a ground or air ambulance transport that originates in response to a 911 call or other emergency response system:
 - a. If the member's medical condition justifies the medical necessity of the type of ambulance transportation received,
 - b. The transport is to the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
 - c. No prior authorization is required for reimbursement of these transports.
 3. The member's medical condition at the time of transport determines whether the transport is medically necessary.

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4. A ground or air ambulance provider furnishing transport in response to a 911 call or other emergency response system shall notify the member's contractor within 10 working days from the date of transport. Failure of the provider to provide notification is cause for denial.
 5. Notification to the Administration of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.
- B.** The Administration or a contractor covers air ambulance services only if at least one criterion in subsection (B)(1) is met and at least one criterion in subsection (B)(2), or the criterion in subsection (B)(3) is met. The criteria are:
1. The air ambulance transport is initiated at the request of:
 - a. An emergency response unit,
 - b. A law enforcement official,
 - c. A clinic or hospital medical staff member, or
 - d. A physician or practitioner, and
 2. The point of pickup:
 - a. Is inaccessible by ground ambulance, or
 - b. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance service will not suffice, or
 3. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.
- C.** Coverage of medically necessary nonemergency transportation is limited to the cost of transporting the member to an appropriate provider capable of meeting the member's medical needs.
1. As specified in contract, a contractor shall arrange or provide medically necessary nonemergency transportation services for a member who is unable to arrange transportation to a service site or location.
 2. For a fee-for-service member, the Administration shall authorize medically necessary nonemergency transportation for a member who is unable to arrange transportation to a service site or location.
- D.** For the purposes of this subsection, an individual means a person who is not in the business of providing transportation services such as a family or household member, friend, or neighbor. The Administration or a contractor shall cover expenses for transportation in traveling to and returning from an approved and prior authorized health care service site provided by an individual if:
1. The transportation services are authorized by the Administration or the member's contractor or designee,
 2. The individual is an AHCCCS registered provider, and
 3. No other means of appropriate transportation is available.
- E.** The Administration or a contractor shall cover expenses for meals, lodging, and transportation for a member traveling to and returning from an approved health care service site outside of the member's service area or county of residence.
- F.** The Administration or a contractor shall cover the expense of meals, lodging, and transportation for:
1. A family member accompanying a member if:
 - a. The member is traveling to or returning from an approved health care service site outside of the member's service area or county of residence; and
 - b. The meals, lodging, and transportation services are authorized by the Administration or the member's contractor or designee.
 2. An escort who is not a family member as follows:
 - a. If the member is traveling to or returning from an approved and prior authorized health care service site, including an inpatient facility, outside of the member's service area or county of residence;
 - b. If the escort services are authorized by the Administration or the member's contractor or designee; and
 - c. Wage paid to an escort as reimbursement shall not exceed the federal minimum wage.
- G.** A provider shall obtain prior authorization from the Administration for transportation services provided for a member for the following:
1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
 2. All meals, lodging, and services of an escort accompanying the member under this Section.
- H.** A charitable organization routinely providing transportation service at no cost to an ambulatory or chairbound person shall not charge or seek reimbursement from the Administration or a contractor for the provision of the service to a member but may enter into a subcontract with a contractor for medically necessary transportation services provided to a member.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-211 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3).

R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies

- A.** Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
1. Prescribed by the primary care provider, attending physician, or practitioner; or
 2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
 3. Authorized as required by the Administration, contractor, or contractor's designee.
- B.** Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.
- C.** Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
 2. Can withstand repeated use, and
 3. Is generally reusable by others.
- D.** Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. Only those prosthetics

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that are medically necessary for rehabilitation are covered, except as otherwise provided in R9-22-215.

E. The following limitations on coverage apply:

1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
4. Reimbursement for rental fees shall terminate:
 - a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
 - b. If the member is no longer eligible for AHCCCS services; or
 - c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
 - a. The member is over 3 years old and under 21 years old;
 - b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
 - c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
 - d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
 - e. The member obtains incontinence briefs from providers in the contractor's network;
 - f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:

- i. The member is over age 3 and under age 21;
- ii. The member has a disability that causes incontinence of bladder or bowel, or both;
- iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
- iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

7. First aid supplies are not covered unless they are provided in accordance with a prescription.
8. The following services are not covered for individuals 21 years of age or older:
 - a. Hearing aids;
 - b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
 - c. Bone Anchor Hearing Aid (BAHA);
 - d. Cochlear implant;
 - e. Percussive vest;
 - f. Insulin pump;
 - g. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
 - h. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

F. Liability and ownership.

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-212 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-212 repealed, new Section R9-22-212 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (2), and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp.

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07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services (E.P.S.D.T.)

A. The following E.P.S.D.T. services are covered for a member less than 21 years of age:

1. Screening services including:
 - a. Comprehensive health and developmental history;
 - b. Comprehensive unclothed physical examination;
 - c. Appropriate immunizations according to age and health history;
 - d. Laboratory tests; and
 - e. Health education, including anticipatory guidance;
2. Vision services including:
 - a. Diagnosis and treatment for defects in vision;
 - b. Eye examinations for the provision of prescriptive lenses;
 - c. Prescriptive lenses; and
 - d. Frames.
3. Hearing services including:
 - a. Diagnosis and treatment for defects in hearing;
 - b. Testing to determine hearing impairment; and
 - c. Hearing aids;
4. Dental services including:
 - a. Emergency dental services as specified in R9-22-207;
 - b. Preventive services including screening, diagnosis, and treatment of dental disease; and
 - c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
5. Orthognathic surgery;
6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
7. Behavioral health services under 9 A.A.C. 22, Article 12;
8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
 - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
 - b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
9. Incontinence briefs as specified under R9-22-212; and
10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).

B. Providers of E.P.S.D.T. services shall meet the following standards:

1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.

4. Refer a member as necessary for behavioral health evaluation and treatment services.

C. Contractors shall meet other E.P.S.D.T. requirements as specified in contract.

D. A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-213 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-213 repealed, new Section R9-22-213 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-214. Repealed

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-214 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-214 repealed, new Section R9-22-214 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (4) and added subsection (C), paragraph (2) effective October 1, 1986 (Supp. 86-5). Correction to subsection (C), paragraph (2) (Supp. 87-4). Section repealed effective September 22, 1997 (Supp. 97-3).

R9-22-215. Other Medical Professional Services

A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:

1. Dialysis;
2. The following family planning services if provided to delay or prevent pregnancy:
 - a. Medications,
 - b. Supplies,
 - c. Devices, and
 - d. Surgical procedures;
3. Family planning services are limited to:
 - a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
 - b. Sterilization; and
 - c. Natural family planning education or referral;
4. Midwifery services provided by a certified nurse practitioner in midwifery;
5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
6. Respiratory therapy;

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7. Ambulatory and outpatient surgery facilities services;
 8. Home health services under A.R.S. § 36-2907(D);
 9. Private or special duty nursing services;
 10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
 11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
 12. Chemotherapy.
- B.** Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11); except for:
1. Voluntary sterilization;
 2. Dialysis shunt placement;
 3. Arteriovenous graft placement for dialysis;
 4. Angioplasties or thrombectomies of dialysis shunts;
 5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
 6. Eye surgery for the treatment of diabetic retinopathy;
 7. Eye surgery for the treatment of glaucoma;
 8. Eye surgery for the treatment of macular degeneration;
 9. Home health visits following an acute hospitalization (limited up to five visits);
 10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
 11. Physical therapy subject to the limitation in subsection (C);
 12. Facility services related to wound debridement;
 13. Apnea management and training for premature babies up to the age of 1; and
 14. Other services identified by the Administration through the Provider Participation Agreement.
- C.** The following are not covered services:
1. Occupational and speech therapies provided on an outpatient basis for a member age 21 or older;
 2. Abortion counseling;
 3. Services or items furnished solely for cosmetic purposes;
 4. Services provided by a podiatrist; or
 5. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
 6. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-215 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final

rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-216. NF, Alternative HCBS Setting, or HCBS

- A.** Services provided in a NF, including room and board, an alternative HCBS setting as defined in R9-28-101, or a HCBS as defined in A.R.S. § 36-2939 are covered for a maximum of 90 days per contract year if the member's medical condition would otherwise require hospitalization.
- B.** Except as otherwise provided in 9 A.A.C. 28, the following services are not itemized for separate billing if provided in a NF, alternative HCBS setting, or HCBS:
1. Nursing services, including:
 - a. Administering medication;
 - b. Tube feedings;
 - c. Personal care services, including but not limited to assistance with bathing and grooming;
 - d. Routine testing of vital signs; and
 - e. Maintenance of a catheter;
 2. Basic patient care equipment and sickroom supplies, including:
 - a. First aid supplies such as bandages, tape, ointments, peroxide, alcohol, and over-the-counter remedies;
 - b. Bathing and grooming supplies;
 - c. Identification device;
 - d. Skin lotion;
 - e. Medication cup;
 - f. Alcohol wipes, cotton balls, and cotton rolls;
 - g. Rubber gloves (non-sterile);
 - h. Laxatives;
 - i. Bed and accessories;
 - j. Thermometer;
 - k. Ice bags;
 - l. Rubber sheeting;
 - m. Passive restraints;
 - n. Glycerin swabs;
 - o. Facial tissue;
 - p. Enemas;
 - q. Heating pad; and
 - r. Incontinence briefs.
 3. Dietary services including preparation and administration of special diets, and adaptive tools for eating;
 4. Any service that is included in a NF's room and board charge or a service that is required of the NF to meet a federal or state licensure standard or county certification requirement;
 5. Physician visits made solely for the purpose of meeting state licensure standards or county certification requirements;
 6. Physical therapy prescribed only as a maintenance regimen; and
 7. Assistive devices and non-customized durable medical equipment.
- C.** A provider shall obtain prior authorization from the Administration for a NF admission for a FFS member.

Historical Note

Adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Subsection (C) amended to correct a typographical error (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September

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11, 2007 (Supp. 07-3). Amended by final rulemaking at 13 A.A.R. 4122, effective November 6, 2007 (Supp. 07-4).

R9-22-217. Services Included in the Federal Emergency Services Program

- A.** Definition. Notwithstanding the definition in R9-22-201, for the purposes of this Section, an emergency medical or behavioral health condition for a FES member means a medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
1. Placing the member's health in serious jeopardy,
 2. Serious impairment to bodily functions,
 3. Serious dysfunction of any bodily organ or part, or
 4. Serious physical harm to another person.
- B.** Services. "Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition. Emergency services include outpatient dialysis services for a FES member with End Stage Renal Disease (ESRD) where a treating physician has certified for the month in which services are received that in the physician's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in:
1. Placing the member's health in serious jeopardy, or
 2. Serious impairment of bodily function, or
 3. Serious dysfunction of a bodily organ or part.
- C.** Covered services. Services are considered emergency services if all of the criteria specified in subsection (A) are satisfied at the time the services are rendered. The Administration shall determine whether an emergency condition exists on a case-by-case basis.
- D.** Prior authorization. A provider is not required to obtain prior authorization for emergency services for FES members. Prior authorization for outpatient dialysis services is met when the treating physician has completed and signed a monthly certification as described in subsection (B).
- E.** Services rendered through the Federal Emergency Services Program are subject to all exclusions and limitation on services in this Article including but not limited to the limitations on inpatient hospital services in R9-22-204.

Historical Note

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1868, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended

by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-218. Repealed

Historical Note

Section R9-22-218 renumbered from R9-22-206 effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3).

ARTICLE 3. GENERAL ELIGIBILITY REQUIREMENTS

R9-22-301. General Eligibility Definitions

Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 14 and Article 15 have the following meanings unless the context explicitly requires another meaning:

"Applicant," notwithstanding R9-22-101, means a person listed on an application for whom AHCCCS coverage is being sought.

"BHS" means Behavioral Health Services.

"CRS" means the program administered by the Administration or its designee that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

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

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

"Income" means combined earned and unearned income.

"Medical support" means to provide health care coverage in the form of health insurance or court-ordered payment for medical care.

"Member" means an applicant who has been determined to qualify for AHCCCS coverage by the Administration or its designee.

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

"Resources" means real and personal property, including liquid assets.

"Sponsor" means an individual who signs the USCIS I-864 Affidavit of Support agreeing to support a non-citizen as a condition of the non-citizen's admission for permanent residence in the United States.

"Sponsor deemed income" means the unearned income deemed available to the applicant named on the USCIS I-864 Affidavit of Support.

"SVES" means the State Verification and Exchange System, a system through which the Department exchanges

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income and benefit information with the Internal Revenue Service, Social Security Administration, and State Wage and Unemployment Insurance Benefit data files. “USCIS” means the United States Citizenship and Immigration Services.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-301 renumbered together with former Section R9-22-102 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section R9-22-301 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraph (8), subsection (E), paragraph (3), and subsection (J), paragraph (5) effective October 1, 1986 (Supp. 86-5). Amended subsections (C) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective October 1, 1987; amended subsection (D) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R.

3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-302. AHCCCS Eligibility Application

Application process.

1. Right to apply. A person may apply for AHCCCS medical coverage by submitting an Administration-approved application to the Administration or its designee, an FAA office, or one of the following outstation locations:
 - a. A Federally Qualified Health Center or disproportionate share hospital under 42 U.S.C. 1396r-4; or
 - b. Any other site, including a hospital, approved by the Administration or its designee.
2. Application. To initiate the application process, the Administration or its designee will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
 - a. A phone or written application must contain at least the following to be submitted to the Administration or its designee:
 - i. Applicant's legible name,
 - ii. Address or location where the applicant can be reached,
 - iii. Signature of the person submitting the application,
 - iv. Date the application was signed.

- v. The Administration or its designee shall require that a third party witness the signing and attest by signing the application if the individual signing the application signs with a mark.
 - b. An online application must be completed in full in order to be submitted to the Administration or its designee.
3. Incomplete application. If the application is incomplete, the Administration or its designee shall do at least one of the following:
 - a. Contact an applicant or an applicant's representative by telephone or electronic medium to obtain the missing information required for an eligibility determination;
 - b. Mail a request for additional information to an applicant or an applicant's representative, allowing 10 days from the date of the request to provide the required additional information; or
 - c. Meet with the applicant, representative, or household member.
4. Date of application. The date of application is the date application is received by the Administration or its designee either on-line or at a location listed in subsection (1).
5. Complete application form. The Administration or its designee shall consider an application complete when all questions are answered. The same person as listed under subsection (2) is the person that must sign the completed application. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
6. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-302 repealed, new Section R9-22-302 adopted effective November 20, 1984 (Supp. 84-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-303. Prior Quarter Eligibility

- A. Subject to CMS approval, prior quarter coverage eligibility shall be limited to applicants who meet the requirements in subsection (B) and who also:
 1. Are eligible during any of the three months prior to application; and

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2. Received one or more covered services described in 9 A.A.C. 22, Article 2 and Article 12, and 9 A.A.C. 28, Article 2 during the month; and
 3. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.
- B.** Prior quarter coverage eligibility is limited to applicants who are:
1. Under the age of 19, or
 2. Pregnant, or
 3. In the 60 day post-partum period beginning with the last day of the pregnancy.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-303 repealed, new Section R9-22-303 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1849, with an immediate effective date of July 1, 2019 (Supp. 19-3).

R9-22-304. Verification of Eligibility Information

- A.** Except as provided in subsection (E), if information provided by or on behalf of an applicant or member on an application, renewal form or otherwise does not conflict with information obtained by the agency through an electronic data match, the Administration or its designee shall determine or renew eligibility based on such information.
- B.** The Administration or its designee shall not require an applicant, member, or representative to provide additional verification unless the verification cannot be obtained electronically or the verification obtained electronically conflicts with information provided by or on behalf of the applicant or member.
- C.** If information provided by or on behalf of an applicant or member does conflict with information obtained through an electronic data match, the applicant or member shall provide the Administration or its designee with information or documentation necessary to verify eligibility, including evidence originating from an agency, organization, or an individual with actual knowledge of the information.
- D.** Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both meet or both exceed the applicable income limit.
- E.** The Administration or its designee shall not accept the applicant's or member's statement by itself as verification of:
1. SSN;
 2. Qualified alien status, except as described under 42 USC 1320b-7(d)(4)(A); or
 3. Citizenship, except as described under 42 USC 1396a(ee)(1).
- F.** The Administration or its designee shall give an applicant or member at least 15 days from the date of a written or electronic request for information to provide required verification. The Administration or its designee may deny the application or discontinue eligibility if an applicant or a member does not provide the required information timely.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-304 repealed, new Section R9-22-304 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-304 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-305. Eligibility Requirements

As a condition of eligibility, the Administration or its designee must require applicants, and members to do the following:

1. Furnish a SSN under 42 CFR 435.910 and 435.920, or in the absence of an SSN, provide proof of a submitted application of SSN. The Administration or its designee will assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910 if an applicant cannot recall the applicant's SSN or has not been issued a SSN. An applicant is not required to furnish an SSN if the applicant is not able to legally obtain a SSN. The Administration or its designee shall determine eligibility notwithstanding the applicant's lack of a SSN, if the applicant is cooperating with the Administration or its designee to obtain a SSN and obtain a SSN prior to the next scheduled review of eligibility.
2. Provide proof of residency of Arizona. An applicant or a member is not eligible unless the applicant or member is a resident of Arizona under 42 CFR 435.403 effective October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
3. A declaration must be provided for each person for whom benefits are being sought stating whether the individual is a citizen or national of the United States, and, if that individual is not a citizen or national of the United States, that the individual is a qualified alien. The declaration must be provided by the individual for whom eligibility is being sought or an adult member of the individual's family or household.
4. Each applicant who claims qualified alien status must provide either:
 - a. Alien registration documentation or other proof of immigration registration from the Immigration and Naturalization Service that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or
 - b. Other documents that the Administration or its designee accepts as evidence of immigration status, such as:
 - i. A Form I-94 Departure Record issued by the USCIS,
 - ii. A Foreign Passport,
 - iii. A USCIS Parole Notice,
 - iv. A Victim of Trafficking Certification or Eligibility Letter issued by the US DHHS Office of Refugee Resettlement,
 - v. Other documentation consistent with 42 CFR 435.406 or 435.407.

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- c. Sufficient information for the Administration or its designee to obtain electronic verification of immigration status from the USCIS.
- 5. If a person for whom eligibility is being sought, states that they are an alien, that person is not required to comply with subsections (4) and (5); however, if they do not comply with those sections, and if they meet all other eligibility criteria, benefits will be limited to those necessary to treat an emergency medical condition.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-305 repealed, new Section R9-22-305 adopted effective November 20, 1984 (Supp. 84-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-305 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-306. Administration, Administration's designee or Member Responsibilities

- A. The Administration or its designee is responsible for the following:
 - 1. The Administration or its designee shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants, unless:
 - a. The agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - b. When there is an administrative or other emergency beyond the agency's control.
 - 2. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for the deceased applicant.
 - 3. The Administration or its designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.
 - 4. During the application process the Administration or its designee shall provide information to the applicant or member explaining the requirements to:
 - a. Cooperate with DCSS in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
 - b. Establish good cause for not cooperating with DCSS in establishing paternity and enforcing medical support, when applicable;
 - c. Report a change listed under subsection (B)(3)(c) no later than 10 days from the date the applicant or member knows of the change;
 - d. Send to the Administration or its designee any medical support payments resulting from a court order;
 - e. Cooperate with the Administration or its designee's assignment of rights and securing payments received from any liable party for a member's medical care.
 - 5. Offer to help the applicant or member to complete the application form and to obtain the required verification;
 - 6. Provide the applicant or member with information explaining:

- a. The eligibility and verification requirements for AHCCCS medical coverage;
- b. The requirement that the applicant or member obtain and provide a SSN to the Administration or its designee;
- c. How the Administration or its designee uses the SSN;
- 7. Explain to the applicant or member the practice of exchange of eligibility and income information through the electronic service established by the Secretary;
- 8. Explain to the applicant and member the right to appeal an adverse action under R9-22-315;
- 9. Use any information provided by the member to complete data matches with potentially liable parties;
- 10. Explain the eligibility review process;
- 11. Explain the AHCCCS pre-enrollment process;
- 12. Use the Systematic Alien Verification for Entitlements (SAVE) process to verify qualified alien status;
- 13. Provide information regarding the penalties for perjury and fraud on the application;
- 14. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Administration or its designee;
- 15. Explain to the applicant or member the applicant's and member's responsibilities under subsection (B);
- 16. Transfer the applicant's information to other insurance affordability programs as described under 42 CFR 435.1200(e) when the applicant does not qualify for Medicaid;
- 17. Attain a written record of a collateral contact: such as a verbal statement from a representative of an agency or organization, or an individual with actual knowledge of the information;
- 18. Complete a review of eligibility:
 - a. Any time there is a change in a member's circumstance that may affect eligibility,
 - b. For a member approved for the MED program under R9-22-1435 through R9-22-1440 before the end of the six-month eligibility period,
 - c. Of each member's continued eligibility for AHCCCS medical coverage once every 12 months;
- 19. The Administration or its designee shall discontinue eligibility and notify the member of the discontinuance under R9-22-307 if the member:
 - a. Fails to comply with the review of eligibility,
 - b. Fails to comply under 42 CFR 433.148 with the requirements and conditions of eligibility under this Article regarding assignment of rights and cooperation of establishing paternity and obtaining medical support, or
 - c. Does not meet the eligibility requirements; and
- 20. Redetermine eligibility for a person terminated from the SSI cash program.
 - a. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility is completed.
 - b. Coverage group screening. Before terminating a person from the SSI cash program, the Administration shall determine if the person is eligible for coverage

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as a person described in A.R.S. §§ 36-2901(6)(a)(i) through (vi) or 36-2934.

c. Eligibility decision.

- i. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice informing the applicant that AHCCCS medical coverage is approved.
- ii. If a person is ineligible, the Administration shall send a notice to deny AHCCCS medical coverage.

B. Applicant and Member Responsibilities.

1. An applicant or a member shall authorize the Administration or its designee to obtain verification for initial eligibility or continuation of eligibility.
2. As a condition of eligibility, an applicant or a member shall:
 - a. Provide the Administration or its designee with complete and truthful information. The Administration or its designee may deny an application or discontinue eligibility if:
 - i. The applicant or member fails to provide information necessary for initial or continuing eligibility;
 - ii. The applicant or member fails to provide the Administration or its designee with written authorization or electronic authorization to permit the Administration or its designee to obtain necessary initial or continuing eligibility verification;
 - iii. The applicant or member fails to provide verification under R9-22-304 after the Administration or its designee made an effort to obtain the necessary information; or
 - iv. The applicant or member does not assist the Administration or its designee in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
 - b. Cooperate with the Division of Child Support Services (DCSS) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of October 1, 2012, which is incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Administration or its designee shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements or first- and third-party liability requirements under Article 10 of this Chapter; and
 - c. Provide the information needed to pursue third party coverage for medical care, such as:
 - i. Name of policyholder,
 - ii. Policyholder's relationship to the applicant or member,
 - iii. Name and address of the insurance company, and
 - iv. Policy number.

3. A member or an applicant shall:

- a. Send to the Administration or its designee any medical support payments received while the member is eligible that result from a medical support order;
- b. Cooperate with the Administration or its designee regarding any issues arising as a result of Eligibility Quality Control described under A.R.S. § 36-2903.01; and
- c. Inform the Administration or its designee of the following changes within 10 days from the date the applicant or member knows of a change:
 - i. In address;
 - ii. In the household's composition;
 - iii. In income;
 - iv. In resources, when required under the Medical Expense Deduction (MED) program;
 - v. In Arizona state residency;
 - vi. In citizenship or immigrant status;
 - vii. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs;
 - viii. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status;
 - ix. Death;
 - x. Change in marital status; or
 - xi. Change in school attendance.

4. As a condition of eligibility, an applicant or a member shall cooperate with the assignment of rights as required by R9-22-311. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall cooperate with the Administration or its designee in assisting, identifying and providing information to assist the Administration or its designee in pursuing any first or third party who is or may be liable to pay for medical care and services.

5. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Administration or its designee with information regarding paternity or medical support from a father of a child born out of wedlock.

C. Administration or its designee responsibilities at Eligibility Renewal.

1. The Administration or its designee shall renew eligibility without requiring information from the individual if able to do so based on reliable information available to the agency, including through an electronic data match. If able to renew eligibility based on such information, the Administration or its designee shall send the member notice of:
 - a. The eligibility determination; and
 - b. The member's requirement to notify the Administration or its designee if any of the information contained in the renewal notice is inaccurate.
2. If unable to renew eligibility, the Administration or its designee shall:
 - a. Send a pre-populated renewal form listing the information needed to renew eligibility,
 - b. Give the member 30 days from the date of the renewal form to submit the signed renewal form and the information needed,
 - c. Send the member notice of the renewal decision under R9-22-312 or R9-22-1413(B) as applicable.

Historical Note

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Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-306 repealed, new Section R9-22-306 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraphs (1) and (6) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) and added a new subsection (N) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6).

Amended subsection (B) effective October 1, 1987; amended subsection (N) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-306 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-307. Approval or Denial of Eligibility

A. Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:

1. The name of each approved applicant,
2. The effective date of eligibility for each approved applicant,
3. The reason and the legal citations if a member is approved for only emergency medical services, and
4. The applicant's right to appeal the decision.

B. Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:

1. The name of each ineligible applicant,
2. The specific reason why the applicant is ineligible,
3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
4. The legal citations supporting the reason for the ineligibility,
5. The location where the applicant can review the legal citations,
6. The date of the application being denied; and
7. The applicant's right to appeal the decision and request a hearing.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (C), added subsection (G) and (H) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-307 repealed, new Section R9-22-307 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (A) as an emergency effective December 4, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-6). Permanent amendment to subsection (A) effective February 5, 1986 (Supp. 86-1).

Amended subsections (E) and (F) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987,

filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1).

Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective

September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8,

1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-307 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-308. Reinstating Eligibility

The Administration or its designee shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:

1. The denial or discontinuance of eligibility was due to an administrative error,
2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
3. The member informs the Administration or its designee of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
4. Following a discontinuance, the member qualifies for continuation of medical coverage pending an appeal.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4).

Amended effective October 1, 1983 (Supp. 83-5).

Amended by adding subsection (C) effective March 2, 1984 (Supp. 84-2). Former Section R9-22-308 repealed, new Section R9-22-308 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-308 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-309. Confidentiality and Safeguarding of Information

The Administration or its designee shall maintain the confidentiality of an applicant or member's records and limit the release of safeguarded information under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict between R9-22-512 and 6 A.A.C. 12, Article 1, R9-22-512 prevails.

Historical Note

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Adopted effective August 30, 1984 (Supp. 82-4). Amended (D)(1)(d) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-309 repealed, new Section R9-22-309 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A), (B) and (C) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-309 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-310. Ineligible Person

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

1. An inmate of a public institution, or
2. Over age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except as allowed in 42 USC 1396d(h) or as allowed under the Administration's Section 1115 waiver.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended (B)(7) and added subsections (C) and (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-310 repealed, new Section R9-22-310 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (7) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-310 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-311. Assignment of Rights Under Operation of Law

By operation of law and under A.R.S. § 36-2903, a person determined eligible assigns rights to the system medical benefits to which the person is entitled.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-311 repealed, new Section R9-22-311 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-311 made by

final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-312. Member Notices

- A. Contents of notice. The Administration or its designee shall issue a notice by mail, personal delivery, or electronic means when an action is taken regarding a person's eligibility or premiums. The notice shall contain the following information:
1. The date of the notice issued;
 2. A statement of the action being taken;
 3. The effective date of the action;
 4. The specific reason for the intended action;
 5. If eligibility is being discontinued due to income in excess of the income standards, the actual figures used in the eligibility determination and the amount by which the person exceeds income standards;
 6. If a premium is imposed or increased, the actual figures used in determining the premium amount;
 7. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
 8. An explanation of the member's rights to an appeal and continued benefits.
- B. Advance notice of changes in eligibility or premiums. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of the change. Except as specified in subsection (C), advance notice shall be issued whenever the following adverse action is taken:
1. To discontinue or suspend or reduce eligibility or covered services; or
 2. To impose a premium or increase a person's premium.
- C. The Administration or its designee shall issue a Notice of Adverse Action to a member no later than the effective date of action if:
1. The Administration or its designee receives a request to withdraw;
 2. A person provides information that requires termination of eligibility or an increase or imposition of the premium and the person signs a clear written statement waiving advance notice;
 3. A person cannot be located and mail sent to that person has been returned as undeliverable;
 4. A person has been admitted to a public institution where the person is ineligible under R9-22-310;
 5. A person has been approved for Medicaid or CHIP in another state; or
 6. The Administration or its designee has information that confirms the death of the person.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (B), added subsection (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-312 repealed, new Section R9-22-312 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-312

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made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-313. Withdrawal of Application

- A. An applicant may withdraw an application at any time before the Administration or its designee completes an eligibility determination by making an oral or written request for withdrawal to the Administration or its designee and stating the reason for withdrawal.
- B. If an applicant orally requests withdrawal of the application, the Administration or its designee shall document the:
 1. Date of the request,
 2. Name of the applicant for whom the withdrawal applies, and
 3. Reason for the withdrawal.
- C. An applicant may withdraw an application in writing by:
 1. Completing an Administration-approved voluntary withdrawal form; or
 2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Administration or its designee shall:
 1. Deny the application, and
 2. Notify the applicant of the denial following the notice requirements under R9-22-307.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4).
 Amended effective October 1, 1983 (Supp. 83-5).
 Amended subsections (C) and (D) as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended subsections (D) and (E) as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-313 repealed, new Section R9-22-313 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E) and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-313 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-314. Withdrawal from AHCCCS Medical Coverage

- A. A member may withdraw from AHCCCS medical coverage at any time by giving oral or written notice of withdrawal to the Administration or its designee. The member or the member's

legal or authorized representative shall provide the Administration or its designee with:

1. The reason for the withdrawal,
 2. The date the notice is effective, and
 3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B. If a notice of withdrawal does not identify specific members the Administration or its designee shall discontinue eligibility for any members that the person submitting the withdrawal has legal authority to act on behalf of.
 - C. The Administration or its designee shall notify the member of the discontinuance as required by R9-22-312.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4).
 Amended subsection (A) and added subsection (F) as an emergency effective February 28, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended subsection (A) and added subsection (F) as a permanent rule effective May 16, 1983; text of the amended rule identical to the emergency (Supp. 83-3). Former Section R9-22-314 repealed, new Section R9-22-314 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-314 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-315. Notice of Adverse Action

- A. Adverse actions. An applicant or member may appeal, as described under Chapter 34, by requesting a hearing from the Administration or its designee concerning any of the following adverse actions:
 1. Complete or partial denial of eligibility under R9-22-307 and R9-22-313(E);
 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-307, R9-22-312 and R9-22314;
 3. Delay in the eligibility determination beyond the timeframes under this Article;
 4. The imposition of or increase in a premium or copayment; or
 5. The effective date of eligibility.
- B. Notice of Adverse Action. The Administration or its designee shall personally deliver or send, by mail, or electronic means a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant, the postmark date if mailed, or the email date if emailed.
- C. Automatic change and hearing rights.
 1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

Historical Note

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Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-315 repealed, new Section R9-22-315 adopted effective November 20, 1984 (Supp. 84-6). Repealed effective October 1, 1985 (Supp. 85-5). New Section R9-22-315 adopted effective February 5, 1986 (Supp. 86-1). Amended effective February 26, 1988 (Supp. 88-1). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-315 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-316. Exemptions from Sponsor Deemed Income

- A.** An applicant shall provide proof to the Administration or its designee when claiming an exemption from sponsor deemed income.
- B.** The Administration or its designee shall grant an exemption from deeming a sponsor's income for a Lawful Permanent Resident applicant if the applicant:
 1. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
 2. Is the spouse or dependent child of the sponsor and lives with the sponsor;
 3. Is indigent as specified in subsection (C);
 4. Is a victim of domestic violence or extreme cruelty as specified in subsection (D); or
 5. Has acquired 40 qualified quarters of work credit based on earnings as specified in subsection (E).
- C.** Exemption from sponsor deeming based on indigence.
 1. The Administration or its designee shall consider the applicant indigent and grant an exemption from sponsor deemed income for an applicant, for a period of 12 months beginning with the first month of eligibility if all the following are met:
 - a. An applicant is indigent if all of the following are met:
 - i. The applicant does not reside with the applicant's sponsor;
 - ii. The applicant does not receive free room and board; and
 - iii. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the FPL for the size of the income group.
 2. The Administration or its designee shall send a notice under 8 U.S.C. 1631(e)(2) to the Attorney General's Office when approving an applicant who is exempt from sponsor deemed income due to indigence.
- D.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who is a victim of domestic violence or extreme cruelty under 8 CFR 204.2 for a period of 12 months beginning with the first month of eligibility. The Administration or its designee shall redetermine the exemption status at each renewal.
 1. The Administration or its designee considers an applicant to be a victim of domestic violence or extreme cruelty when all of the following are met:
 - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;

- b. The perpetrator of the domestic violence or extreme cruelty was the spouse or parent of the victim or other family member related by blood, marriage or adoption to the victim;
 - c. The perpetrator was residing in the same household as the victim when the abuse occurred;
 - d. The abuse occurred in the United States;
 - e. The applicant did not participate in the domestic violence or cruelty; and
 - f. The victim does not currently live with the perpetrator.
2. The applicant shall provide proof that the applicant or the applicant's child is a victim of domestic violence or extreme cruelty by presenting one of the following:
 - a. USCIS form I-360 Petition for Amerasian, Widow, or Special Immigrant;
 - b. USCIS form I-797 USCIS approval of the I-360 petition;
 - c. Reports or affidavits concerning the domestic violence or cruelty documented by police, judges, or other court officials, medical personnel, school officials, clergy, social workers, counseling or mental health personnel, or other social service agency personnel;
 - d. Legal documentation, such as an order of protection against the perpetrator or an order convicting the perpetrator of committing an act of domestic violence or extreme cruelty that chronicles the existence of domestic violence or extreme cruelty;
 - e. Evidence that indicates that the applicant sought safe haven in a battered women's shelter or similar refuge because of the domestic violence or extreme cruelty against the applicant or the applicant's child; or
 - f. Photographs of the applicant or applicant's child showing visible injury.
- E.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who has reached 40 qualifying quarters of work credit.
 1. The Administration or its designee shall not count quarters credited after January 1, 1997 that were earned while the applicant was receiving any federal means-tested benefits.
 2. The Administration or its designee shall not count the 40 qualifying quarters of work credit unless the credited quarters are:
 - a. Quarters that the applicant worked;
 - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
 - c. Quarters worked by the applicant's parents when the applicant was under age 18.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as an emergency effective February 9, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of permanent rule identical to the emergency (Supp. 83-3). Amended effective October 1, 1983 (Supp. 83-5). Correction subsection (A), paragraph (1) amended effective October 1, 1983, (Supp. 83-6). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended

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as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-316 repealed, new Section R9-22-316 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-316 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-317. Sponsor Deemed Income

- A. The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available, to the non-citizen applicant unless exempt under R9-22-316.
- B. Counting the income from a sponsor.
 1. This Section applies to non-citizen applicants who:
 - a. Are Lawful Permanent Residents under 8 CFR 101.3;
 - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
 - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
 - d. Are eligible for full AHCCCS medical coverage.
 2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
 3. The Administration or its designee shall not use the provisions of this Section when:
 - a. The applicant becomes a naturalized U.S. citizen;
 - b. The applicant qualifies for an exemption listed in R9-22-316; or
 - c. The sponsor dies.
- C. Determining income from a sponsor.
 1. For an applicant who is exempt from sponsor deeming under R9-22-316, only cash contributions actually received from the sponsor are countable income to the applicant.
 2. For an applicant to whom the sponsor's income is deemed, the Administration or its designee shall exclude any cash contributions received from the sponsor.
- D. Calculation of income from a sponsor.
 1. The Administration or its designee shall include the total gross income of the sponsor and the sponsor's spouse, when living with the sponsor;
 2. The Administration or its designee shall subtract an amount equal to 100% of the FPL for the sponsor's household size from the total gross income under (D)(1); and
 3. The amount calculated under subsection (D)(2) is deemed as income to the applicant for purposes of determining eligibility.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-317 repealed, new Section R9-22-317 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-317

made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-318. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-318 repealed, new Section R9-22-318 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) and added subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-319. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-319 repealed, new Section R9-22-319 adopted effective November 20, 1984 (Supp. 84-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-320. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-320 repealed, new Section R9-22-320 adopted effective November 20, 1984 (Supp. 84-6). Amended effective April 13, 1990 (Supp. 90-2). Repealed effective December 13, 1993 (Supp. 93-4).

R9-22-321. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-321 repealed, new Section R9-22-321 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (E) effective October 1, 1986 (Supp. 86-5). Amended effective January 1,

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1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended December 13, 1993 (Supp. 93-4).

Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-322. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).

Amended as an emergency effective May 27, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-3). Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended December 13, 1993 (Supp. 93-4).

Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-323. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective October 1, 1983 (Supp. 83-5).

Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (B) and (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B), (D) and (E) effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-324. Repealed**Historical Note**

Adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R9-22-324 adopted as an emergency renumbered as Section R9-22-327. New Section R9-22-324 adopted effective October 1, 1983 (Supp. 83-5). For-

mer Section R9-22-324 repealed, former Section R9-22-323 renumbered as Section R9-22-324 and adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Former

Section R9-22-324 repealed, new Section R9-22-324 adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-324 repealed, new Section R9-22-324 adopted effective November 20, 1984 (Supp. 84-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-325. Repealed**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-325 repealed, new Section R9-22-325 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1987 (Supp. 87-4).

Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-326. Repealed**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-326 repealed, new Section R9-22-326 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-327. Repealed**Historical Note**

Former Section R9-22-324 adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days renumbered as Section R9-22-327 and adopted as a permanent rule effective October 1, 1983 (Supp. 83-5). Former Section R9-22-327 repealed, new Section R9-22-327 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A), (D), (E), (G), (H), and (I) effective October 1, 1986 (Supp. 86-5). Amended subsection (D) and added a new subsection (J) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A) and (E) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final

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rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-328. Repealed**Historical Note**

Adopted as an emergency effective October 6, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Emergency Expired. New Section R9-22-328 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (D) effective October 1, 1987 (Supp. 87-4). Amended subsection (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-329. Repealed**Historical Note**

Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-329 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-330. Repealed**Historical Note**

Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-330 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-331. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-332. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-333. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-334. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-335. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-336. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective September 16, 1987 (Supp. 87-3). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-337. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Correction to subsection (B), paragraph (1) (Supp. 87-3). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-338. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Heading changed effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed

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December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-339. Repealed**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5).
Amended effective October 1, 1986 (Supp. 86-5).
Amended subsection (B) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-340. Reserved**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-341. Repealed**Historical Note**

Adopted effective March 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-342. Repealed**Historical Note**

Adopted effective September 29, 1992 (Supp. 92-3).
Amended effective September 22, 1997 (Supp. 97-3).
Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-343. Repealed**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-344. Repealed**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

ARTICLE 4. PENALTY FOR OBTAINING ELIGIBILITY BY FRAUD**R9-22-401. Definitions**

Definitions. The following definitions apply specifically to terms used within this Article:

“Amounts incurred by the system” include capitation payments, costs incurred by any contractor in excess of capitation, reinsurance, and other administrative, legal or investigative costs associated with a person who obtained eligibility contrary to A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

“Application for eligibility” means any request for benefits administered by AHCCCS under the authority of A.R.S. Title

36, Chapter 29, including applications for presumptive eligibility submitted to hospitals as described under Article 16 of this Chapter.

“Penalty” means an amount not to exceed the amounts incurred by the system during any time period that the person would have been ineligible for benefits but for the false or fraudulent information provided on the application for eligibility. A penalty does not include, and does not need to be reduced by, the amount of any overpayments that AHCCCS may be entitled to recoup from a person who violated A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-401 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 31, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-402. Determining the Amount of the Penalty

- A. AHCCCS shall determine the amount of a penalty according to A.R.S. § 36-2905.04(B) or A.R.S. § 36-2991(B), whichever is applicable, and this Article.
- B. In addition to any penalty imposed pursuant to ARS §§ 36-2905.04 or 36-2991, and this Article, the Administration may also recoup from the person the amounts incurred by the system as a part of the notice and appeal process described in this Article.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-402 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-403. Mitigating and Aggravating Circumstances

- A. AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
 1. Degree of culpability. The degree of culpability of a person is a mitigating circumstance if the person did not intend to provide or cause to be provided false information on the application for eligibility but was negligent as to the truthfulness of the information provided.
 2. Prior Offenses. At the time of the submittal of the application the person:
 - a. Did not have any prior criminal convictions; and
 - b. Had not been held civilly liable for defrauding a public assistance program.
 3. Financial condition. The financial condition of a person who violates A.R.S. §§ 36-2905.04 or 36-2991 is a miti-

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gating circumstance if the imposition of a penalty without reduction will render the person incapable of obtaining necessities of life such as food, clothing, and shelter. AHCCCS may consider the resources available to the person when determining the amount of the penalty.

4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice; the circumstances require a reduction of the penalty.
- B.** AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
1. Degree of culpability. The degree of culpability of a person who provides or causes to be provided false information on the application for eligibility is an aggravating circumstance if the person knows or had reason to know that the information provided on the application for eligibility was false, or the person failed to correct the false information prior to AHCCCS incurring a financial loss as a result of the application for eligibility.
 2. Prior offenses. At any time before the submittal of the application for eligibility, the person was held criminally or civilly liable for committing any fraud, waste, or abuse against any public assistance program.
 3. Financial Loss. The person's violation of A.R.S. §§ 36-2905.04 or 36-2991 caused a loss to the system equal to or exceeding \$5,000.00.
 4. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice; the circumstances require an increase of the penalty.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-403 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-404. Notice of Intent

- A.** If AHCCCS imposes a penalty pursuant to this Article, AHCCCS shall hand deliver or send by certified mail, return receipt requested, or Federal Express to the person, a written Notice of Intent to impose a penalty.
- B.** The Notice of Intent shall include:
 1. The legal and factual basis for AHCCCS' determination that there has been a violation of A.R.S. §§ 36-2905.04 and/or 36-2991;
 2. The penalty;
 3. The amounts incurred by the system as a result of the violation of A.R.S. §§ 36-2905.04 and/or 36-2991, if AHCCCS intends to recoup those amounts through this process; and
 4. The procedure for requesting a State Fair Hearing.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-404 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-405. Failure to Respond to the Notice of Intent

If a person fails to respond to the Notice of Intent within the time-frame described in A.A.C. § R9-22-406(A), AHCCCS shall uphold the penalty and recoupment amounts described in the Notice of Intent.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-405 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule similar to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-406. Request for State Fair Hearing

- A.** To dispute the agency action described in the Notice of Intent, the person shall file a written Request for State Fair Hearing with AHCCCS within sixty (60) days from the date of receipt of the Notice of Intent.
- B.** If AHCCCS receives a timely request for a State Fair Hearing from the person, AHCCCS shall mail a Notice of Hearing pursuant to the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.
- C.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-406 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-406 repealed, new Section R9-22-406 adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of the Section identical to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-407. Burden of Proof

- A.** In any State Fair Hearing conducted under this Article, AHCCCS shall prove a violation of A.R.S. §§ 36-2905.04 and/or

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36-2991, and any aggravating circumstances by a preponderance of the evidence.

- B. AHCCCS does not have to prove any specific intent to defraud.
- C. A person shall bear the burden of producing and proving by a preponderance of the evidence any affirmative defense or any circumstance that would justify reducing the amount of the penalty.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-408. Rescission of the Notice of Intent

AHCCCS may rescind the Notice of Intent at any time prior to the State Fair Hearing without prejudice.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS**R9-22-501. General Provisions and Standards - Related Definitions**

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

“Quality management” means a process used by professional health personnel through a formal program involving multiple organizational components and committees to:

- Assess the degree to which services provided conform to desired medical standards and practices; and
- Quality improvement or maintenance of care and services.

“Quality Improvement” means a process designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time, in the areas of clinical care and non-clinical care and is expected to have a favorable effect on health outcomes and member satisfaction. Quality Improvement includes focusing organizational efforts on improving performance and utilizing data to develop intervention strategies to improve performance and outcomes.

“Utilization management/review” means a methodology used by professional health personnel to assess the medical indications, appropriateness, and efficiency of care provided. Utilization management applies to a contractor’s process to evaluate and approve or deny the medical necessity, appropriateness, efficacy and efficiency of health care services, procedures, or settings. Utilization review includes processes for prior authorization, concurrent review, retrospective review, and case management.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-501 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-501 repealed, former Section R9-22-502 renumbered and adopted without change as Section R9-22-501 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-501 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking

at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-502. Pre-existing Conditions

- A. A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. A contractor or subcontractor shall not adopt or use any procedure to identify a person who has an existing or anticipated medical or psychiatric condition in order to discourage or exclude the person from enrolling in the contractor’s health plan or encourage the person to enroll in another health plan.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-502 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-502 renumbered without change as Section R9-22-501, former Section R9-22-503 renumbered and amended as Section R9-22-502 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-502 repealed, new Section R9-22-502 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-503. Provider Requirements Regarding Records

The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date. A provider shall maintain and upon request, make available to a contractor and to the Administration, financial and medical records relating to payment for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. Providers shall provide one copy of a medical record at no cost if requested by the member.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-503 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-503 renumbered and amended as Section R9-22-502, new Section R9-22-503 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective May 30, 1986 (Supp. 86-3). Amended subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (F) and (G) effective December 22, 1987 (Supp. 87-4). Amended subsection (I) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 4277, effective December

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5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions

- A. A contractor or the contractor's marketing representative shall not offer or give any form of compensation or reward, or engage in any behavior or activity that may be reasonably construed as coercive, to induce or procure AHCCCS enrollment with the contractor. Any marketing solicitation offering a benefit, good, or service in excess of the covered services in Article 2 is deemed an inducement.
- B. A marketing representative shall not misrepresent itself, the contracting health plan represented, or the AHCCCS program, through false advertising, false statements, or in any other manner to induce a member of another contractor to enroll in the represented health plan. Violations of this subsection include, but are not limited to, false or misleading claims, inferences, or representations such as:
 1. A member will lose benefits under the AHCCCS program or lose any other health or welfare benefits to which a member is legally entitled, if the member does not enroll in the represented contracting health plan;
 2. Marketing representatives are employees of the state or representatives of the Administration, a county, or any health plan other than the health plan by which they are employed, or by which they are reimbursed; and
 3. The represented health plan is recommended or endorsed as superior to its competition by any state or county agency, or any organization, unless the organization has certified its endorsement in writing to the health plan and the Administration.
- C. A marketing representative shall not engage in any marketing or pre-enrollment practice that discriminates against a member because of race, creed, age, color, sex, religion, national origin, ancestry, marital status, sexual preference, physical or mental disability, or health status.
- D. The Administration shall hold a contractor responsible for a violation of this Section resulting from the performance of any marketing representative, subcontractor, agent, program, or process under the contractor's employ or direction and shall impose contract sanctions on the contractor as specified in contract.
- E. A contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled member or designated representative after the contractor receives notification of enrollment from the Administration. The contractor shall ensure that the informational materials include, at a minimum:
 1. A description of all covered services as specified in contract;
 2. An explanation of service limitations and exclusions;
 3. An explanation of the procedure for obtaining services;
 4. An explanation of the procedure for obtaining emergency services;
 5. An explanation of the procedure for filing a grievance and appeal; and
 6. An explanation of when plan changes may occur as specified in contract.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-504 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Former Section R9-22-504 repealed, former Section R9-22-505 renumbered and adopted without change as Section R9-22-504 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-504 repealed, former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services

A provider shall not provide hospital or medical services to a member unless the provider is licensed by the Arizona Department of Health Services and meets the requirements in 42 CFR 441 and 482, as of October 1, 2007, and 42 CFR 456 Subpart C, as of October 1, 2007, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-505 adopted as an emergency expired, former Section R9-22-506 adopted as an emergency now adopted, amended and renumbered as Section R9-22-505 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-505 renumbered without change as Section R9-22-504, new Section R9-22-505 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-505 renumbered and amended as Section R9-22-509, former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5). Editorial correction, spelling of "paraphernalia" in subsection (A) (Supp. 87-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). New Section made by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-506. Repealed

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-506 adopted as an emergency adopted, amended and renumbered as Section R9-22-505, former Section R9-22-507 adopted as an emergency now adopted, amended and renumbered as Section R9-22-506 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (D) effective December 22, 1987 (Supp. 87-4). Repealed effective April 13, 1990 (Supp. 90-2). New Section adopted effective December 13, 1993

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(Supp. 93-4). Repealed effective December 8, 1997
(Supp. 97-4).

R9-22-507. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-507 adopted as an emergency adopted, amended and renumbered as Section R9-22-506, former Section R9-22-508 adopted as an emergency now adopted, amended and renumbered as Section R9-22-507 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-507 repealed, new Section R9-22-507 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-508. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-508 adopted as an emergency adopted, amended and renumbered as Section R9-22-507, former Section R9-22-509 adopted as an emergency now adopted, amended and renumbered as Section R9-22-508 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-509. Transition and Coordination of Member Care**A.** A contractor shall assist in the transition of members to and from other AHCCCS contractors.

1. Both the receiving and relinquishing contractor shall:
 - a. Coordinate with the other contractor to facilitate and schedule appointments for medically necessary services for the transitioned member within the Administration's timelines specified in the contract. If requested by the Administration, a contractor shall submit the policies and procedures regarding transition of members to the Administration for review and approval;
 - b. Assist in the referral of transitioned members to other community health agencies or county medical assistance programs for medically necessary services not covered by the Administration, as appropriate; and
 - c. Develop policies and procedures to be followed when transitioning members who have significant medical conditions; are receiving ongoing services; or have, at the time of the transition, received prior authorization or approval for undelivered, specific services.
2. The relinquishing contractor shall notify the receiving contractor of relevant information about the member's medical condition and current treatment regimens within the timelines defined in contract;
3. The relinquishing contractor shall forward medical records and other relevant materials to the receiving contractor. The relinquishing contractor shall bear the cost of reproducing and forwarding medical records and other relevant materials;
4. Within the timelines specified in contract, the receiving contractor shall ensure that the member selects or is

assigned to a primary care provider, and provide the member with:

- a. Information regarding the contractor's providers,
- b. Emergency numbers, and
- c. Instructions about how to obtain services.

B. A contractor shall not use a county or noncontracting provider health resource alternative to diminish the contractor's contractual responsibility or accountability for providing the full scope of covered services. The Administration may impose sanctions as described in contract if a contractor makes referrals to other agencies or programs to reduce expenses incurred by the contractor on behalf of its members.**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-509 adopted as an emergency adopted, amended and renumbered as Section R9-22-508, former Section R9-22-510 adopted as an emergency now adopted and renumbered as Section R9-22-509 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-509 repealed, former Section R9-22-505 renumbered and amended as Section R9-22-509 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-510. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-510 adopted as an emergency adopted and renumbered as Section R9-22-509, former Section R9-22-511 adopted as an emergency now adopted, amended and renumbered as Section R9-22-510 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-510 repealed, new Section R9-22-510 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-511. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-511 adopted as an emergency adopted, amended and renumbered as Section R9-22-510, former Section R9-22-512 adopted as an emergency now adopted, amended and renumbered as Section R9-22-511 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-511 repealed, new Section R9-22-511 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-512. Release of Safeguarded Information**A.** The Administration, contractors, providers, and noncontracting providers shall limit the release of safeguarded information to persons or agencies for the following purposes in accordance with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorpo-

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rated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments:

1. Official purposes directly related to the administration of the AHCCCS program including:
 - a. Establishing eligibility and post-eligibility treatment of income, as applicable;
 - b. Determining the amount of medical assistance;
 - c. Providing services for members;
 - d. Performing evaluations and analysis of AHCCCS operations;
 - e. Filing liens on property as applicable;
 - f. Filing claims on estates, as applicable; and
 - g. Filing, negotiating, and settling medical liens and claims.
 2. Law enforcement. The Administration may release safeguarded information without the applicant's or member's written or verbal consent, for the purpose of conducting or assisting an investigation, prosecution, or criminal or civil proceeding related to the administration of the AHCCCS program.
 3. The Administration may release safeguarded member information to a review committee in accordance with the provisions of A.R.S. § 36-2917, without the consent of the applicant or member.
- B.** Except as provided in subsection (A), the Administration, contractors, providers, and noncontracting providers shall disclose safeguarded information only to:
1. An applicant;
 2. A member;
 3. An unemancipated minor, with written permission of a parent, custodial relative, or designated representative, if:
 - a. An Administration employee, authorized representative, or responsible caseworker is present during the examination of the safeguarded information; or
 - b. After written notification to the provider, and at a reasonable time and place.
 4. Persons authorized by the applicant or member; or
 5. A court order or subpoena compliant with 45 CFR 164.512(e), October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C.** The Administration, contractors, providers, and noncontracting providers shall safeguard identifiable information, protected health information as specified in 45 CFR 160, and information obtained in the course of application for or redetermination of eligibility concerning an applicant or member, that includes, but is not limited to the following:
1. Name and address;
 2. Social Security number;
 3. Social and economic conditions or circumstances;
 4. Agency evaluation of personal information;
 5. Medical data and information concerning medical services received, including diagnosis and history of disease or disability;
 6. State Data Exchange (SDX) tapes, and other types of information received from outside sources for the purpose of verifying income eligibility and amount of medical assistance payments; and
 7. Any information received in connection with the identification of legally liable third-party resources.

D. The restriction upon disclosure of information in this Section does not apply to:

1. De-identified information as described by 45 CFR 164.514, October 1, 2004, incorporated by reference in subsection (A); or
2. A disclosure, in response to a request for information, that complies with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference in subsection (A).

E. A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-512 adopted as an emergency adopted, amended and renumbered as Section R9-22-511, former Section R9-22-513 adopted as an emergency now adopted and renumbered as Section R9-22-512 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-512 repealed, new Section R9-22-512 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-513. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-513 adopted as an emergency adopted and renumbered as Section R9-22-512, former Section R9-22-514 adopted as an emergency now adopted, amended and renumbered as Section R9-22-513 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-513 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-513 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-514. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-514 adopted as an emergency adopted, amended and renumbered as Section R9-22-513, former Section R9-22-515 adopted as an emergency now adopted, amended and renumbered as Section R9-22-514 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-514 repealed, former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-515. Repealed**Historical Note**

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Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-515 adopted as an emergency adopted, amended and renumbered as Section R9-22-514, former Section R9-22-517 adopted as an emergency now adopted, amended and renumbered as Section R9-22-515 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-515 repealed, former Section R9-22-522 renumbered and amended as Section R9-22-515 effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-516. Renumbered**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-516 adopted as an emergency expired, former Section R9-22-518 adopted as an emergency now adopted, amended and renumbered as Section R9-22-516 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-516 renumbered as Section R9-22-513 effective October 1, 1985 (Supp. 85-5).

R9-22-517. Renumbered**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-517 adopted as an emergency adopted, amended and renumbered as Section R9-22-515, former Section R9-22-519 adopted as an emergency now adopted and renumbered and amended as Section R9-22-517 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5).

R9-22-518. Information to Enrolled Members

- A. Each contractor shall produce and distribute printed informational materials to each member or family unit no later than 10 days of receipt of notification of enrollment from the Administration. The contractor shall ensure that the informational materials meet the requirements specified in the contractor's current contract.
- B. A contractor shall provide a member with the name, address, and telephone number of the member's primary care provider no later than 10 days from the date of enrollment. The contractor shall include information on how the member may change primary care providers.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-518 adopted as an emergency adopted, amended and renumbered as Section R9-22-516, former Section R9-22-520 adopted as an emergency now adopted, amended and renumbered as Section R9-22-518 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-518 repealed, new Section R9-22-518 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final

rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-519. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-519 adopted as an emergency adopted, amended and renumbered as Section R9-22-517, former Section R9-22-521 adopted as an emergency now adopted, amended and renumbered as Section R9-22-519 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-519 repealed, new Section R9-22-519 adopted effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-520. Expired**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-520 adopted as an emergency adopted, amended and renumbered as Section R9-22-518, former Section R9-22-522 adopted as an emergency now adopted, amended and renumbered as Section R9-22-520 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-520 repealed, new Section R9-22-520 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-22-521. Program Compliance Audits

- A. The Administration shall conduct an onsite program compliance audit of a contractor at least once every three years during the term of the Administration's contract with the contractor. The Administration may conduct, without prior notice, inspections of contractor facilities or perform other elements of a program compliance audit.
- B. An audit team may perform any or all of the following procedures:
 1. Conduct private interviews and group conferences with members, physicians, other health professionals, and members of the contractor's administrative staff including, but not limited to, the contractor's principal management persons;
 2. Examine records, books, reports, and papers of the contractor and any management company, and all providers or subcontractors providing health care and other services. The examination may include, but need not be limited to: minutes of medical staff meetings, peer review and quality of care review records, duty rosters of medical personnel, appointment records, written procedures for the internal operation of the health plan, contracts and correspondence with members and with providers of health care services and other services to the plan, and additional documentation deemed necessary by the Administration to review the quality of medical care.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-521 adopted as an emergency adopted, amended and renumbered as Section R9-22-519, former Section R9-22-523 adopted as an emergency now

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adopted, amended and renumbered as Section R9-22-521 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-521 repealed, new Section R9-22-521 adopted effective October 1, 1985 (Supp. 85-5).

Amended effective December 8, 1997 (Supp. 97-4).
Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General has not certified this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-522. Quality Management/Utilization Management (QM/UM) Requirements

- A. A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements specified in this Section and in contract. The contractor shall ensure compliance with QM/UM requirements that are accomplished through delegation or subcontract with another party.
- B. In addition to any requirements specified in contract, a contractor shall:
 1. Submit to the Administration a written QM/UM plan that includes a description of the systems, methodologies, protocols, and procedures to be used in:
 - a. Monitoring and evaluating the types of services provided,
 - b. Identifying the numbers and costs of services provided,
 - c. Assessing and improving the quality and appropriateness of care and services,
 - d. Evaluating the outcome of care provided to members, and
 - e. Determining the actions necessary to improve service delivery;
 2. Submit the QM/UM plan to the Administration on an annual basis within timelines specified in contract. If the QM/UM plan is changed during the year, the contractor shall submit the revised plan to the Administration before implementation;
 3. Receive approval from the Administration before implementing the initial or revised QM/UM plan;
 4. Ensure that a QM/UM committee operates under the control of the contractor's medical director and includes representation from medical and executive management personnel. The committee shall:
 - a. Oversee the development, revision, and implementation of the QM/UM plan; and
 - b. Ensure that there are qualified QM/UM personnel and sufficient resources to implement the contractor's QM/UM activities; and
 5. Ensure that the QM/UM activities include at least:
 - a. Prior authorization for non-emergency or scheduled hospital admissions;
 - b. Concurrent review of inpatient hospitalization;
 - c. Retrospective review of hospital claims;

- d. Program and provider audits designed to detect over- or under-utilization, service delivery effectiveness, and outcome;
- e. Medical records audits;
- f. Surveys to determine satisfaction of members;
- g. Assessment of the adequacy and qualifications of the contractor's provider network;
- h. Review and analysis of QM/UM data;
- i. Measurement of performance using objective quality indicators;
- j. Ensuring individual and systemic quality of care;
- k. Integrating quality throughout the organization;
- l. Process improvement;
- m. Credentialing a provider network;
- n. Resolving quality of care grievances; and
- o. Quality improvement activities focused on improving the quality of care and the efficient, cost-effective delivery and utilization of services.

- C. A member's primary care provider shall maintain medical records that:
 1. Conform to professional medical standards and practices for documentation of medical diagnostic and treatment data;
 2. Facilitate follow-up treatment; and
 3. Permit professional medical review and medical audit processes.
- D. Within 30 days following termination of the contract between a subcontractor and a contractor, the subcontractor or the subcontractor's designee shall forward to the primary care provider medical records or copies of medical records of all members assigned to the subcontractor or for whom the subcontractor has provided services.
- E. The Administration shall monitor each contractor and the contractor's providers to ensure compliance with Administration QM/UM requirements and adherence to the contractor's QM/UM plan.
 1. A contractor and the contractor's providers shall cooperate with the Administration in the performance of the Administration's QM/UM monitoring activities; and
 2. A contractor and the contractor's providers shall develop and implement mechanisms for correcting deficiencies identified through the Administration's QM/UM monitoring.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-522 adopted as an emergency adopted, amended and renumbered as Section R9-22-520, former Section R9-22-524 adopted as an emergency now adopted and renumbered as Section R9-22-522 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-522 renumbered and amended as Section R9-22-515, new Section R9-22-522 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-523. Expired

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Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-523 adopted as an emergency adopted, amended and renumbered as Section R9-22-521, former Section R9-22-525 adopted as an emergency now adopted, amended and renumbered as Section R9-22-523 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-22-524. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-524 adopted as an emergency adopted and renumbered as Section R9-22-522, former Section R9-22-526 adopted as an emergency now adopted, amended and renumbered as Section R9-22-524 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-524 repealed, new Section R9-22-524 adopted effective October 1, 1985 (Supp. 85-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-525. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-525 adopted as an emergency adopted, amended and renumbered as Section R9-22-523, former Section R9-22-527 adopted as an emergency now adopted, amended and renumbered as Section R9-22-525 as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1985 (Supp. 85-5).

R9-22-526. Renumbered**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of the permanent rule identical to the emergency (Supp. 83-3). Former Section R9-22-526 repealed, new Section R9-22-526 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-1).

R9-22-527. Renumbered**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5).

R9-22-528. Renumbered**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5).

R9-22-529. Renumbered**Historical Note**

Adopted as Section R9-22-529 effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5).

ARTICLE 6. RFP AND CONTRACT PROCESS**R9-22-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contracts under A.R.S. § 36-2906.
- B. This Article applies to the award of contracts under A.R.S. §§ 36-2904 and 36-2906 to provide services under A.R.S. § 36-2907 and the expenditure of public monies by the Administration pertaining to covered services when the procurement so states. The Administration shall establish conflict-of-interest safeguards for officers and employees of this state with responsibilities relating to contracts that comply with 42 U.S.C. 1396u-2(d)(3).
- C. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- D. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2903 and dispose of the records under A.R.S. § 41-2550.
- E. The following terms are defined as related to this Article: "Procurement file" means the official records file of the Director whether located in the Office of the Director or at the public procurement unit. The procurement file shall include in electronic or paper form a list of notified vendors, final solicitation, solicitation amendments, bids/offers, final proposal revisions, clarifications, and final evaluation report.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-601 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-602. RFP

- A. RFP content. The Administration shall include the following items in any RFP under this Article:
 1. Instructions and information to an offeror concerning the proposal submission including:
 - a. The deadline for submitting a proposal,
 - b. The address of the office at which a proposal is to be received,
 - c. The period during which the RFP remains open, and
 - d. Any special instructions and information;
 2. The scope of covered services under Article 2 of this Chapter and A.R.S. §§ 36-2906 and 36-2907, covered populations, geographic coverage, service and performance requirements, and a delivery or performance schedule;
 3. The contract terms and conditions, including bonding or other security requirements, if applicable;
 4. The factors used to evaluate a proposal;

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5. The location and method of obtaining documents that are incorporated by reference in the RFP;
 6. A requirement that the offeror acknowledge receipt of all RFP amendments issued by the Administration;
 7. The type of contract to be used and a copy of a proposed contract form or provisions;
 8. The length of the contract service;
 9. A requirement for cost or pricing data;
 10. The minimum RFP requirements; and
 11. A provision requiring an offeror to certify that a submitted proposal does not involve collusion or other anti-competitive practices.
- B. Proposal process.**
1. After the deadline for submitting proposals, the Administration may open a proposal publicly and announce and record the name of the offeror. The Administration shall keep all other information contained in a proposal confidential. The Administration shall open a proposal for public inspection after contract award unless the Administration determines that disclosure is not in the best interest of the state.
 2. The Administration shall evaluate a proposal based on the GSA and the evaluation factors listed in the RFP.
 3. The Administration may initiate discussions with a responsive and responsible offeror to clarify and assure full understanding of an offeror's proposal. The Administration shall provide an offeror fair treatment with respect to discussion and revision of a proposal. The Administration shall not disclose information derived from a proposal submitted by a competing offeror.
 4. The Administration shall allow for the adjustment of covered services by expansion, deletion, segregation, or combination in order to secure the most financially advantageous proposals for the state.
 5. The Administration may conduct an investigation of a person or organization who has ownership or management interests in corporate offerors or affiliated corporate organizations of an offeror.
 6. The Administration may issue a written request for best and final offers. The Administration shall state in the request the date, time, and place for the submission of best and final offers.
 7. The Administration shall not request best and final offers more than once unless the Administration determines that it is advantageous to the state to request additional best and final offers. The Administration shall state in the written request for best and final offers that if the offeror does not submit a notice of withdrawal or a best and final offer, the Administration shall take the most recent offer as the offeror's best and final offer.
- C. Proposal rejection.**
1. The Administration may reject an offeror's proposal if the offeror fails to supply the information requested by the Administration.
 2. The offeror shall not disclose information pertaining to its proposal to any other offeror prior to contract award. The offeror may disclose proposal information to a person other than another offeror if the recipient agrees to keep the information confidential until contract award. Disclosure in violation of this subsection may be grounds for rejecting a proposal.
 3. The Administration shall provide written notification to an offeror whose proposal is rejected. The rejection notice shall be part of the contract file and a public record.
- D. Proposal cancellation.** If the Administration determines that it is in the best interest of the state, the Administration may cancel a RFP. The reasons for cancellation shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a RFP is cancelled.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-602 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-603. Contract Award

The Administration shall award a contract to the responsible and responsive offeror whose proposal is determined most advantageous to the state under A.R.S. § 36-2906. If the Administration determines that multiple contracts are in the best interest of the state, the Administration may award multiple contracts. The contract file shall contain the basis on which the award is made.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-603 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-604. Contract or Proposal Protests; Appeals

- A.** Disputes related to contract performance. This Section does not apply to a dispute related to contract performance. A contract performance dispute is governed by 9 A.A.C. 34.
- B.** Resolution of a proposal protest. The procurement officer issuing a RFP shall have the authority to resolve proposal protests. An appeal from the decision of the procurement officer shall be made to the Director.
- C.** Filing of a protest.
1. A person may file a protest with the procurement officer regarding:
 - a. A RFP issued by the Administration,
 - b. A proposed award, or
 - c. An award of a contract.
 2. A protester shall submit a written protest and include the following information:

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- a. The name, address, and telephone number of the protester;
 - b. The signature of the protester or protester's representative;
 - c. Identification of a RFP or contract number;
 - d. A detailed statement of the legal and factual grounds of the protest including copies of any relevant documents; and
 - e. The relief requested.
 - D. Time for filing a protest.**
 - 1. A protester filing a protest alleging improprieties in an RFP or an amendment to an RFP shall file the protest at least 14 days before the due date of receipt of proposals.
 - 2. Any protest alleging improprieties in an amendment issued 14 or fewer days before the due date of the proposal shall be filed before the due date for receipt of proposals.
 - 3. In cases other than those covered in subsections (D)(1) and (2), a protester shall file a protest no later than 10 days after the procurement officer makes the procurement file available for public inspection.
 - E. Stay of procurement during the protest.** If a protester files a protest before the contract award, the procurement officer may issue a written stay of the contract award. In considering whether to issue a written stay of contract, the procurement officer shall consider but is not limited to considering whether:
 - 1. A reasonable probability exists that the protest will be sustained, and
 - 2. The stay of the contract award is in the best interest of the state.
 - F. Stay of contract award during an appeal to the Director.** The Director shall automatically continue the stay of a contract award if:
 - 1. An appeal is filed before a contract award, and
 - 2. The procurement officer issues a stay of the contract award under subsection (E), unless
 - 3. The Director issues a written determination that the contract award is necessary to protect the best interest of the state.
 - G. Decision by the procurement officer.**
 - 1. The procurement officer shall issue a written decision no later than 14 days after a protest has been filed. The decision shall contain an explanation of the basis of the decision.
 - 2. The procurement officer shall furnish a copy of the decision to the protester by:
 - a. Certified mail, return receipt requested; or
 - b. Any other method that provides evidence of receipt.
 - 3. The Administration may extend, for good cause, the time-limit for decisions in subsection (G)(1) for a time not to exceed 30 days. The procurement officer shall notify the protester in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
 - 4. If the procurement officer fails to issue a decision within the time-limits in subsection (G)(1) or (G)(3), the protester may proceed as if the procurement officer issued an adverse decision.
 - H. Remedies.**
 - 1. If the procurement officer sustains the protest in whole or in part and determines that the RFP, proposed contract award, or contract award does not comply with applicable statutes and rules, the procurement officer shall order an appropriate remedy.
 - 2. In determining an appropriate remedy, the procurement officer shall consider all the circumstances of the procurement or proposed procurement, including:
 - a. Seriousness of the procurement deficiency,
 - b. Degree of prejudice to other interested parties or to the integrity of the RFP process,
 - c. Good faith of the parties,
 - d. Extent of performance,
 - e. Costs to the state, and
 - f. Urgency of the procurement.
 - g. Best interest of the state.
 - 3. An appropriate remedy may include one or more of the following:
 - a. Terminating the contract;
 - b. Reissuing the RFP;
 - c. Issuing a new RFP;
 - d. Awarding a contract consistent with statutes, rules, and the terms of the RFP; or
 - e. Any relief determined necessary to ensure compliance with applicable statutes and rules.
 - I. Appeals to the Director.**
 - 1. A person may file an appeal of a procurement officer's decision with both the Director and the procurement officer no later than five days from the date the decision is received. The date the decision is received shall be determined under subsection (G)(2).
 - 2. The appeal shall contain:
 - a. The information required in subsection (C)(2),
 - b. A copy of the procurement officer's decision,
 - c. The alleged factual or legal error in the decision of the procurement officer on which the appeal to the Director is based, and
 - d. A request for hearing unless the person requests that the Director's decision be based solely upon the procurement file.
 - J. Dismissal.** The Director shall not schedule a hearing and shall dismiss an appeal with a written determination if:
 - 1. The appeal does not state a basis for protest,
 - 2. The appeal is untimely under subsection (I)(1), or
 - 3. The appeal is moot.
 - K. Hearing.** Hearings under this Section shall be conducted using the Arizona Administrative Procedure Act under A.R.S. Title 41, Ch. 6.
- Historical Note**
- Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).
- R9-22-605. Waiver of Contractor's Subcontract with Hospitals**
- If a contractor is unable to obtain a subcontract with a hospital as contractually required, the contractor may request in writing a waiver from the Administration as allowed by A.R.S. § 36-2906. The contractor shall state in the request the reasons a waiver is believed to be necessary and all efforts the contractor has made to secure a subcontract.
- Historical Note**
- Adopted effective January 31, 1986 (Supp. 86-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 607,

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effective February 5, 1999 (Supp. 99-1). New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-606. Contract Compliance Sanction

- A. The Director may impose sanctions upon a contractor for violation of any provision of this Chapter or of a contract. Sanctions include but are not limited to:
1. Suspension of any or all further member enrollment, by choice and/or assignment for a period of time.
 2. Imposition of a monetary sanction.
- B. The Director shall consider the nature, severity, and length of the violation when determining a sanction.
- C. The Director shall provide a contractor with written notice specifying grounds and terms for the sanction.
- D. Nothing contained in this Section shall be construed to prevent the Administration from imposing sanctions as provided in contract under A.R.S. § 36-2903.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

ARTICLE 7. STANDARDS FOR PAYMENTS**R9-22-701. Standards for Payments Related Definitions**

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

“Accommodation” means room and board services provided to a patient during an inpatient hospital stay and includes all staffing, supplies, and equipment. The accommodation is semi-private except when the member must be isolated for medical reasons. Types of accommodation include hospital routine medical/surgical units, intensive care units, and any other specialty care unit in which room and board are provided.

“Aggregate” means the combined amount of hospital payments for covered services provided within and outside the GSA.

“AHCCCS inpatient hospital day or days of care” means each day of an inpatient stay for a member beginning with the day of admission and including the day of death, if applicable, but excluding the day of discharge, provided that all eligibility, medical necessity, and medical review requirements are met.

“Ancillary service” means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

“APC” means the Ambulatory Payment Classification system under 42 CFR 419.31 used by Medicare for grouping clinically and resource-similar procedures and services.

“Billed charges” means charges for services provided to a member that a hospital includes on a claim consistent with the rates and charges filed by the hospital with Arizona Department of Health Services (ADHS).

“Business agent” means a company such as a billing service or accounting firm that renders billing statements and receives payment in the name of a provider.

“Capital costs” means costs as reported by the hospital to CMS as required by 42 CFR 413.20.

“Copayment” means a monetary amount, specified by the Director, that a member pays directly to a contractor or provider at the time covered services are rendered.

“Cost-to-charge ratio” (CCR) means a hospital’s costs for providing covered services divided by the hospital’s charges for the same services. The CCR is the percentage derived from the cost and charge data for each revenue code provided to AHC-CCS by each hospital.

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for covered services that meet medical review criteria of AHC-CCS or a contractor.

“CHC” means a Community Health Center, which includes both Federally Qualified Health Centers and Rural Health Clinics.

“CPT” means Current Procedural Terminology, published, and updated by the American Medical Association. CPT is a nationally-accepted listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians that provide a uniform language to accurately designate medical, surgical, and diagnostic services.

“Critical Access Hospital” is a hospital certified by Medicare under 42 CFR 485 Subpart F and 42 CFR 440.170(g).

“Direct graduate medical education costs” or “direct program costs” means the costs that are incurred for the education activities of an approved graduate medical education program that are the proximate result of training medical residents in the hospital, including resident salaries and fringe benefits, the portion of teaching physician salaries and fringe benefits that are related to the time spent in teaching and supervision of residents, and other related GME overhead costs.

“DRI inflation factor” means Global Insights Prospective Hospital Market Basket.

“Eligibility posting” means the date a member’s eligibility information is entered into the AHCCCS Pre-paid Medical Management Information System (PMMIS).

“Encounter” means a record of a medically-related service rendered by an AHCCCS-registered provider to a member enrolled with a contractor on the date of service.

“Existing outpatient service” means a service provided by a hospital before the hospital files an increase in its charge master as defined in R9-22-712(G), regardless of whether the service was explicitly described in the hospital charge master before filing the increase or how the service was described in the charge master before filing the increase.

“Expansion funds” means funds appropriated to support GME program expansions as described under A.R.S. § 36-2903.01(G)(9)(b) and (c)(i).

“Factor” means a person or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold, or transferred to the organization for an added fee or a

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deduction of a portion of the accounts receivable. Factor does not include a business agent.

“Fiscal intermediary” means an organization authorized by CMS to make determinations and payments for Part A and Part B provider services for a given region.

“Freestanding Children’s Hospital” means a separately standing hospital with at least 120 pediatric beds that is dedicated to providing the majority of the hospital’s services to children.

“GME program approved by the Administration” or “approved GME program” means a graduate medical education program that has been approved by a national organization as described in 42 CFR 415.152.

“Graduate medical education (GME) program” means an approved residency or fellowship program that prepares a physician for independent practice of medicine by providing didactic and clinical education in a medical environment to a medical student who has completed a recognized undergraduate medical education program.

“HCAC” means a health care acquired condition described under 42 CFR 447.26 but does not include Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

“HCPCS” means the Health Care Procedure Coding System, published, and updated by Center for Medicare and Medicaid Services (CMS). HCPCS is a listing of codes and descriptive terminology used for reporting the provision of physician services, other health care services, and substances, equipment, supplies, or other items used in health care services.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as specified under 45 CFR 162, that establishes standards and requirements for the electronic transmission of certain health information by defining code sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

“ICU” means the intensive care unit of a hospital.

“Indirect program costs” means the marginal increase in operating costs that a provider experiences as a result of having an approved graduate medical education program and that is not accounted for by the direct program costs.

“Intern and Resident Information System” means a software program used by teaching providers and the provider community for collecting and reporting information on resident training in hospital and non-hospital settings.

“Medical education costs” means direct costs for intern and resident salaries, fringe benefits, program costs, nursing school education, and paramedical education, as described in the Medicare Provider Reimbursement Manual.

“Medical review” means a clinical evaluation of documentation conducted by AHCCCS or a contractor for purposes of prior authorization, concurrent review, post-payment review, or determining medical necessity. The criteria for medical review are established by AHCCCS or a contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Medicare Urban or Rural Cost-to-Charge Ratio (CCR)” means statewide average capital cost-to-charge ratio published

annually by CMS added to the urban or rural statewide average operating cost-to-charge ratio published annually by CMS.

“National Standard code sets” means codes that are accepted nationally in accordance with federal requirements under 45 CFR 160 and 45 CFR 164.

“New hospital” means a hospital for which Medicare Cost Report claim and encounter data are not available for the fiscal year used for initial rate setting or rebasing.

“NICU” means the neonatal intensive care unit of a hospital that is classified as a Level II or Level III perinatal center by the Arizona Perinatal Trust.

“Non-IHS Acute Hospital” means a hospital that is not run by Indian Health Services, is not a free-standing psychiatric hospital, such as an IMD, and is paid under ADHS rates.

“Observation day” means a physician-ordered evaluation period of less than 24 hours to determine whether a person needs treatment or needs to be admitted as an inpatient. Each observation day consists of a period of 24 hours or less.

“Operating costs” means AHCCCS-allowable accommodation costs and ancillary department hospital costs excluding capital and medical education costs.

“OPPC” means an Other Provider Preventable Condition that is: (1) a wrong surgical or other invasive procedure performed on a patient, (2) a surgical or other invasive procedure performed on the wrong body part, or (3) a surgical or other invasive procedure performed on the wrong patient.

“Organized health care delivery system” means a public or private organization that delivers health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

“Outlier” means a hospital claim or encounter in which the operating costs per day for an AHCCCS inpatient hospital stay meet the criteria described under this Article and A.R.S. § 36-2903.01(G).

“Outpatient hospital service” means a service provided in an outpatient hospital setting that does not result in an admission.

“Ownership change” means a change in a hospital’s owner, lessor, or operator under 42 CFR 489.18(a).

“Participating institution” means an institution at which portions of a graduate medical education program are regularly conducted and to which residents rotate for an educational experience for at least one month.

“Peer group” means hospitals that share a common, stable, and independently definable characteristic or feature that significantly influences the cost of providing hospital services, including specialty hospitals that limit the provision of services to specific patient populations, such as rehabilitative patients or children.

“PPC” means prior period coverage. PPC is the period of time, prior to the member’s enrollment, during which a member is eligible for covered services. The time-frame is the first day of the month of application or the first eligible month, whichever is later, until the day a member is enrolled with a contractor.

“PPS bed” means Medicare-approved Prospective Payment beds for inpatient services as reported in the Medicare cost reports for the most recent fiscal year for which the Administration has a complete set of Medicare cost reports for every

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rural hospital as determined as of the first of February of each year.

“Primary care GME program” means a graduate medical education program that prepares a physician for the practice of internal medicine, family medicine, pediatrics, obstetrics, geriatrics, or psychiatry.

“Procedure code” means the numeric or alphanumeric code listed in the CPT or HCPCS manual by which a procedure or service is identified.

“Prospective rates” means inpatient or outpatient hospital rates set by AHCCCS in advance of a payment period and representing full payment for covered services excluding any quick-pay discounts, slow-pay penalties, and first-and third-party payments regardless of billed charges or individual hospital costs.

“Public hospital” means a hospital that is owned and operated by county, state, or hospital health care district.

“Qualifying health information exchange organization” means a non-profit health information organization as defined in A.R.S. § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers.

“Rebase” means the process by which the most currently available and complete Medicare Cost Report data for a year and AHCCCS claim and encounter data for the same year are collected and analyzed to reset the Inpatient Hospital Tiered per diem rates, or the Outpatient Hospital Capped Fee-For-Service Schedule.

“Reinsurance” means a risk-sharing program provided by AHCCCS to contractors for the reimbursement of specified contract service costs incurred by a member beyond a certain monetary threshold.

“Remittance advice” means an electronic or paper document submitted to an AHCCCS-registered provider by AHCCCS to explain the disposition of a claim.

“Resident” means a physician engaged in postdoctoral training in an accredited graduate medical education program, including an intern and a physician who has completed the requirements for the physician’s eligibility for board certification.

“Revenue code” means a numeric code, that identifies a specific accommodation, ancillary service, or billing calculation, as defined by the National Uniform Billing committee for UB04 forms.

“Sub-acute services” means inpatient care for a patient with an acute illness, injury, or exacerbation of a disease process when the patient does not require acute inpatient hospitalization. Sub-acute care is rendered immediately after, or instead of, acute inpatient hospitalization.

“Specialty facility” means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.

“Sponsoring institution” means the institution or entity that is recognized by the GME accrediting organization and designated as having ultimate responsibility for the assurance of academic quality and compliance with the terms of accreditation.

“Tier” means a grouping of inpatient hospital services into levels of care based on diagnosis, procedure, or revenue codes, peer group, NICU classification level, or any combination of these items.

“Tiered per diem” means an AHCCCS capped fee schedule in which payment is made on a per-day basis depending upon the tier (or tiers) into which an AHCCCS inpatient hospital day of care is assigned.

“Trip” means a one-way transport each time a taxi is called. If the taxi waits for the member, then the transport continues to be part of the one-way trip. If the taxi leaves and is called to pick up the member, that is considered a new one-way trip.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-701 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-701 repealed, new Section R9-22-701 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014; amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

R9-22-701.01. Reserved

R9-22-701.02. Reserved

R9-22-701.03. Reserved

R9-22-701.04. Reserved

R9-22-701.05. Reserved

R9-22-701.06. Reserved

R9-22-701.07. Reserved

R9-22-701.08. Reserved

R9-22-701.09. Reserved

R9-22-701.10 Scope of the Administration’s and Contractor’s Liability

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The Administration shall bear no liability for providing covered services for any member beyond the date of termination of the member's eligibility or during the member's enrollment with a contractor. A contractor has no financial responsibility for services provided to a member beyond the last date of enrollment except as provided in Articles 2 and 5 of this Chapter and as specified in contract.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-702. Charges to Members

- A.** For purposes of this subsection, the term "member" includes the member's financially responsible representative as described under A.R.S. § 36-2903.01.
- B.** Registered providers must accept payment from the Administration or a contractor as payment in full.
- C.** Except as provided in subsection (D) a registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person.
- D.** An AHCCCS registered provider may charge, submit a claim to, or demand or collect payment from a member:
 1. To collect the copayment described in R9-22-711;
 2. To recover from a member that portion of a payment made by a third party to the member for an AHCCCS covered service if the member has not transferred the payment to the Administration or the contractor as required by the statutory assignment of rights to AHCCCS;
 3. To obtain payment from a member for medical expenses incurred during a period when the member intentionally withheld information or intentionally provided inaccurate information pertaining to the member's AHCCCS eligibility or enrollment that caused payment to the provider to be reduced or denied;
 4. For a service that is excluded by statute or rule, or provided in an amount that exceeds a limitation in statute or rule, if the member signs a document in advance of receiving the service stating that the member understands the service is excluded or is subject to a limit and that the member will be financially responsible for payment for the excluded service or for the services in excess of the limit;
 5. When the contractor or the Administration has denied authorization for a service if the member signs a document in advance of receiving the service stating that the member understands that authorization has been denied and that the member will be financially responsible for payment for the service;
 6. For services requested for a member enrolled with a contractor, and rendered by a noncontracting provider under circumstances where the member's contractor is not responsible for payment of "out of network" services under R9-22-705(A), if the member signs a document in advance of receiving the service stating that the member understands the provider is out of network, that the member's contractor is not responsible for payment, and that the member will be financially responsible for payment for the excluded service;
 7. For services rendered to a person eligible for the FESP if the provider submits a claim to the Administration in the reasonable belief that the service is for treatment of an emergency medical condition and the Administration

denies the claim because the service does not meet the criteria of R9-22-217; or

8. If the provider has received verification from the Administration that the person was not an eligible person on the date of service.
- E.** The signature requirement of subsections (D)(4), (D)(5), and (D)(6) do not apply if:
 1. The member is unable or incompetent to sign such a document, or
 2. When services are rendered for the purpose of treating an emergency medical condition as defined in R9-22-217 and a delay in providing treatment to obtain a signature would have a significant adverse affect on the member's health.
- F.** Except as provided for in this Section, registered providers shall not bill a member when the provider could have received reimbursement from the Administration or a contractor but for the provider's failure to file a claim in accordance with the requirements of AHCCCS statutes, rules, the provider agreement, or contract, such as, but not limited to, requirements to request and obtain prior authorization, timely filing, and clean claim requirements.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-702 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text identical to the emergency (Supp. 83-3). Former Section R9-22-702 repealed, new Section R9-22-702 adopted effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (B) effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

R9-22-703. Payments by the Administration

- A.** General requirements. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- B.** Timely submission of claims.
 1. Under A.R.S. § 36-2904, the Administration shall deem a paper claim to be submitted on the date that it is received by the Administration. An electronic claim is deemed received by the Administration when the claim enters the information processing system designated by the Administration for electronic claims in a form that is capable of being processed by the designated information processing

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system. The Administration shall do one or more of the following for each claim it receives:

- a. Place a date stamp on the face of the claim,
 - b. Assign a system-generated claim reference number, or
 - c. Assign a system-generated date-specific number.
2. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
 - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
 - b. Six months from the date of eligibility posting.
 3. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
 - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
 - b. Twelve months from the date of eligibility posting.
 4. Unless a shorter time period is specified in contract, the Administration shall not pay a claim submitted by an HIS or tribal facility for a covered service unless the claim is initially submitted within 12 months from the date of service, date of discharge, or eligibility posting, whichever is later.
- C. Claims processing.**
1. The Administration shall notify the AHCCCS-registered provider with a remittance advice when a claim is processed for payment.
 2. The Administration shall reimburse a hospital for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and in the manner and at the rate described in A.R.S. § 36-2903.01:
 - a. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
 - b. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
 - c. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a fee of one percent per month for each month or portion of a month following the 60th day of receipt of the bill until date of payment.
 3. A claim is paid on the date indicated on the disbursement check.
 4. A claim is denied as of the date of the remittance advice.
 5. The Administration shall process a hospital claim under this Article.
- D. Prior authorization.**
1. An AHCCCS-registered provider shall:
 - a. Obtain prior authorization from the Administration for non-emergency hospital admissions, covered services as specified in Articles 2 and 12 of this Chapter, and for administrative days as described in R9-22-712.75,
 - b. Notify the Administration of hospital admissions under Article 2 of this Chapter, and
 - c. Make records available for review by the Administration upon request.
 2. The Administration may deny a claim if the provider fails to comply with subsection (D)(1).
 3. If the Administration issues prior authorization for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the Administration shall adjust the claim payment.
- E. Review of claims and coverage for hospital supplies.**
1. The Administration may conduct prepayment and post-payment review of any claims, including but not limited to hospital claims.
 2. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
 - a. Patient care kit,
 - b. Toothbrush,
 - c. Toothpaste,
 - d. Petroleum jelly,
 - e. Deodorant,
 - f. Septi soap,
 - g. Razor or disposable razor,
 - h. Shaving cream,
 - i. Slippers,
 - j. Mouthwash,
 - k. Shampoo,
 - l. Powder,
 - m. Lotion,
 - n. Comb, and
 - o. Patient gown.
 3. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
 - a. Arm board,
 - b. Diaper,
 - c. Underpad,
 - d. Special mattress and special bed,
 - e. Gloves,
 - f. Wrist restraint,
 - g. Limb holder,
 - h. Disposable item used instead of a durable item,
 - i. Universal precaution,
 - j. Stat charge, and
 - k. Portable charge.
 4. The Administration shall determine in a hospital claims review whether services rendered were:
 - a. Covered services as defined in Article 2;
 - b. Medically necessary;
 - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
 - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2903.01.
 5. If the Administration adjudicates a claim, a person may file a claim dispute challenging the adjudication under 9 A.A.C. 34.
- F. Overpayment for AHCCCS services.**
1. An AHCCCS-registered provider shall notify the Administration when the provider discovers the Administration made an overpayment.
 2. The Administration shall recoup an overpayment from a future claim cycle if an AHCCCS-registered provider fails to return the overpaid amount to the Administration.
 3. The Administration shall document any recoupment of an overpayment on a remittance advice.

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4. An AHCCCS-registered provider may file a claim dispute under 9 A.A.C. 34 if the AHCCCS-registered provider disagrees with a recoupment action.
- G. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.
- H. Prior quarter reimbursement. A provider shall:
 1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
 2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
 3. Accept payment received by the Administration as payment in full.
- I. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
- J. Payment for out-of-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an out-of-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- K. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. The Administration shall reimburse an in-state or out-of-state provider of inpatient hospital services rendered with a discharge date on or after October 1, 2014, the DRG rate established by the Administration.
- L. The Administration may enter into contracts for the provisions of transplant services.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R-22-703 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-703 repealed, new Section R9-22-703 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective September 16, 1987 (Supp. 87-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective

October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 237, effective April 4, 2021 (Supp. 21-1).

R9-22-704. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-704 adopted as an emergency now adopted and amended as a permanent rule effective August 30 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsection A., Paragraph 2. effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-705. Payments by Contractors

- A. General requirements. A contractor shall contract with providers to provide covered services to members enrolled with the contractor. The contractor is responsible for reimbursing providers and coordinating care for services provided to a member. Except as provided in subsection (A)(2), a contractor is not required to reimburse a noncontracting provider for services rendered to a member enrolled with the contractor.
 1. Providers. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of March 6, 1992, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 2. A contractor shall reimburse a noncontracting provider for services rendered to a member enrolled with the contractor as specified in this Article if:
 - a. The contractor referred the member to the provider or authorized the provider to render the services and the claim is otherwise payable under this Chapter, or
 - b. The service is emergent under Article 2 of this Chapter.
- B. Timely submission of claims.
 1. Under A.R.S. § 36-2904, a contractor shall deem a paper or electronic claim as submitted on the date that the claim is received by the contractor. The contractor shall do one or more of the following for each claim the contractor receives:
 - a. Place a date stamp on the face of the claim,
 - b. Assign a system-generated claim reference number, or
 - c. Assign a system-generated date-specific number.
 2. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
 - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
 - b. Six months from the date of eligibility posting.

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3. Unless a shorter time period is specified in subcontract, a contractor shall not pay a clean claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
 - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
 - b. Twelve months from the date of eligibility posting.
- C. Date of claim.
 1. A contractor's date of receipt of an inpatient or an outpatient hospital claim is the date the claim is received by the contractor as indicated by the date stamp on the claim, the system-generated claim reference number, or the system-generated date-specific number assigned by the contractor.
 2. A hospital claim is considered paid on the date indicated on the disbursement check.
 3. A denied hospital claim is considered adjudicated on the date of the claim's denial.
 4. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the contractor shall assign a new date of receipt upon receipt of the additional documentation.
 5. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the contractor shall not assign a new date of receipt.
 6. A contractor and a hospital may, through a contract approved as specified in R9-22-715, adopt a method for identifying, tracking, and adjudicating a claim that is different from the method described in this subsection.
- D. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. A contractor shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at either a rate specified by subcontract or, in absence of the subcontract, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715. This subsection does not apply to an urban contractor as specified in R9-22-718 and A.R.S. § 36-2905.01.
- E. Payment for Inpatient out-of-state hospital payments for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- F. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- G. Payment for in-state outpatient hospital services.

A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- H. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the contractor shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
- I. Payment for observation days. A contractor shall reimburse a provider and a noncontracting provider for the provision of observation days at either a rate specified by subcontract or, in the absence of a subcontract, as prescribed under R9-22-712, R9-22-712.10, and R9-22-712.45.
- J. Review of claims and coverage for hospital supplies.
 1. A contractor may conduct a review of any claims submitted and recoup any payments made in error.
 2. A hospital shall obtain prior authorization from the appropriate contractor for nonemergency admissions. When issuing prior authorization, a contractor shall consider the medical necessity of the service, and the availability and cost effectiveness of an alternative treatment. Failure to obtain prior authorization when required is cause for nonpayment or denial of a claim. A contractor shall not require prior authorization for medically necessary services provided during any prior period for which the contractor is responsible. If a contractor and a hospital agree to a subcontract, the parties shall abide by the terms of the subcontract regarding utilization control activities. A hospital shall cooperate with a contractor's reasonable activities necessary to perform concurrent review and shall make the hospital's medical records pertaining to a member enrolled with a contractor available for review.
 3. Regardless of prior authorization or concurrent review activities, a contractor may make prepayment or post-payment review of all claims, including but not limited to a hospital claim. A contractor may recoup an erroneously paid claim. If prior authorization was given for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the contractor shall adjust the claim payment.
 4. A contractor and a hospital may enter into a subcontract that includes hospital claims review criteria and procedures if the subcontract meets the requirements of R9-22-715.
 5. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
 - a. Patient care kit,
 - b. Toothbrush,
 - c. Toothpaste,
 - d. Petroleum jelly,
 - e. Deodorant,
 - f. Septi soap,
 - g. Razor,
 - h. Shaving cream,
 - i. Slippers,
 - j. Mouthwash,
 - k. Disposable razor,
 - l. Shampoo,

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- m. Powder,
- n. Lotion,
- o. Comb, and
- p. Patient gown.
- 6. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
 - a. Arm board,
 - b. Diaper,
 - c. Underpad,
 - d. Special mattress and special bed,
 - e. Gloves,
 - f. Wrist restraint,
 - g. Limb holder,
 - h. Disposable item used instead of a durable item,
 - i. Universal precaution,
 - j. Stat charge, and
 - k. Portable charge.
- 7. The contractor shall determine in a hospital claims review whether services rendered were:
 - a. Covered services as defined in R9-22-201;
 - b. Medically necessary;
 - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
 - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2904.
- 8. If a contractor adjudicates a claim or recoups payment for a claim, a person may file a claim dispute challenging the adjudication or recoupment as described under 9 A.A.C. 34.
- K.** Non-hospital claims. A contractor shall pay claims for non-hospital services in accordance with contract, or in the absence of a contract, at a rate not less than the Administration's capped fee-for-service schedule or at a lower rate if negotiated between the two parties.
- L.** Payments to hospitals. A contractor shall pay for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and as described in A.R.S. § 36-2904:
 - 1. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
 - 2. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
 - 3. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a 1 percent penalty of the rate for each month or portion of the month following the 60th day of receipt of the bill until date of payment.
- M.** Interest payment. In addition to the requirements in subsection (L), a contractor shall pay interest for late claims as defined by contract.
- N.** For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-705 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-

1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule identical to emergency (Supp. 83-3). Former Section R9-22-705 repealed, new Section R9-22-705 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (C) effective October 1, 1987; amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-706. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-706 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-706 repealed, new Section R9-22-706 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (D), (E), (F), and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (F) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (F) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4).

R9-22-707. Repealed

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Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-707 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Repealed as a permanent action effective May 16, 1983 (Supp. 83-3). New Section R9-22-707 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1985 (Supp. 85-5). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-708. Payments for Services Provided to Eligible American Indians

- A. For purposes of this Article "IHS enrolled" or "enrolled with IHS" means an American Indian who has elected to receive covered services through IHS instead of a contractor.
- B. For an American Indian who is enrolled with IHS, AHCCCS shall pay IHS the most recent all-inclusive inpatient, outpatient or ambulatory surgery rates published by Health and Human Services (HHS) in the *Federal Register*, or a separately contracted rate with IHS, for AHCCCS-covered services provided in an IHS facility. AHCCCS shall reimburse providers for the Medicare coinsurance and deductible amounts required to be paid by the Administration or contractor in A.A.C. Chapter 29, Article 3 of this Title.
- C. When IHS refers an American Indian enrolled with IHS to a provider other than an IHS or tribal facility, the provider to whom the referral is made shall obtain prior authorization from AHCCCS for services as required under Articles 2, 7 or 12 of this Chapter.
- D. For an American Indian enrolled with a contractor, AHCCCS shall pay the contractor a monthly capitation payment.
- E. Once an American Indian enrolls with a contractor, AHCCCS shall not reimburse any provider other than IHS or a Tribal facility.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-708 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-708 repealed, new Section R9-22-708 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-708 renumbered and amended as Section R9-22-709, new Section R9-22-708 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4). Amended by final

rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-709. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care

A contractor is liable for emergency hospitalization and post-stabilization care as described in R9-22-210 and R9-22-210.01.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-709 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-709 repealed, new Section R9-22-709 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-709 renumbered and amended as Section R9-22-713, former Section R9-22-708 renumbered and amended as Section R9-22-709 effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-710. Payments for Non-hospital Services

- A. Capped fee-for-service. The Administration shall provide notice of changes in methods and standards for setting payment rates for services in accordance with 42 CFR 447.205, December 19, 1983, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 1. Non-contracted services. In the absence of a contract that specifies otherwise, a contractor shall reimburse a provider or noncontracting provider for non-hospital services according to the Administration's capped-fee-for-service schedule.
 2. Procedure codes. The Administration shall maintain a current copy of the National Standard Code Sets mandated under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004), incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - a. A person shall submit an electronic claim consistent with 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
 - b. A person shall submit a paper claim using the National Standard Code Sets as described under 45

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CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).

- c. The Administration may deny a claim for failure to comply with subsection (A) (2) (a) or (b).
3. Fee schedule. The Administration shall pay providers, including noncontracting providers, at the lesser of billed charges or the capped fee-for-service rates specified in subsections (A)(3)(a) through (A)(3)(d) unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law.
 - a. Physician services. Fee schedules for payment for physician services are on file at the central office of the Administration for reference use during customary business hours.
 - b. Dental services. Fee schedules for payment for dental services are on file at the central office of the Administration for reference use during customary business hours.
 - c. Transportation services. Fee schedules for payment for transportation services are on file at the central office of the Administration for reference use during customary business hours. For dates of service beginning:
 - i. October 1, 2012 through September 30, 2013, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2012.
 - ii. October 1, 2013 through September 30, 2014, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2013.
 - iii. October 1, 2014 through September 30, 2015, the Administration and its contractors shall reimburse ambulance services at 74.74 percent of the ADHS rates that are in effect as of August 2, 2014.
 - d. Medical supplies and durable medical equipment (DME). Fee schedules for payment for medical supplies and DME are on file at the central office of the Administration for reference use during customary business hours. The Administration shall reimburse a provider once for purchase of DME during any two-year period, unless the Administration determines that DME replacement within that period is medically necessary for the member. Unless prior authorized by the Administration, no more than one repair and adjustment of DME shall be reimbursed during any two-year period.
- B. Pharmacy services. The Administration shall not reimburse pharmacy services unless the services are provided by a pharmacy having a subcontract with a Pharmacy Benefit Manager (PBM) contracted with AHCCCS. Except as specified in subsection (C), the Administration shall reimburse pharmacy services according to the terms of the contract.
- C. FQHC Pharmacy reimbursement.
 1. For purposes of this Section the following terms are defined:
 - a. "340B Drug Pricing Program" means the discount drug purchasing program described in 42 U.S.C. 256b.
 - b. "340B Ceiling Price" means the maximum price that drug manufacturers can charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to HRSA.
 - c. "340B entity" means a covered entity, eligible to participate in the 340B Drug Pricing Program, as defined by the Health Resources and Human Services Administration.
 - d. "Actual Acquisition Cost (AAC)" means the purchase price of a drug paid by a pharmacy net of discounts, rebates, chargebacks and other adjustments to the price of the drug. The AAC excludes dispensing fees.
 - e. "Contracted Pharmacy" means an arrangement through which a 340B entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications subject to 340B pricing.
 - f. "Dispensing Fee" means the amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Dispensing Fee does not include any payment for the drugs being dispensed.
 - g. "Federally Qualified Health Center" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the criteria under sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receives funds under section 330 of the Public Health Service Act.
 - h. "Federally Qualified Health Center Look-Alike" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the definition of "health center" under section 330 of the Public Health Service Act, but does not receive grant funding under section 330.
 - i. "FQHC or FQHC Look-Alike pharmacy" means a pharmacy that dispenses drugs to FQHC or FQHC-LA patients and that is owned and/or operated by an FQHC/FQHC-LA or by an entity that reports the costs of an FQHC/FQHC-LA on its Medicare Cost Report, whether or not collocated with an FQHC or an FQHC Look-Alike.
 2. Effective the later of February 1, 2012, or CMS approval of a State Plan Amendment, an FQHC or FQHC Look-Alike shall:
 - a. Notify the AHCCCS provider registration unit of its status as a 340B covered entity no later than:
 - i. 30 days after the effective date of this Section;
 - ii. 30 days after registration with the Health Resources and Services Administration (HRSA) for participation in the 340B program, or
 - iii. The time of application to become an AHCCCS provider.
 - b. Provide the 340B pricing file to the AHCCCS Administration upon request. The 340B pricing file shall be provided in the file format as defined by AHCCCS.
 - c. Identify 340B drug claims submitted to the AHCCCS FFS PBM or the Managed Care Contractors' PBMs for reimbursement. The 340B drug claim identification and claims processing for a drug claim submission shall be consistent with claim instructions.

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tions issued and required by AHCCCS to identify such claims.

3. The FQHC and the FQHC Look-Alike pharmacies shall submit claims for AHCCCS members for drugs that are identified in the 340B pricing file, whether or not purchased under the 340B pricing file, with the lesser of:
 - a. The actual acquisition cost, or
 - b. The 340B ceiling price.
4. The AHCCCS Fee-for-Service and Managed Care Contractors' PBMs shall reimburse claims for drugs which are identified in the 340B pricing file dispensed by FQHC and FQHC Look -Alike pharmacies, whether or not purchased under the 340B pricing file, at the amount submitted under subsection (C)(3) plus a dispensing fee listed in the AHCCCS Capped Fee-For-Service Schedule unless a contract between the 340B entity and a Managed Care Contractor's PBM specifies a different dispensing fee.
5. Contracted pharmacies shall not submit claims for drugs dispensed under an agreement with the 340B entity as part of the 340B drug pricing program, and the AHCCCS Administration and Managed Care Contractors shall not reimburse such claims.
6. The AHCCCS Administration and Managed Care Contractors shall reimburse contracted pharmacies for drugs not dispensed under an agreement with the 340B entity as part of the 340B program at the price and dispensing fee set forth in the contract between the contracted pharmacy and the AHCCCS or its Managed Care Contractors' PBMs. Neither the Administration nor its Managed Care Contractors will reimburse a contracted pharmacy that does not have a contract with the Administration or MCO's PBM.
7. The AHCCCS Administration and its Managed Care Contractors shall reimburse FQHC and FQHC Look-Alike pharmacies for drugs that are not eligible under the 340B Drug Pricing Program at the price and dispensing fee set forth in their contract with the AHCCCS or its Managed Care Contractors' PBMs.
8. AHCCCS may periodically conduct audits to ensure compliance with this Section.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-710 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of amended rule identical to emergency (Supp. 83-3). Former Section R9-22-710 repealed, new Section R9-22-710 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985. The capped fee-for-service schedules, deleted from Section R9-22-710, are now on file at the central office of the Administration (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective July 1, 1988 (Supp. 88-3). Amended subsection (B) effective April 27, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3830, effective

November 12, 2005 (Supp. 05-3). Amended by exempt rulemaking at 18 A.A.R. 212, effective February 1, 2012 (Supp. 12-1). Amended by exempt rulemaking at 18 A.A.R. 1971, effective August 1, 2012 (Supp. 12-3).

Amended by exempt rulemaking at 18 A.A.R. 2630, effective October 1, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 1681, effective August 9, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3525, effective October 18, 2013 (Supp. 13-4)

R9-22-711. Copayments**A. For purposes of this Article:**

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.
2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. No refunds shall be made for a retroactive period if there is a change in an individual's status that alters the amount of a copayment.

B. The following services are exempt from AHCCCS copayments for all members:

1. Family planning services and supplies,
2. Services related to a pregnancy or any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for a pregnant woman,
3. Emergency services as described in 42 CFR 447.56(2)(i),
4. All services paid on a fee-for-service basis,
5. Preventive services, such as well visits, immunizations, pap smears, colonoscopies, and mammograms,
6. Provider preventable services.

C. The following individuals are exempt from AHCCCS copayments:

1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
3. An individual eligible for the Arizona Long-Term Care Program in A.R.S. § 36-2931;
4. An individual eligible for QMB under Chapter 29;
5. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E);
6. An individual receiving nursing facility or HCBS services under R9-22-216;
7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o);
8. An American Indian individual enrolled in a health plan and has received services through an IHS facility, tribal 638 facility or urban Indian health program;
9. An individual eligible in the Breast and Cervical Cancer program as described under Article 20;
10. An individual who is pregnant including the postpartum period which is the last day of the month in which the 60th day following the date the pregnancy ends;
11. An individual with respect to whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care, without regard to age;
12. An individual with respect to whom adoption or foster care assistance is made available under Part E of Title IV of the Social Security Act, without regard to age; and
13. An adult eligible under R9-22-1427(E), with income at or below 106% of the FPL.

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- D. Non-mandatory copayments.** Unless otherwise listed in subsection (B) or (C), individuals under subsections (D)(1) through (6) are subject to the copayments listed in this subsection. A provider shall not deny a service when a member states to the provider an inability to pay a copayment.
1. A caretaker relative eligible under R9-22-1427(A);
 2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(a)(iii);
 3. An individual eligible for State Adoption Assistance in R9-22-1433;
 4. An individual eligible for Supplemental Security Income (SSI);
 5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in Article 15; and
 6. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g).
 7. Copayment amount per service:
 - a. \$2.30 per prescription drug.
 - b. \$3.40 per outpatient visit, excluding an emergency room visit, if any of the services rendered during the visit are coded as evaluation and management services or non-emergent surgical procedures according to the National Standard Code Sets. An outpatient visit includes any setting where these services are performed such as a physician's office, an Ambulatory Surgical Center (ASC), or a clinic.
 - c. \$2.30 per visit, if a copayment is not being imposed under subsection (D)(7)(b) and any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
- E. Mandatory copayments.**
1. Copayments for individuals eligible for Transitional Medical Assistance (TMA) under R9-22-1427(B)(1)(c)(i). Unless otherwise listed in subsection (C), an individual is required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
 - a. \$2.30 per prescription drug.
 - b. \$4.00 per outpatient visit, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - c. If a copayment is not being imposed under subsection (E)(1)(b), \$3.00 per visit if any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
 - d. If a copayment is not being imposed under subsection (E)(1)(b) or (c), \$3.00 per visit, if any of the services rendered during the visit are coded as non-emergent surgical procedures according to the National Standard Code Sets.
 2. Copayments for persons eligible under R9-22-1427(E) with income above 106% of the FPL and for persons eligible under A.R.S. §§ 36-2907.10 and 36-2907.11. Subject to CMS approval, unless otherwise listed in subsection (C), these individuals are required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
 - a. \$4.00 per prescription drug.
 - b. \$5.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate from \$50 to less than \$100, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - c. \$10.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate of \$100 or greater, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - d. If a copayment is not being imposed under subsection (E)(2)(b) or (E)(2)(c), for services coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
 - i. \$2.00 if the rate on the fee schedule is \$20 to \$39.99,
 - ii. \$4.00 if the rate on the fee schedule is \$40 to \$49.99, or
 - iii. \$5.00 if the rate on the fee schedule is \$50 and above per visit.
 - e. If a copayment is not being imposed under subsection (E)(2)(b) –(E)(2)(d), for services coded as non-emergent surgical procedures according to the National Standard Code Sets,
 - i. \$30.00 if the rate on the fee schedule is \$300 to \$499.99, or
 - ii. \$50.00 if the rate on the fee schedule is \$500 and above per visit.
 - f. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$2.00 per trip for non-emergency transportation in an urban area.
 - g. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$8.00 for non-emergency use of the emergency room.
 - h. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$75 for an Inpatient stay.
 3. The provider may deny a service if the member does not pay the copayment required by subsection (E), however, a provider may choose to reduce or waive copayments under this subsection on a case-by-case basis.
- F.** A provider is responsible for collecting any copayment imposed under this Section.
- G.** The total aggregate amount of copayments under subsections (D) or (E) may not exceed 5% of the family's income as applied on a quarterly basis. The member may establish that the aggregate limit has been met on a quarterly basis by providing the Administration with records of copayments incurred during the quarter. In addition, the Administration shall also use claims and encounters information available to the Administration to establish when a member's copayment obligation has reached 5% of the family's income.

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- H.** Reduction in payments to providers. The Administration and its contractors shall reduce the payment it makes to any provider by the amount of a member's copayment obligation under subsection (E), regardless of whether the provider successfully collects the copayments described in this Section.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Sections R9-22-711 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-711 repealed, new Section R9-22-711 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4557, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 2194, effective May 3, 2004 (Supp. 04-2). Amended by exempt rulemaking at 10 A.A.R. 4266, effective October 1, 2004 (Supp. 04-3). Amended by final rulemaking at 16 A.A.R. 1449, effective October 1, 2010 (Supp. 10-3). Section amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Section amended by final rulemaking at 19 A.A.R. 2954, effective November 11, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 128, effective December 30, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

Editor's Note: The following Section was adopted and amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-712. Reimbursement: General

- A.** Inpatient and outpatient discounts and penalties. If a claim is pending for additional documentation required under A.R.S. § 36-2903.01(G)(4), the period during which the claim is pending is not used in the calculation of the quick-pay discounts and slow-pay penalties under A.R.S. § 36-2903.01(G)(5).
- B.** Inpatient and outpatient in-state or out-of-state hospital payments.
1. Payment for inpatient out-of-state hospital services for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(d).
 2. Payment for inpatient in-state hospital services for claims with discharge dates on or before September 30, 2014. AHCCCS shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
 3. Payment for inpatient in-state or out-of-state hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in the absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
 4. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse an out-of-state hospital for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the Administration shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
 5. Outpatient in-state hospital payments. A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- C.** Access to records. Subcontracting and noncontracting providers of outpatient or inpatient hospital services shall allow the Administration access to medical records regarding eligible persons and shall in all other ways fully cooperate with the Administration or the Administration's designated representative in performance of the Administration's utilization control activities. The Administration shall deny a claim for failure to cooperate.
- D.** Prior authorization. The Administration or contractor may deny a claim if a provider fails to obtain prior authorization as required under R9-22-210.
- E.** Review of claims. Regardless of prior authorization or concurrent review activities, the Administration may subject all hospital claims, including outliers, to prepayment medical review or post-payment review, or both. The Administration shall conduct post-payment reviews consistent with A.R.S. § 36-2903.01 and may recoup erroneously paid claims.
- F.** Claim receipt.
1. The Administration's date of receipt of inpatient or outpatient hospital claims is the date the claim is received by the Administration as indicated by the date stamp on the claim and the system-generated claim reference number or system-generated date-specific number.
 2. Hospital claims are considered paid on the date indicated on disbursement checks.
 3. A denied claim is considered adjudicated on the date the claim is denied.
 4. Claims that are denied and are resubmitted are assigned new receipt dates.

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5. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the Administration shall assign a new date of receipt upon receipt of the additional documentation.
 6. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the Administration shall not assign a new date of receipt.
- G. Outpatient hospital reimbursement.** The Administration shall pay for covered outpatient hospital services provided to eligible persons with dates of service from March 1, 1993 through June 30, 2005, at the AHCCCS outpatient hospital cost-to-charge ratio, multiplied by the amount of the covered charges.
1. Computation of outpatient hospital reimbursement. The Administration shall compute the cost-to-charge ratio on a hospital-specific basis by determining the covered charges and costs associated with treating eligible persons in an outpatient setting at each hospital. Outpatient operating and capital costs are included in the computation but outpatient medical education costs that are included in the inpatient medical education component are excluded. To calculate the outpatient hospital cost-to-charge ratio annually for each hospital, the Administration shall use each hospital's Medicare Cost Reports and a database consisting of outpatient hospital claims paid and encounters processed by the Administration for each hospital, subjecting both to the data requirements specified in R9-22-712.01. The Administration shall use the following methodology to establish the outpatient hospital cost-to-charge ratios:
 - a. Cost-to-charge ratios. The Administration shall calculate the costs of the claims and encounters for outpatient hospital services by multiplying the ancillary line item cost-to-charge ratios by the covered charges for corresponding revenue codes on the claims and encounters. Each hospital shall provide the Administration with information on how the revenue codes used by the hospital to categorize charges on claims and encounters correspond to the ancillary line items on the hospital's Medicare Cost Report. The Administration shall then compute the overall outpatient hospital cost-to-charge ratio for each hospital by taking the average of the ancillary line items cost-to-charge ratios for each revenue code weighted by the covered charges.
 - b. Cost-to-charge limit. To comply with 42 CFR 447.325, the Administration may limit cost-to-charge ratios to 1.00 for each ancillary line item from the Medicare Cost Report. The Administration shall remove ancillary line items that are non-covered or not applicable to outpatient hospital services from the Medicare Cost Report data for purposes of computing the overall outpatient hospital cost-to-charge ratio.
 2. New hospitals. The Administration shall reimburse new hospitals at the weighted statewide average outpatient hospital cost-to-charge ratio multiplied by covered charges. The Administration shall continue to use the statewide average outpatient hospital cost-to-charge ratio for a new hospital until the Administration rebases the outpatient hospital cost-to-charge ratios and the new hospital has a Medicare Cost Report for the fiscal year being used in the rebasing.
 3. Specialty outpatient services. The Administration may negotiate, at any time, reimbursement rates for outpatient hospital services in a specialty facility.
 4. Reimbursement requirements. To receive payment from the Administration, a hospital shall submit claims that are legible, accurate, error free, and have a covered charge greater than zero. The Administration shall not reimburse hospitals for emergency room treatment, observation hours or days, or other outpatient hospital services performed on an outpatient basis, if the eligible person is admitted as an inpatient to the same hospital directly from the emergency room, observation area, or other outpatient department. Services provided in the emergency room, observation area, and other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment.
 5. Rebasing. The Administration shall rebase the outpatient hospital cost-to-charge ratios at least every four years but no more than once a year using updated Medicare Cost Reports and claim and encounter data.
 6. If a hospital files an increase in its charge master for an existing outpatient service provided on or after July 1, 2004, and on or before June 30, 2005, which represents an aggregate increase in charges of more than 4.7%, the Administration shall adjust the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) by applying the following formula:

$$CCR * [1.047 / (1 + \% \text{ increase})]$$
 Where "CCR" means the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) and "% increase" means the aggregate percentage increase in charges for outpatient services shown on the hospital charge master.
 "Charge master" means the schedule of rates and charges as described under A.R.S. § 36-436 and the rules that relate to those rates and charges that are filed with the Director of the Arizona Department of Health Services.

Historical Note

Adopted as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to emergency (Supp. 83-3). Former Section R9-22-712 repealed, new Section R9-22-712 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). New Section R9-22-712 adopted under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective January 14, 1997 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 3831, effective August 25, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 17 A.A.R.

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1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.01. Inpatient Hospital Reimbursement for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHCCCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

1. Tier rate data. The Administration shall base tiered per diem rates effective on and after October 1, 1998 on Medicare Cost Reports for Arizona hospitals for the fiscal year ending in 1996 and a database consisting of inpatient hospital claims and encounters for dates of service matching each hospital's 1996 fiscal year end.
 - a. Medicare Cost Report data. Because Medicare Cost Report years are not standard among hospitals and were not audited at the time of the rate calculation, the Administration shall inflate all the costs to a common point in time as described in subsection (2) for each component of the tiered per diem rates. The Administration shall not make any changes to the tiered per diem rates if the Medicare Cost Report data are subsequently updated or adjusted. If a single Medicare Cost Report is filed for more than one hospital, the Administration shall allocate the costs to each of the respective hospitals. A hospital shall submit information to assist the Administration in this allocation.
 - b. Claim and encounter data. For the database, the Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were accepted and processed by the Administration at the time the database was developed for rates effective on and after October 1, 1998. The Administration shall subject the claim and encounter data to a series of data quality, reasonableness, and integrity edits and shall exclude from the database or adjust claims and encounters that fail these edits. The Administration shall also exclude from the database the following claims and encounters:
 - i. Those missing information necessary for the rate calculation,
 - ii. Medicare crossovers,
 - iii. Those submitted by freestanding psychiatric hospitals, and
 - iv. Those for transplant services or any other hospital service that the Administration would pay on a basis other than the tiered per diem rate.
2. Tier rate components. The Administration shall establish inpatient hospital prospective tiered per diem rates based on the sum of the operating and capital components. The rate for the operating component is a statewide rate for each tier except for the NICU and Routine tiers, which are based on peer groups. The rate for the capital component is a blend of statewide and hospital-specific values, as described in A.R.S. § 36-2903.01. The Administration shall use the following methodologies to establish the rates for each of these components.
 - a. Operating component. Using the Medicare Cost Reports and the claim and encounter database, the Administration shall compute the rate for the operating component as follows:
 - i. Data preparation. The Administration shall identify and group into department categories, the Medicare Cost Report data that provide ancillary department cost-to-charge ratios and accommodation costs per day. To comply with 42 CFR 447.271, the Administration shall limit cost-to-charge ratios to 1.00 for each ancillary department.
 - ii. Operating cost calculation. To calculate the rate for the operating component, the Administration shall derive the operating costs from claims and encounters by combining the Medicare Cost Report data and the claim and encounter database for all hospitals. In performing this calculation, the Administration shall match the revenue codes on the claims and encounters to the departments in which the line items on the Medicare Cost Reports are grouped. The ancillary department cost-to-charge ratios for a particular hospital are multiplied by the covered ancillary department charges on each of the hospital's claims and encounters. The AHCCCS inpatient days of care on the particular hospital's claims and encounters are multiplied by the corresponding accommodation costs per day from the hospital's Medicare Cost Report. The ancillary cost-to-charge ratios and accommodation costs per day do not include medical education and capital costs. The Administration shall inflate the resulting operating costs for the claims and encounters of each hospital to a common point in time, December 31, 1996, using the DRI inflation factor and shall reduce the operating costs for the hospital by an audit adjustment factor based on available national data and Arizona historical experience in adjustments to Medicare reimbursable costs. The Administration shall further inflate operating costs to the midpoint of the rate year (March 31, 1999).
 - iii. Operating cost tier assignment. After calculating the operating costs, the Administration shall assign the claims and encounters used in the calculation to tiers based on diagnosis, procedure, or revenue codes, or NICU classification level, or a combination of these. For the NICU tier, the Administration shall further

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- assign claims and encounters to NICU Level II or NICU Level III peer groups, based on the hospital's certification by the Arizona Perinatal Trust. For the Routine tier, the Administration shall further assign claims and encounters to the general acute care hospital or rehabilitation hospital peer groups, based on state licensure by the Department of Health Services. For claims and encounters assigned to more than one tier, the Administration shall allocate ancillary department costs to the tiers in the same proportion as the accommodation costs. Before calculating the rate for the operating component, the Administration shall identify and exclude any claims and encounters that are outliers as defined in subsection (6).
- iv. Operating rate calculation. The Administration shall set the rate for the operating component for each tier by dividing total statewide or peer group hospital costs identified in this subsection within the tier by the total number of AHCCCS inpatient hospital days of care reflected in the claim and encounter database for that tier.
 - b. Capital component. For rates effective October 1, 1999 the capital component is calculated as described in A.R.S. § 36-2903.01.
 - c. Statewide inpatient hospital cost-to-charge ratio. For dates of service prior to October 1, 2007, the statewide inpatient hospital cost-to-charge ratio is used for payment of outliers, as described in subsections (4), (5), and (6), and out-of-state hospitals, as described in R9-22-712(B). The Administration shall calculate the AHCCCS statewide inpatient hospital cost-to-charge ratio by using the Medicare Cost Report data and claim and encounter database described in subsection (1) and used to determine the tiered per diem rates. For each hospital, the covered inpatient days of care on the claims and encounters are multiplied by the corresponding accommodation costs per day from the Medicare Cost Report. Similarly, the covered ancillary department charges on the claims and encounters are multiplied by the ancillary department cost-to-charge ratios. The accommodation costs per day and the ancillary department cost-to-charge ratios for each hospital are determined in the same way described in subsection (2)(a) but include costs for operating and capital. The Administration shall then calculate the statewide inpatient hospital cost-to-charge ratio by summing the covered accommodation costs and ancillary department costs from the claims and encounters for all hospitals and dividing by the sum of the total covered charges for these services for all hospitals.
 - d. Unassigned tiered per diem rates. If a hospital has an insufficient number of claims to set a tiered per diem rate, the Administration shall pay that hospital the statewide average rate for that tier.
3. Tier assignment. The Administration shall assign AHCCCS inpatient hospital days of care to tiers based on information submitted on the inpatient hospital claim or encounter including diagnosis, procedure, or revenue codes, peer group, NICU classification level, or a combination of these.
 - a. Tier hierarchy. In assigning claims for AHCCCS inpatient hospital days of care to a tier, the Administration shall follow the Hierarchy for Tier Assignment through September 30, 2014 in R9-22-712.09. The Administration shall not pay a claim for inpatient hospital services unless the claim meets medical review criteria and the definition of a clean claim. The Administration shall not pay for a hospital stay on the basis of more than two tiers, regardless of the number of interim claims that are submitted by the hospital.
 - b. Tier exclusions. The Administration shall not assign to a tier or pay AHCCCS inpatient hospital days of care that do not occur during a period when the person is eligible. Except in the case of death, the Administration shall pay claims in which the day of admission and the day of discharge are the same, termed a same day admit and discharge, including same day transfers, as an outpatient hospital claim. The Administration shall pay same day admit and discharge claims that qualify for either the maternity or nursery tiers based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
 - c. Seven tiers. The seven tiers are:
 - i. Maternity. The Administration shall identify the Maternity Tier by a primary diagnosis code. If a claim has an appropriate primary diagnosis, the Administration shall pay the AHCCCS inpatient hospital days of care on the claim at the maternity tiered per diem rate.
 - ii. NICU. The Administration shall identify the NICU Tier by a revenue code. A hospital does not qualify for the NICU tiered per diem rate unless the hospital is classified as either a NICU Level II or NICU Level III perinatal center by the Arizona Perinatal Trust. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meet the medical review criteria for the NICU tier and have a NICU revenue code at the NICU tiered per diem rate. The Administration shall pay any remaining AHCCCS inpatient hospital day on the claim that does not meet NICU Level II or NICU Level III medical review criteria at the nursery tiered per diem rate.
 - iii. ICU. The Administration shall identify the ICU Tier by a revenue code. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meets the medical review criteria for the ICU tier and has an ICU revenue code at the ICU tiered per diem rate. The Administration may classify any AHCCCS inpatient hospital days on the claim without an ICU revenue code, as surgery, psychiatric, or routine tiers.
 - iv. Surgery. The Administration shall identify the Surgery Tier by a revenue code and a valid surgical procedure code that is not on the AHCCCS excluded surgical procedure list. The excluded surgical procedure list identifies minor procedures such as sutures that do not require the same hospital resources as other procedures. The Administration shall only split

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- a surgery tier with an ICU tier. AHCCCS shall pay at the surgery tier rate only when the surgery occurs on a date during which the member is eligible.
- v. Psychiatric. The Administration shall identify the Psychiatric Tier by either a psychiatric revenue code and a psychiatric diagnosis or any routine revenue code if all diagnosis codes on the claim are psychiatric. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the psychiatric tier with any tier other than the ICU tier.
 - vi. Nursery. The Administration shall identify the Nursery Tier by a revenue code. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the nursery tier with any tier other than the NICU tier.
 - vii. Routine. The Administration shall identify the Routine Tier by revenue codes. The routine tier includes AHCCCS inpatient hospital days of care that are not classified in another tier or paid under any other provision of this Section. The Administration shall not split the routine tier with any tier other than the ICU tier.
4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
 5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the statewide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates through September 30, 2011.
 6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
 - a. Outlier criteria. For rates effective on and after October 1, 1998, the Administration set the statewide outlier cost threshold for each tier at the greater of three standard deviations from the statewide mean operating cost per day within the tier, or two standard deviations from the statewide mean operating cost per day across all the tiers. If the covered costs per day on a claim exceed the urban or rural cost threshold for a tier, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the applicable Medicare Urban or Rural CCR. The resulting amount will be the outlier payment. If there are two tiers on a claim, the Administration shall determine whether the claim is an outlier by using a weighted threshold for the two tiers. The weighted threshold is calculated by multiplying each tier rate by the number of AHCCCS inpatient hospital days of care for that tier and dividing the product by the total tier days for that hospital. Routine maternity stays shall be excluded from outlier reimbursement. A routine maternity is any one-day stay with a delivery of one or two babies. A routine maternity stay will be paid at tier.
 - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011 as described under A.R.S. § 36-2903.01. For inpatient hospital admissions with begin dates of service on and after October 1, 2011, AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
 - c. Medicare Cost-to-Charge Ratio Phase-In. AHCCCS shall phase in the use of the Medicare Urban or Rural Cost-to-Charge Ratios for outlier determination, calculation and payment. The three-year phase-in does not apply to out-of-state or new hospitals.
 - i. Medicare Cost-to-Charge Ratio Phase-In outlier determination and threshold calculation. For outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. For outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. The adjusted hospital specific inpatient cost-to-charge ratios shall be used for all calculations using the Medicare Urban or Rural Cost-to-Charge Ratios, including outlier determination, and threshold calculation.
 - ii. Medicare Cost-to-Charge Ratio Phase-In calculation for payment. For payment of outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio. For payment of outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio.
 - iii. Medicare Cost-to-Charge Ratio for outlier determination, threshold calculation, and payment. For outlier claims with dates of service on or after October 1, 2009, the full Medicare

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- Urban or Rural Cost-to-Charge Ratios shall be utilized for all outlier calculations.
- d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
 - i. For qualification and payment of outlier claims with begin dates of service on or after April 1, 2011 through September 30, 2011, the CCR will be equal to 95% of the ratios in effect on October 1, 2010.
 - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011, the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR as described in subsection (6)(b).
 - iii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011 by an additional percentage equal to the total percent increase reported on the charge master.
 - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.
 7. Transplants. The Administration shall reimburse hospitals for an AHCCCS inpatient stay in which a covered transplant as described in R9-22-206 is performed through the terms of the relevant contract. If the Administration and a hospital that performs transplant surgery on an eligible person do not have a contract for the transplant surgery, the Administration shall not reimburse the hospital more than what would have been paid to the contracted hospital for that same surgery.
 8. Ownership change. The Administration shall not change any of the components of a hospital's tiered per diem rates upon an ownership change.
 9. Psychiatric hospitals. The Administration shall pay free-standing psychiatric hospitals an all-inclusive per diem rate based on the contracted rates used by the Department of Health Services.
 10. Specialty facilities. The Administration may negotiate, at any time, reimbursement rates for inpatient specialty facilities or inpatient hospital services not otherwise addressed in this Section as provided by A.R.S. § 36-2903.01. For purposes of this subsection, "specialty facility" means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.
 11. Outliers for new hospitals. Outliers for new hospitals will be calculated using the Medicare Urban or Rural Cost-to-Charge Ratio times covered charges. If the resulting cost is equal to or above the cost threshold, the claim will be paid at the Medicare Urban or Rural Cost-to-Charge ratio.
 12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be

reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.02. Reserved

R9-22-712.03. Reserved

R9-22-712.04. Reserved

R9-22-712.05. Graduate Medical Education Fund Allocation

- A. Graduate medical education (GME) reimbursement as of September 30, 1997. Subject to legislative appropriation, the Administration shall make a distribution based on direct graduate medical education costs as described in A.R.S. § 36-2903.01(G)(9)(a).
- B. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(b). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (B)(3).
 1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (B) if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
 - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
 2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (B)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
 - a. Filled resident positions in approved programs established as of October 1, 1999 at hospitals that receive funding as described in A.R.S. § 36-2903.01(G)(9)(a) that are additional to the number of resident positions that were filled as of October 1, 1999; and
 - b. All filled resident positions in approved programs other than GME programs described in A.R.S. § 36-2903.01(G)(9)(a) that were established before July 1, 2006.
 3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under

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subsection (B) shall provide the applicable information listed in this subsection to the Administration:

- a. A GME program shall provide all of the following:
 - i. The program name and number assigned by the accrediting organization;
 - ii. The original date of accreditation;
 - iii. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
 - iv. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
 - v. For programs established as of October 1, 1999, the number of resident positions that were filled as of October 1, 1999, if the program has not already provided this information to the Administration;
 - b. A hospital seeking a distribution under subsection (B) shall provide all of the following that apply:
 - i. If the hospital uses the Intern and Resident Information System (IRIS) for tracking and reporting its resident activity to the fiscal intermediary, copies of the IRIS master and assignment files for the hospital's two most recently completed Medicare cost reporting years as filed with the fiscal intermediary;
 - ii. If the hospital does not use the IRIS or has less than two cost reporting years available in the form of the IRIS master and assignment files, the information normally contained in the IRIS master and assignment files in an alternative format for the hospital's two most recently completed Medicare cost reporting years;
 - iii. At the request of the Administration, a copy of the hospital's Medicare Cost Report or any part of the report for the most recently completed cost reporting year.
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to each approved GME program in the following manner:
- a. Information provided by hospitals under subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided under subsections (B)(3)(b)(i) and (ii).
 - b. The number of eligible residents allocated to each participating institution within each approved GME program shall be determined as follows:
 - i. Total the number of days determined for each participating institution under subsection (B)(4)(a) and divide each total by 365.
 - ii. Proportionally adjust the result of subsection (B)(4)(b)(i) for each participating institution within each program according to the number of residents determined to be eligible under subsection (B)(2).
 - c. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) shall be adjusted for Arizona Medicaid utilization using the most recent Medicare Cost Report information on file with the Administration as of the date of reporting under subsection (B)(3) and the Administration's inpatient hospital claims and encounter data for the time period corresponding to the Medicare Cost Report information for each hospital. The Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were adjudicated by the Administration as of the date of reporting under subsection (B)(3). The Medicaid-adjusted eligible residents shall be determined as follows:
 - i. For each hospital, the total AHCCCS inpatient hospital days of care shall be divided by the total Medicare Cost Report inpatient hospital days, multiplied by 100 and rounded up to the nearest multiple of 5 percent.
 - ii. The number of allocated eligible residents determined for each participating hospital under subsection (B)(4)(b)(ii) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for that hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is not a hospital and not a health care facility made ineligible under subsection (B)(1)(c) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for the program's sponsoring institution or, if the sponsoring institution is not a hospital, the sponsoring institution's affiliated hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is made ineligible under subsection (B)(1)(c) shall be multiplied by zero percent.
 - d. The total allocation for each approved program shall be determined by multiplying the Medicaid-adjusted eligible residents determined under subsection (B)(4)(c)(ii) by the per-resident conversion factor determined below and totaling the resulting dollar amounts for all participating institutions in the program. The per-resident conversion factor shall be determined as follows:
 - i. Calculate the total direct GME costs from the most recent Medicare Cost Reports on file with the Administration for all hospitals that have reported such costs.
 - ii. Calculate the total allocated residents determined under subsection (B)(4)(b)(i) for those hospitals described under subsection (B)(4)(d)(i).
 - iii. Divide the total GME costs calculated under subsection (B)(4)(d)(i) by the total allocated residents calculated under subsection (B)(4)(d)(ii).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (B)(4) in the following manner:
- a. The allocated amounts shall be distributed in the following order of priority:
 - i. To eligible hospitals that do not receive funding in accordance with A.R.S. § 36-

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- 2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
- ii. To eligible hospitals that receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
 - b. The allocated amounts shall be distributed to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each hospital within that program under subsection (B)(4)(c)(ii).
 - c. If funds are insufficient to cover all distributions within any priority group described under subsection (B)(5)(a), the Administration shall adjust the distributions proportionally within that priority group.
- C. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(i). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (C)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (C) if it meets all the conditions of subsections (B)(1)(a) through (c).
 2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (C)(4), the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
 - a. All filled resident positions in approved programs established on or after July 1, 2006; and
 - b. For approved programs established on or after July 1, 2006 that have been established for less than one year as of the date of reporting under subsection (C)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
 3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (C) shall provide to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The requirements of subsections (B)(3)(a)(i) through (iv);
 - ii. The academic year rotation schedule on file with the program current as of the date of reporting; and
 - iii. For programs described under subsection (C)(2)(b), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 - b. A hospital seeking a distribution under subsection (C) shall provide the requirements of subsection (B)(3)(b).
 4. Allocation of expansion funds. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
 - a. Information provided by hospitals in accordance with subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided in accordance with subsections (B)(3)(b)(i) and (ii).
 - b. For approved programs whose resident activity is not represented in the information provided in accordance with subsection (B)(3)(b), information provided by GME programs under subsection (C)(3)(a) shall be used to determine the number of days that each eligible resident is expected to work at each participating institution.
 - c. The number of eligible residents allocated to each participating institution for each approved GME program shall be determined by totaling the number of days determined under subsections (C)(4)(a) and (b) and dividing the totals by 365.
 - d. The number of allocated residents determined under subsection (C)(4)(c) shall be adjusted for Arizona Medicaid utilization in accordance with subsection (B)(4)(c).
 - e. The total allocation for each approved program shall be determined in accordance with subsection (B)(4)(d).
 5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (C)(4) to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each within that program under subsection (C)(4)(d).
- D. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for GME programs approved by the Administration to hospitals for indirect program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(ii). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (D) if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona or is the base hospital for one or more of the GME programs in Arizona whose sponsoring institutions are not hospitals;
 - b. It incurs indirect program costs for the training of residents in the GME programs, which are or will be calculated on the hospital's Medicare Cost Report or are reimbursable under the Children's Hospitals Graduate Medical Education Payment Program administered by HRSA;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government.

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2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (D)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (D)(1)(c):
 - a. Any filled resident position in an approved program that includes a rotation of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule;
 - b. For approved programs that have been established for less than one year as of the date of reporting under subsection (D)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match who will perform rotations of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule.
 3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (D) shall provide to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The requirements of subsections (B)(3)(a)(i) through (iv);
 - ii. The academic year rotation schedule on file with the program current as of the date of reporting;
 - iii. For programs described under subsection (D)(2)(c), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 - b. A hospital seeking a distribution under subsection (D) shall provide the requirements of subsection (B)(3)(b)(iii).
 4. Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
 - a. Using the information provided by programs under subsection (D)(3), the Administration shall determine for each program the number of residents in the program who are eligible under subsection (D)(2) and the number of months per year that each eligible resident will perform rotations in counties described by subsection (D)(2), multiply the number of eligible residents by the number of months and multiply the result by the per resident per month conversion factor determined under subsection (D)(4)(b).
 - b. Using the most recent Medicare Cost Reports on file with the Administration for all hospitals that have calculated a Medicare indirect medical education payment, the Administration shall determine a per resident per month conversion factor as follows:
 - i. Calculate each hospital's Medicare share by dividing the Medicare inpatient discharges on the Medicare Cost Report by the total inpatient hospital discharges on the Medicare Cost Report.
 - ii. Calculate the ratio of residents to beds by dividing the total allocated residents described in subsection (B)(4)(d)(ii) by the number of bed days available from the Medicare Cost Report and dividing the result by the number of days in the cost reporting period.
 - iii. Calculate the indirect medical education adjustment factor by adding 1 to the value calculated in (D)(4)(b)(ii), multiplying the result by the exponential value 0.405, subtracting 1 from the result, and multiplying that result by 1.35.
 - iv. Calculate each hospital's total indirect medical education cost by adding the DRG amounts other than outlier payments from the Medicare cost report and the managed care simulated payments from the Medicare Cost Report, multiplying the total by the indirect medical education adjustment factor determined in (D)(4)(b)(iii) and dividing the result by the Medicare share determined in (D)(4)(b)(i).
 - v. Calculate each hospital's Medicaid indirect medical education cost by multiplying the amount determined in (D)(4)(b)(iv) by the value determined in subsection (B)(4)(c)(i).
 - vi. Total the amounts determined in (D)(4)(b)(v) for all hospitals, divide the result by the total allocated residents described in subsection (B)(4)(d)(ii) for all hospitals, and divide that result by 12.
 5. Distribution of funds for indirect program costs. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the amount calculated for the hospital at subsection (D)(4)(a).
- E.** Reallocation of funds. If funds appropriated for subsection (B) are not allocated by the Administration and funds appropriated for subsections (C) and (D) are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the funds not allocated under subsection (B) shall be allocated under subsections (C) and (D) to the extent of the calculated distributions. If funds are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the Administration shall adjust the distributions proportionally. If funds appropriated for subsections (C) and (D) are not allocated by the Administration and funds appropriated for subsection (B) are insufficient to cover all distributions under subsection (B)(5), the funds not allocated under subsections (C) and (D) shall be allocated under subsection (B) to the extent of the calculated distributions.
- F.** The Administration may enter into intergovernmental agreements with local, county, and tribal governments wherein local, county and tribal governments may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will be used to qualify for additional federal funds. Those funds will be used for the purposes of reimbursing hospitals that are eligible under subsection (D)(1) and specified by the local, county, or tribal government for indirect program costs other than those reimbursed under subsection (D). The Administration shall allocate available funds in accordance with subsection (D) except that reimbursement with such funds is not limited to resident positions or rotations in counties with populations of less than 500,000 persons. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the greatest among the following amounts, less any amounts distributed under subsection (D)(5):

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1. The amount that results from multiplying the total number of eligible residents allocated to the hospital under subsection (B)(4)(d)(ii) by 12 by the per resident per month conversion factor determined under subsection (D)(4)(b);
2. The amount calculated for the hospital at subsection (D)(4)(b)(v);
3. The median of all amounts calculated at subsection (D)(4)(b)(v) if the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a new training hospital; or
4. If the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a children's hospital, the median Medicaid indirect medical education payment costs shall be calculated as follows:
 - a. For each hospital with indirect medical education costs on the Medicare Cost Report, determine a per resident total indirect medical education cost by dividing the total indirect medical education costs determined under subsection (D)(4)(b) by the number of filled resident positions under subsection (B)(2).
 - b. Determine the median per resident amount under subsection (F)(4)(a).
 - c. For each hospital without an indirect medical education component on the Medicare cost report, multiply the median per resident amount under subsection (F)(4)(b) by the number of filled resident positions under subsection (B)(2) for that hospital and by the Medicaid utilization percent for that hospital determined in subsection (B)(4)(c)(i).
3. Eligible positions. For purposes of determining distributions under this Section the following resident and fellowship positions qualify to the extent that the training takes place in Arizona at an eligible health care facility:
 - a. Filled resident or fellow positions in approved programs which began on or after July 1, 2020;
 - b. Eligible positions do not include residents or fellows that receive payments for services under the Access to Professional Services Initiative (APSI) program established in the Contractors' prepaid capitation contracts with the Administration.
4. Annual Reporting
 - a. By December 15 of each year, a GME program shall provide all of the following information for GME programs and positions which are expected to be eligible for funding under this Section as of the upcoming academic year (i.e., July 1 to June 30 of each year):
 - i. The program name and number assigned by the accrediting organization if available;
 - ii. The original date of accreditation if available;
 - iii. The names of the sponsoring institution and all participating institutions expected as of the date of reporting;
 - iv. The number of anticipated resident and fellowship positions eligible for funding as of the upcoming academic year;
 - v. The number of months or partial months during the upcoming academic year that each resident or fellow is expected to work in each hospital or in a non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - vi. The academic year of anticipated resident and fellowship positions;
 - vii. The length of the program; and
 - viii. The names and other information requested by AHCCCS to ensure the total GME distributions for each eligible position are not greater than the costs for each eligible position in the Intern and Resident Information System (IRIS) file.
 - b. By December 15 of each year, a GME program located in a county with a population of less than 500,000 persons shall provide the estimated one-time and ongoing costs for each program which it expects to be eligible for funding.
 - c. By September 1 of each year, a GME program shall provide the actual name of residents and fellows hired in the current academic year and other information requested by AHCCCS to ensure that total GME distributions for the eligible position are not

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 21 A.A.R. 3469, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 185, effective January 9, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3321, effective January 5, 2019 (Supp. 18-4).

R9-22-712.06. Supplemental Graduate Medical Education Fund Allocation

- A.** Gradual Medical Education (GME) reimbursement as of July 1, 2020.
1. In addition to distributions according to Section R9-22-712.05, and subject to the availability of funds and approval by CMS, the Administration shall annually distribute monies appropriated for the GME programs approved by the Administration to hospitals for direct and indirect costs for graduate medical education programs which were established or expanded on or after July 1, 2020. The Administration shall estimate the distributions using information possessed by the Administration as of December 15 of each calendar year. The actual distributions will be made using information possessed by the Administration as of September first of the year in which the new residency or fellowship begins.
 2. Eligible Hospitals. A hospital is eligible for distributions under this Section if all of the following apply:

- a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
- b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
- c. It is not administered by or does not receive its primary funding from an agency of the federal government;
- d. It has established a new GME program or expanded the number of residents or fellows in an existing GME program on or after July 1, 2020.

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greater than the costs for each eligible position in the IRIS file.

- B.** Preliminary allocation of funds for urban hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for hospitals in counties with a population of 500,000 persons or more based on the number of new residents and fellows in graduate medical education programs in the following manner:
1. Each eligible resident and fellow is placed into tiers with the following priority:
 - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
 - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
 - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this Section in a prior year.
 - d. All other residents and fellows.
 2. The amount of the distribution for each GME program for direct costs is calculated as the product of:
 - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
 - b. The Arizona Medicaid utilization as determined by R9-22-712.05(B)(4)(c)(i) in the previous calendar year; and,
 - c. The average direct cost per resident determined under R9-22-712.05(B)(4)(d) in the previous calendar year.
 3. If monies are still remaining after direct funding has been allocated, indirect funding shall be allocated based on the priority of each tier and sub-tier. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
 - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
 - c. Twelve months.
 - d. Funds shall be allocated based on the priority of each tier and sub-tier. Distributions for eligible positions in a tier or sub-tier with a lower priority will not receive a distribution until distributions are allocated for the costs of all positions in a higher tier or sub-tier. If funding is insufficient to fully fund a tier or sub-tier, the remainder of funds will be prorated for eligible positions in that tier or sub-tier.
4. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
- C.** Preliminary allocation of funds for rural hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for rural hospitals based on the number of eligible resident and fellow positions in graduate medical education programs located in a county with a population of less than 500,000 persons in the following manner:
1. Each resident and fellow will then be placed into a tier with the following priority:
 - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
 - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
 - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this Section in a prior year.
 - d. All other residents and fellows.
 2. Residents and fellows in each tier are further divided into four sub-tiers with the following priority based on the location of the sponsoring or participating hospital:
 - a. Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a HPSA with a greater than 85 percent primary care shortage.
 - b. Hospitals in a county designated as a HPSA with a greater than 50 percent to 85 percent primary care shortage.
 - c. Hospitals in a county designated as a HPSA with a 25-50 percent primary care shortage.
 - d. Hospitals in a county designated as a HPSA with a less than 25 percent primary care shortage.
 3. Funds shall first be allocated for direct and indirect costs based in order of priority of each tier. If not enough funding is available to fully fund a tier or sub-tier, the remainder of funds will be prorated in a tier or sub-tier.
 4. The amount of the distribution for each GME program for direct costs is calculated as the product of:
 - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
 - b. The Arizona Medicaid utilization determined under R9-22-712.05(B)(4)(c)(i); and,
 - c. The actual direct cost per resident per year.
 5. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
 - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;

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- b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
 - c. Twelve months.
 - 6. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
 - D.** Final allocation of funds. Annually no sooner than September 1 following the start of the academic year, the Administration will recalculate the allocation for urban and rural hospitals using the same methodology used to estimate distributions, but using the actual residents and fellows as reported in R9-22-712.06(A)(4)(c).
 - F.** Exclusions. To ensure that residents and fellows are not double counted residents/fellows which receive funding through R9-22-712.06 shall not receive funding through R9-22-712.05.
- Historical Note**
- New Section made by final rulemaking at 27 A.A.R. 2496 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final rulemaking at 29 A.A.R. 923 (April 21, 2023), with an immediate effective date of March 31, 2023 (Supp. 23-1).
- R9-22-712.07. Rural Hospital Inpatient Fund Allocation**
- A.** For purposes of this Section, the following words and phrases have the following meanings unless the context specifically requires another meaning:
 - 1. "Calculated inpatient costs" means the sum of inpatient covered charges multiplied by the Milliman study's implied cost-to-charge ratio of .8959.
 - 2. "Claims paid amount" means the sum of all claims paid by the Administration and contractors, as reported by the contractor to the Administration, to a rural hospital for covered inpatient services rendered for dates of service during the previous state fiscal year.
 - 3. "Fund" means any state funds appropriated by the Legislature for the purposes set forth in A.R.S. § 36-2905.02 and any federal funds that are available for matching the state funds.
 - 4. "Inpatient covered charges" means the sum of all covered charges billed by a hospital to the Administration or contractors, as reported by the contractors to the Administration, for inpatient services rendered during the previous state fiscal year.
 - 5. "Milliman study" means the report issued by Milliman USA on March 11, 2004, to the Arizona Hospital and Healthcare Association that updated a portion of a cost study entitled "Evaluation of the AHCCCS Inpatient Hospital Reimbursement System" prepared by Milliman USA for AHCCCS on November 15, 2002. A copy of each report is on file with the Administration.
 - 6. "Rural hospital" means a health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and:
 - a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or
 - b. Is designated as a critical access hospital for the majority of the previous state fiscal year.
 - B.** Each February, the Administration shall allocate the Fund to the following three pools for the fiscal year:
 - 1. Rural hospitals with 25 or fewer PPS beds not including sub provider beds and all Critical Access Hospitals, regardless of the number of beds in the Critical Access Hospital;
 - 2. Rural hospitals other than Critical Access Hospitals with 26 to 75 PPS beds not including sub provider beds; and
 - 3. Rural hospitals other than Critical Access Hospitals with 76 to 100 PPS beds not including sub provider beds.
 - C.** The Administration shall allocate the Fund to each pool according to the ratio of claims paid amount for all hospitals assigned to the pool to total claims paid amount for all rural hospitals.
 - D.** The Administration shall determine each hospital's claims paid amount and allocate the funds in each pool to each hospital in the pool based on the ratio of each hospital's claims paid amount to the sum of the claims paid amount for all hospitals assigned to the pool.
 - E.** The Administration shall not make a Fund payment to a hospital that will result in the hospital's claims paid amount plus that hospital's Fund payment being greater than that hospital's calculated inpatient costs.
 - 1. If a hospital's claims paid amount plus the hospital's Fund payment would be greater than the hospital's calculated inpatient costs, the Administration shall make a Fund payment to the hospital equal to the difference between the hospital's calculated inpatient costs and the hospital's claims paid amount.
 - 2. The Administration shall reallocate any portion of a hospital's Fund allocation that is not paid to the hospital due to the reason in subsection (E)(1) to the other eligible hospitals in the pool based upon the ratio of the claims paid amount for each hospital remaining in the pool to the sum of the claims paid amount for each hospital remaining in the pool.
 - F.** If funds remain in a pool after allocations to each hospital in the pool under subsections (D) and (E), the Administration shall reallocate the remaining funds to the other pools based upon the ratio of each pool's original allocation of the Fund as determined under subsection (C) to the sum of the remaining pools' original Fund allocations under subsection (C). The Administration shall allocate remaining funds to the hospitals in the remaining pools under subsection (D) and (E). See Exhibit 1 for an example.
 - G.** Subject to CMS approval of the method and distribution of the Fund, the administration or its contractors will distribute the Fund as a lump sum allocation to the rural hospitals in either one or two installments by the end of each state fiscal year.
- Historical Note**
- New Section made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 22 A.A.R. 3476, effective January 30, 2016 (Supp. 15-4).

Exhibit 1. Pool Example

Pool A receives \$2,000,000. Pool B receives \$7,000,000. Pool C receives \$3,000,000.

If all of the funds in Pool B are paid to eligible hospitals and there is \$1,000,000 remaining, the remaining funds would be allocated to Pool A and Pool C based on the ratio of each pool's original allocation (original allocations of \$2,000,000 and \$3,000,000) to the total of their original allocation (\$2,000,000 + \$3,000,000 = \$5,000,000).

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Pool A would receive 2/5 of the remaining funds (\$400,000) and Pool C would receive 3/5 of the remaining funds (\$600,000).

Historical Note

Exhibit 1 made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2).

R9-22-712.08. Federally Qualified Health Center and Rural Health Clinic Graduate Medical Education Program

- A.** Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for primary care GME programs approved by the Administration to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for direct and indirect program costs eligible for funding under A.R.S. § 36-2907.06(I).
1. A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D).
 2. For purposes of this subsection, the term "FQHC" includes Federally Qualified Health Center Look-Alikes.
- B.** Eligible health care facilities. A health care facility is eligible for a distribution under subsection (G) if all of the following apply:
1. It is an FQHC or RHC in Arizona that is the sponsoring institution of, or a full member of a consortium that is the sponsoring institution of, or a participating institution in, one or more approved primary care GME programs in Arizona;
 2. It incurs direct or indirect costs for the training of residents in Arizona in approved primary care GME programs;
 3. The GME program is not eligible for funding under R9-22-712.05; and
 4. The GME program is not fully funded by the federal government.
- C.** Eligible residents and resident positions. For purposes of determining program allocation amounts under subsections (E) and (F) the following residents and resident positions are eligible for consideration, to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B):
1. All filled resident positions in approved primary care GME programs; or
 2. For approved primary care GME programs established for less than one year as of the date of annual reporting under subsection (D) and that have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
- D.** Annual reporting. By April 1st of each year, an FQHC or RHC seeking a distribution under this subsection shall:
1. Provide to the Administration the following information about each approved primary care GME program:
 - a. The program name and number assigned by the accrediting organization;
 - b. The original date of accreditation of the program;
 - c. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
 - d. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
 - e. The academic year rotation schedule on file with the program current as of the date of reporting; and
 - f. For programs described under subsection (C)(2), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
2. Provide to the Administration the most recent Medicare Cost Report for the FQHC or RHC seeking the distribution, and
 3. For an FQHC or RHC that is a full member of a consortium that is the sponsoring institution of an approved primary care GME program, provide to the Administration a signed letter attesting to the responsibility of the full member FQHC or RHC for direct or indirect costs of training residents in the program.
- E.** Allocation of funds for direct graduate medical education costs. Annually the Administration shall allocate available funds for direct graduate medical education costs to each eligible FQHC or RHC in the following manner:
1. A Medicaid utilization percent for each FQHC or RHC seeking a distribution shall be calculated using the Medicare Cost Report submitted under subsection (D)(2), dividing the Title XIX visit count by the whole number of visits reported and rounding the result up to the nearest multiple of 5 percent.
 2. A total number of residents eligible for funding in each program shall be calculated using the information submitted under subsection (D)(1), dividing the number of resident rotations in the year that take place in Arizona and not at a health care facility made ineligible under subsection (B) by the total number of resident rotations in the program for that year, multiplying the result by the total number of filled resident positions in the program and rounding to two digits after the decimal.
 3. The allocation for direct graduate medical education costs for each eligible FQHC or RHC shall be calculated by multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$170,090. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.
- F.** Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds for indirect program costs to each eligible FQHC or RHC in the following manner:
1. By multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$167,330;
 2. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less

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Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.

- G.** Distribution of funds. On an annual basis subject to available funds, the Administration shall distribute to each eligible FQHC and RHC the sum of all amounts calculated for the FQHC or RHC under subsections (E)(3) and (F).
- H.** The Administration may enter into intergovernmental agreements with local, county, and tribal governments and any university under the jurisdiction of the Arizona Board of Regents wherein such entities may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will contribute to the state funding to qualify for federal matching funds. Those funds will be used for the purposes of reimbursing FQHCs and RHCs that are eligible under this rule and designated by the local, county, or tribal governments for receipt of the contributed funds. The Administration shall allocate available funds in accordance with subsections (E) and (F).

Historical Note

New Section made by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

R9-22-712.09. Hierarchy for Tier Assignment through September 30, 2014

TIER	IDENTIFICATION CRITERIA	ALLOWED SPLITS
MATERNITY	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
NICU	Revenue Code of 174 and the provider has a Level II or Level III NICU.	Nursery
ICU	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND primary Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17x, not equal to 174.	NICU
ROUTINE	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.10. Outpatient Hospital Reimbursement: General

- A.** Effective rule. The outpatient hospital reimbursement rules apply to dates of service beginning July 1, 2005, subject to Laws 2004, Ch. 279, § 19.
- B.** Basis For Payment. Except as provided under R9-22-712.30, AHCCCS shall pay for designated outpatient procedures provided to AHCCCS members according to the AHCCCS Outpatient Capped Fee-For-Service Schedule as defined in R9-22-712.20.
- C.** Data. AHCCCS shall use Medicare Cost Report and adjudicated claim and encounter data from non-IHS acute care hospitals located in the state of Arizona to develop fees for the AHCCCS Outpatient Capped Fee-For-Service Schedule.
- D.** Hospital Services Subject To Fees. AHCCCS shall reimburse services, in the following outpatient hospital categories under the AHCCCS Outpatient Capped Fee-For-Service Schedule:
1. Surgery,
 2. Emergency Department,
 3. Laboratory,
 4. Radiology,
 5. Clinic, and
 6. Other services.
- E.** Reimbursement. AHCCCS shall reimburse outpatient hospital services by procedure codes, in proper combination with revenue codes, as prescribed by AHCCCS.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.11. Reserved**R9-22-712.12. Reserved****R9-22-712.13. Reserved****R9-22-712.14. Reserved****R9-22-712.15. Outpatient Hospital Reimbursement: Affected Hospitals**

Except as provided in R9-22-712(G), the AHCCCS Outpatient Capped Fee-For-Service Schedule shall apply to AHCCCS payments for outpatient services in all non-IHS acute hospitals.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.16. Reserved**R9-22-712.17. Reserved****R9-22-712.18. Reserved****R9-22-712.19. Reserved****R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule**

- A.** To establish the AHCCCS Outpatient Capped Fee-for-service Schedule for all claims with a begin date of service on or before September 30, 2011, AHCCCS shall:
1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped Fee-for-service Schedule.
 2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services to be paid

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under the AHCCCS Outpatient Capped Fee-for-service Schedule.

3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
 4. Multiply the line item CCR from subsection (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
 5. Inflate the cost for the service from subsection (A)(4) using Global Insight Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
 6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
 7. Combine data from all Arizona hospitals identified in subsection (A)(3) for each procedure code to establish the statewide median cost for each procedure.
 8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in 69 FR 65682, November 15, 2004, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
 9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:
 - a. The AHCCCS Non-hospital Capped Fee-for-service Fee Schedule,
 - b. 116 percent of the procedure-specific median cost AHCCCS-based fee, or
 - c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.
 10. Compare the AHCCCS-based fee established in subsections (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical Laboratory Fee Schedule, the fee shall not exceed that limit.
 11. Assign the 2005 Medicare fee in the AHCCCS Outpatient Capped Fee-for-service Schedule for those procedures for which there are fewer than 20 occurrences of the procedure code in the dataset, either independently, or, if applicable, for all procedure codes within an APC Group.
- B.** For all claims with a begin date of service on or after October 1, 2011, the AHCCCS Outpatient Capped Fee-for-Service Schedule shall be derived from the CMS Medicare Outpatient Prospective Payment System (OPPS) fee schedule modified by an Arizona conversion factor determined annually.
1. When clinic services are billed using 51X revenue codes, the reimbursement to the hospital is the difference between the facility and non-facility rates payable to the practitioner for the procedures listed in the Administration's Capped Fee-for-service Schedule under R9-22-710.
 2. Observation services, when not billed in conjunction with a service for which a single payment is made under R9-22-712.25, are reimbursed at an hourly rate published in the Outpatient Capped Fee-for-service Schedule. This

hourly rate includes reimbursement for associated services.

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

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

R9-22-712.21. Reserved

R9-22-712.22. Reserved

R9-22-712.23. Reserved

R9-22-712.24. Reserved

R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs

- A.** AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.
- B.** Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.
- C.** A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3).

R9-22-712.26. Reserved

R9-22-712.27. Reserved

R9-22-712.28. Reserved

R9-22-712.29. Reserved

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

- A.** AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.
- B.** For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the method specified in R9-22-712.20(A)(3).
- C.** For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals

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located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.

- D. To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied by the covered charges.
- E. Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

R9-22-712.31. Reserved

R9-22-712.32. Reserved

R9-22-712.33. Reserved

R9-22-712.34. Reserved

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

- A. For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
 1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
 2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
 6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-

of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:

1. By 73 percent for public hospitals;
 2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
 3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
 4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
 5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
 6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
- C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
 - D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
 - E. For outpatient services with dates of service from October 1, 2023 through September 30, 2024 (CYE 2024), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2023. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.
 1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface

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- that delivers patient data into the hospital's EHR system.
- ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must

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contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.

- i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d). No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- a. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - i. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - ii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iii. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - iv. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by

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- facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
- ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
 3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in subsection (3)(a), (b), (c), (d), (e), or (f):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for

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- documents within the Registry.
- ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. On March 15, 2023 a hospital that is identified as a Medicare Annual Payment Update (APU) recipient on the QualityNet.org website will qualify for the DAP increase. APU recipients are those hospitals that satisfactorily meet the requirements for the Inpatient Psychiatric Facility Quality Reporting Program, which includes multiple clinical quality measures.
 - e. On March 15, 2023, long-term care hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for the DAP increase. The national average will be downloaded from the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury for long-term care hospitals. Facility results will be compared to the national average results for the measure.
 - f. On March 15, 2023, rehabilitation hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for the DAP increase. The national average will be downloaded from the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury rehabilitation hospitals. Facility results will be compared to the national average results for the measure.
4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in subsection (4)(a) or (b);
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID)

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- created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
- v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 1, 2023, complete the AzHDR Participant Agreement.
 - ii. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required.
 - ii. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
- F. For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d) (e) or (f):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.

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- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during

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- the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
 - d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
 - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will

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- participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a),(b), (c), (d), (e), (f), (g) or (h):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

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- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
- iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
- iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
 - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
 - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the

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- HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
 - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in (3)(a), (b), (c), (d) or (e):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more

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- HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable), laboratory, and radiology information (if applicable), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

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- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI).
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.

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- iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
 - v. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in (4)(a), (b), (c), (d), (e), (f), (g) or (h):
- a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE Platform.
 - vi. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - vii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness.

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- viii. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- ix. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- x. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 1, 2024, the hospital must complete the AzHDR Subscription Agreement.
 - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
 - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per registered AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening

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- tool, and to define the CYE 2025 in-network screening/referral monthly goal.
- iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/ referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - f. Hospitals that have not participated in the DAP SDOH program in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
 - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

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R9-22-712.36. Reserved**R9-22-712.37. Reserved****R9-22-712.38. Reserved****R9-22-712.39. Reserved****R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update**

- A.** Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.
- B.** APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C.** Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, through September 30, 2011, AHCCCS shall adjust outpatient fee schedule rates:
 1. Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
 2. In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection (C)(1), and applying the dollar value to adjust rates at varying levels.
- D.** Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- E.** Rebase. AHCCCS shall rebase the outpatient fees every five years.
- F.** Statewide CCR:
 1. For begin dates of service on or before September 30, 2011, the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
 2. For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).
- G.** Other Updates. In addition to the other updates provided for in this Section, the Administration may adjust the Outpatient Capped Fee-For-Service Fee Schedule and the Statewide CCR to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.41. Reserved**R9-22-712.42. Reserved****R9-22-712.43. Reserved****R9-22-712.44. Reserved****R9-22-712.45. Outpatient Hospital Reimbursement: Outpatient Payment Restrictions**

- A.** AHCCCS shall not reimburse hospitals for emergency room treatment, observation hours, or other outpatient hospital services performed on an outpatient basis if the member is admitted as an inpatient to the same hospital directly from the emergency room, observation, or other outpatient department.
- B.** AHCCCS shall include payment for the emergency room, observation, and other outpatient hospital services provided to the member before the hospital admission in the AHCCCS Inpatient Tiered Per Diem Capped Fee-For-Service Schedule under Article 7 of this Chapter.
- C.** Same day admit and discharge.
 1. For discharges before September 30, 2014. Same day admit and discharge claims that qualify for either the maternity or nursery tiers shall be paid based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
 2. For discharge dates on and after October 1, 2014. Same day admit and discharge claims are paid for through the outpatient fee schedule.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.46. Reserved**R9-22-712.47. Reserved****R9-22-712.48. Reserved****R9-22-712.49. Reserved****R9-22-712.50. Outpatient Hospital Reimbursement: Billing**

To receive appropriate reimbursement, hospitals shall:

1. Bill outpatient hospital services on the CMS approved Uniform Billing Form or in electronic format using the appropriate HIPAA transaction.
2. Follow the UB Manual Guidelines, as published by the National Uniform Billing Committee, and use the appropriate revenue code and procedure code combination as prescribed by AHCCCS and on file and online with AHCCCS.

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New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

- R9-22-712.51. Reserved**
- R9-22-712.52. Reserved**
- R9-22-712.53. Reserved**
- R9-22-712.54. Reserved**
- R9-22-712.55. Reserved**
- R9-22-712.56. Reserved**
- R9-22-712.57. Reserved**
- R9-22-712.58. Reserved**
- R9-22-712.59. Reserved**

R9-22-712.60. Diagnosis Related Group Payments

- A.** Inpatient hospital services with discharge dates on or after October 1, 2014, shall be reimbursed using the diagnosis related group (DRG) payment methodology described in this Section and R9-22-712.61 through R9-22-712.81.
- B.** Payments made using the DRG methodology shall be the sole reimbursement to the hospital for all inpatient hospital services and related supplies provided by the hospital. Services provided in the emergency room, observation area, or other outpatient departments that are directly followed by an inpatient admission to the same hospital are not reimbursed separately. Are reimbursed through the DRG methodology and not reimbursed separately.
- C.** Each claim for an inpatient hospital stay shall be assigned a DRG code and a DRG relative weight based on the All Patient Refined Diagnosis Related Group (APR-DRG) classification system established by 3M Health Information Systems. The applicable version of the APR-DRG classification system shall be available on the agency's website.
- D.** Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to quick pay discounts and slow pay penalties under A.R.S. 36-2904.
- E.** Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to the Urban Hospital Reimbursement Program under R9-22-718.
- F.** For purposes of this Section and Sections R9-22-712.61 through R9-22-712.81:
 - 1. "DRG National Average length of stay" means the national arithmetic mean length of stay published in the All Patient Refined Diagnosis Related Group (APR-DRG) classification established by 3M Health Information Systems.
 - 2. "Length of stay" means the total number of calendar days of an inpatient stay beginning with the date of admission through discharge, but not including the date of discharge (including the date of a discharge to another hospital, i.e., a transfer) unless the member expires.
 - 3. "Medicare" means Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
 - 4. "Medicare labor share" means a hospital's labor costs as a percentage of its total costs as determined by CMS for purposes of the Medicare Inpatient Prospective Payment System.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016

(Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.61. DRG Payments: Exceptions

- A.** Notwithstanding section R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published by the Administration on its website and available for inspection during normal business hours at 801 E. Jefferson, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the outlier CCR. The outlier CCR will be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount will be the total reimbursement for the claim. There is no provision for outlier payments for hospitals described under subsection (A)(3).
 - 1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website in March of each year;
 - 2. Hospitals designated as type: hospital, subtype: long term in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
 - 3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
- B.** Notwithstanding Section R9-22-712.60, claims for inpatient services that are covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration; however, if the principal diagnosis is a physical health diagnosis, the claim shall be processed under the DRG methodology described in this section, even if behavioral health services are provided during the inpatient stay.
- C.** Notwithstanding Section R9-22-712.60, claims for services associated with transplant services shall be paid in accordance with the contract between the AHCCCS administration and the transplant facility.
- D.** Notwithstanding Section R9-22-712.60, claims from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis in accordance with the rates published annually by IHS in the Federal Register.
- E.** For hospitals that have contracts with the Administration for the provision of transplant services, inpatient days associated with transplant services are paid in accordance with the terms of the contract.
- F.** For inpatient services with a date of admission from October 1, 2023 through September 30, 2024 (CYE 2024), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage published on the Administration's public website as part of its fee schedule,

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subsequent to a public notice published no later than September 1, 2023. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (G), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.

1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.

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- Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
- ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d):
- a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
- i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is

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- defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
- ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
- G.** For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. Hospitals must meet the following milestones in maintaining existing connections to the current HIE platform:
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immuni-

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- zation data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
 - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and

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- focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
 - d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
 - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s)

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- (NPI), that the hospital requests to participate in the DAP.
- v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
 2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a),(b), (c), (d), (e), (f), (g) or (h):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE

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- Platform.
- (2) Statement of Work (SOW) to access the ONE Platform Portal.
- (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

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- ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
- iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
- iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.

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New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3111 and at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

R9-22-712.62. DRG Base Payment

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospital's labor share is determined based on the labor share for the Medicare inpatient prospective payment system published in 85 Fed. Reg. 59060 through 59061 (September 18, 2020). The hospital's wage index is determined based on the wage index tables reference in 85 Fed. Reg. 59059 (September 18, 2020). The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the "pre-HCAC" DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the "post-HCAC" DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 27 A.A.R. 2512 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4).

R9-22-712.63. DRG Base Payments Not Based on the Statewide Standardized Amount

- A. Notwithstanding Section R9-22-712.62, a select specialty hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:

1. Hospitals located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2011 Medicare Cost Report are reimbursed by Medicare.
 2. Hospitals designated as type: hospital, subtype: short term that has a license number beginning "SH" in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year.
- B. The select specialty hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
 - C. Notwithstanding Section R9-22-712.62, a rural hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
 1. A health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, and that is located in a county with a population of less than five hundred thousand persons; or
 2. A health care institution that is licensed as a critical access hospital.
 - D. The rural hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
 - E. Notwithstanding Sections R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has greater than twenty percent of Medicaid inpatient reimbursement with a primary diagnosis of behavioral health in the prior federal fiscal year as of April 30th.
 - F. The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
 - G. Notwithstanding Section R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution with two separate ADHS acute care hospital licenses, with one facility that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has one single AHCCCS registration for both licenses.
 - H. The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 19 (January 6, 2023), with an immediate effective date of December 16, 2022 (Supp. 22-4).

R9-22-712.64. DRG Base Payments and Outlier CCR for Out-of-State Hospitals

- A. DRG Base payment:
 1. For high volume out-of-state hospitals defined in subsection (C), the wage adjusted DRG base payment is determined as described in R9-22-712.62.

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2. Notwithstanding subsection R9-22-712.62 the wage adjusted DRG base rate for out-of-state hospitals that are not high volume hospitals shall be included in the AHCCCS capped fee schedule available on the agency's website.
- B. Outlier CCR:**
 1. Notwithstanding subsection R9-22-712.68, the CCR used for the outlier calculation for out-of-state hospitals that are not high volume hospitals shall be the sum of the statewide urban default operating cost-to-charge ratio and the statewide capital CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
 2. The CCR used for the outlier calculation for high volume out-of-state hospitals is the same as in-state hospitals as described in R9-22-712.68.
- C.** A high volume out-of-state hospital is a hospital not otherwise excluded under R9-22-712.61, that is located in a county that borders the State of Arizona and had 500 or more AHCCCS covered inpatient days for the fiscal year beginning October 1, 2015.
- D.** Other than as required by this Section, DRG reimbursement for out-of-state hospitals is determined under R9-22-712.60 through R9-22-712.81.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.65. DRG Provider Policy Adjustor

- A.** After calculating the DRG base payment as required in R9-22-712.62, R9-22-712.63, or R9-22-712.64, for claims from a high-utilization hospital, the product of the DRG base rate and the DRG relative weight for the post-HCAC DRG code shall be multiplied by a provider policy adjustor that is included in the AHCCCS capped fee schedule available on the agency's website.
- B.** A hospital is a high-utilization hospital if the hospital had:
 1. Covered inpatient days subject to DRG reimbursement, determined using adjudicated claim and encounter data during the fiscal year beginning October 1, 2015, equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals;
 2. A Medicaid inpatient utilization rate greater than 30 percent calculated as the ratio of AHCCCS-covered inpatient days to total inpatient days as reported in the hospital's Medicare Cost Report for the fiscal year ending 2016; and,
 3. Received less than \$2 million in add-on payment for outliers under R9-22-712.68, based on adjudicated claims and encounters for fiscal year beginning October 1, 2015.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.66. DRG Service Policy Adjustor

In addition to Section R9-22-712.65, for claims with DRG codes in the following categories, the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code, and the DRG provider policy adjustor shall be multiplied by the service policy

adjustor listed in the AHCCCS capped fee schedule, available on the agency's website, corresponding to the following DRG codes:

1. Normal newborn DRG codes,
2. Neonates DRG codes,
3. Obstetrics DRG codes,
4. Psychiatric DRG codes,
5. Rehabilitation DRG codes,
6. Burn DRG codes.
7. Claims for members under age 19 assigned DRG codes other than listed above:
 - a. For dates of discharge occurring on or after October 1, 2014 and ending no later than December 31, 2015 regardless of severity of illness level,
 - b. For dates of discharge on or after January 1, 2016, for severity of illness levels 1 and 2,
 - c. For dates of discharge on or after January 1, 2016 and before January 1, 2017, for severity of illness levels 3 and 4.
 - d. For dates of discharge on or after January 1, 2017, and before January 1, 2018 for severity of illness levels 3 and 4.
 - e. For dates of discharge on or after January 1, 2018, for severity of illness levels 3 and 4.
8. Claims for members assigned DRG codes other than listed above.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.67. DRG Reimbursement: Transfers

- A.** For purposes of this Section a "transfer" means the transfer of a member from a hospital to a short-term general hospital for inpatient care, a designated cancer center, children's hospital, or a critical access hospital except when a member is moved for the purpose of receiving sub-acute services.
- B.** Designated cancer center or children's hospitals are those hospitals identified as such in the UB-04 billing manual published by the National Uniform Billing Committee.
- C.** The hospital the member is transferred from shall be reimbursed either the initial DRG base payment or the transfer DRG base payment, whichever is less.
- D.** The transfer DRG base payment is an amount equal to the initial DRG base payment, as determined after making any provider or service policy adjustors, divided by the DRG National Average length of stay for the DRG code multiplied by the sum of one plus the length of stay.
- E.** The hospital the member is transferred to shall be reimbursed under the DRG payment methodology without a reduction due to the transfer.
- F.** Unadjusted DRG base payment. The unadjusted DRG base payment is either the initial DRG base payment, as determined after making any provider or service policy adjustors, or the transfer DRG base payment, whichever is less.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

R9-22-712.68. DRG Reimbursement: Unadjusted Outlier Add-on Payment

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- A. Claims for inpatient hospital services qualify for an outlier add-on payment if the claim cost exceeds the outlier cost threshold.
- B. The claim cost is determined by multiplying covered charges by an outlier CCR as described by the following subsections:
 - 1. For hospitals designated as type: hospital, subtype: children's in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year. The outlier CCR will be calculated by dividing the hospital total costs by the total charges using the most recent Medicare Cost Report available as of September 1 of that year.
 - 2. For Critical Access Hospitals the outlier CCR will be the sum of the statewide rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
 - 3. For all other hospitals the outlier CCR will be the sum of the operating cost-to-charge ratio and the capital cost-to-charge ratio established for each hospital in the impact file established as part of the Medicare Inpatient Prospective Payment System by CMS.
- C. AHCCCS shall update the CCRs described in subsection (B) to conform to the most recent CCRs established by CMS as of September 1 of each year, and the CCRs so updated shall be used for claims with dates of discharge on or after October 1 of that year.
- D. The outlier threshold is equal to the sum of the unadjusted DRG base payment plus the fixed loss amount. The fixed loss amount for critical access hospitals and for all other hospitals are included in the AHCCCS capped fee schedule available on the agency's website.
- E. For those inpatient hospital claims that qualify for an outlier add-on payment, the payment is calculated by subtracting the outlier threshold from the claim cost and multiplying the result by the DRG marginal cost percentage. The DRG marginal cost percentage for claims assigned DRG codes associated with the treatment of burns and for all other claims are included in the AHCCCS capped fee schedule available on the agency's website.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.69. DRG Reimbursement: Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment

Adjustments to the payments are made to account for days not covered by AHCCCS as follows:

- 1. A covered day reduction factor unadjusted is determined if the member is not eligible on the first day of the inpatient stay but is eligible for subsequent days during the inpatient stay. In this case, a covered day reduction factor unadjusted is calculated by dividing the number of AHCCCS covered days by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
- 2. A covered day reduction factor unadjusted is also determined if the member is eligible on the first day of the inpatient stay but is determined ineligible for one or more

days prior to the date of discharge. In this case, a covered day reduction factor unadjusted is calculated by adding one to the number of AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.

- 3. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
- 4. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
- 5. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.70. Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment for FES members

In addition to the covered day reduction factor in R9-22-712.69, a covered day reduction factor unadjusted is determined for an inpatient stay during which an FES member receives services for the treatment of an emergency medical condition and also receives services once the condition no longer meets the criteria as an emergency medical condition described in R9-22-217.

- 1. A covered day reduction factor unadjusted is calculated by adding one to the AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of inpatient days during which an FES member receives services for an emergency medical condition as described in R9-22-217. For purposes of this adjustment, any portion of a day during which the FES member receives treatment for an emergency medical condition is counted as an AHCCCS covered day.
- 2. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
- 3. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
- 4. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.71. Final DRG Payment

- A. The final DRG payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.
- B. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem pay-

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ment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.

- C. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- D. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS administration's website and is on file for public inspection at the AHCCCS administration located at 801 E. Jefferson Street, Phoenix, Arizona.
- E. For inpatient services with a date of discharge from October 1, 2023 through September 30, 2024 (CYE 2024), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2023. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.
 - 1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. Which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboard-

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- ing completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d):
 - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's system.
 - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
 - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
 - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. Which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
 - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding

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NPI(s), that the hospital requests to participate in the DAP.

- i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
 - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
 - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
 - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
 - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
 - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
 - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
 - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
 - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
- F. For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.

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- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
- vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

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- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
 - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
 - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
 - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to

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- review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
 - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
 - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
 2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a),(b), (c), (d), (e), (f), (g) or (h):
 - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
 - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
 - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
 - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
 - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active

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- medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
 - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
 - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
 - (1) HIE Participation Agreement for ONE Platform.
 - (2) Statement of Work (SOW) to access the ONE Platform Portal.
 - (3) Statement of Work (SOW) to send data to ONE Platform.
 - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
 - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
 - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
 - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
 - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
 - c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCSID.
 - d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.

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- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
- iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
- iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
 - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
 - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
 - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
 - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
 - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

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- ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
- iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
- iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 31, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

R9-22-712.72. DRG Reimbursement: Enrollment Changes During an Inpatient Stay

- A. If a member's enrollment changes during an inpatient stay, including changing enrollment from fee-for-service to a contractor, or vice versa, or changing from one contractor to another contractor, the contractor with whom the member is enrolled on the date of discharge shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81. If the member is eligible but not enrolled with a contractor on the date of discharge, then the AHCCCS administration shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81.
- B. When a member's enrollment changes during an inpatient stay, the hospital shall use the date of enrollment with the payer responsible on the date of discharge as the "from" date of service on the claim regardless of the date of admission.
- C. Interim claims submitted to a payer other than the payer responsible on the day of discharge shall be processed in the same manner as other interim claims as described in R9-22-712.76.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final

rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.73. DRG Reimbursement: Inpatient Stays for Members Eligible for Medicare

If the hospital receives less than the full Medicare payment for a member eligible for benefits under Part A of Medicare because the member has exceeded the maximum benefit permitted under Part A of Medicare, the hospital shall submit a separate claim for services performed after the date the maximum Medicare Part A benefit is exceeded. The claim may include all diagnosis codes for the entire inpatient stay, but the hospital is only required to include revenue codes, surgical procedure codes, service units, and charges for services performed after the date the Medicare Part A benefit is exceeded. A claim so submitted shall be reimbursed using the DRG payment methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.74. DRG Reimbursement: Third Party Liability

DRG payments are subject to reduction based on cost avoidance under Section R9-22-1003 and other rules regarding first-and third-party liability under Article 10 of this Chapter including cost avoidance for claims for ancillary services covered under Part B of Medicare.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.75. DRG Reimbursement: Payment for Administrative Days

- A. Categories of Administrative Days. Administrative days fall into one of two categories, either subsection (A)(1) or (A)(2).
 - 1. Administrative days due to lack of appropriate placement options and not meeting inpatient medical criteria. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because; (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.
 - a. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.
 - b. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.
 - c. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.
 - d. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has not transferred or discharged the member because of the hospital's administrative or operational delays.

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- e. Administrative days include inpatient claims covered by a RBHA or TRBHA that otherwise meet the criteria in subsection (A)(1).
- 2. Administrative days for claims with the principal diagnosis of behavioral health meeting inpatient medical criteria. Administrative days are days with dates of discharge on or after October 1, 2018, in which a member is admitted as an inpatient to an acute care hospital, meets the criteria for an acute inpatient stay, and the principal diagnosis on the hospital claim is a behavioral health diagnosis. Inpatient claims covered by a RBHA or TRBHA are not considered administrative days under subsection (A)(2) regardless of the principal diagnosis on the hospital claim.
- B. Reimbursement of Administrative Days.
 - 1. Administrative days under subsection (A)(1) are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care such as the rate paid for stays at a nursing facility.
 - 2. Administrative days under subsection (A)(2) are reimbursed at the daily rate found on the Inpatient Behavioral Health Capped Fee-For-Service Schedule meeting the criteria of "Service Description – Psychiatric Stay," regardless of revenue code.
- C. Prior authorization is required for administrative days.
- D. A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 3111, effective October 1, 2019 (Supp. 19-4).

R9-22-712.76. DRG Reimbursement: Interim Claims

- A. For inpatient stays with a length of stay greater than 29 days, a hospital may submit interim claims for each 30 day period during the inpatient stay.
- B. Hospitals shall be reimbursed for interim claims at a per diem rate of \$500 per day.
- C. Following discharge, the hospital shall void all interim claims. In such circumstances, the hospital shall submit a claim to the payer with whom the member is enrolled on the date of discharge, whether the Administration or a contractor, for the entire inpatient stay for which the final claim shall be reimbursed under the DRG payment methodology. Interim claims will be recouped.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.77. DRG Reimbursement: Admissions and Discharges on the Same Day

- A. Except as provided for in subsection (B), for any claim for inpatient services with an admission date and discharge date that are the same calendar date, the contractor or the Administration shall process the claim as an outpatient claim and the hospital shall be reimbursed under R9-22-712.10 through R9-22-712.50.
- B. Claims with an admission date and discharge date that are the same calendar date that also indicate that the member expired

on the date of discharge shall be reimbursed under the DRG methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.78. DRG Reimbursement: Readmissions

If a member is readmitted without prior authorization to the same hospital that the member was discharged from within 72 hours and the DRG code assigned to the claim for the prior admission has the same first three digits as the DRG code assigned to the claim for the readmission, then payment for the claim for the readmission will be disallowed only if the readmission could have been prevented by the hospital.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.79. DRG Reimbursement: Change of Ownership

The administration shall not change any of the components of the calculation of reimbursement for inpatient services using the DRG methodology based upon a change in the hospital's ownership except to the extent those components would change under the methodology had the hospital not changed ownership (e.g., updating the hospital's cost-to-charge ratio as of September 1 of each year under R9-22-712.68).

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.80. DRG Reimbursement: New Hospitals

- A. DRG base payment for new hospitals. For any hospital that does not have a labor share or wage index published by CMS as described in subsection R9-22-712.62(B) because the hospital was not in operation, the DRG base rate described in subsection R9-22-712.62(B) shall be calculated as the statewide standardized amount after adjusting that amount for the labor-related share and the wage index published by CMS as described in subsection R9-22-712.62(B) that is appropriate to the location of the hospital published by CMS as described in subsection R9-22-712.62(B).
- B. Outlier calculations for new hospitals. For any hospital that does not have an operating cost-to-charge ratio listed in the impact file described in subsection R9-22-712.68(B) because the hospital was not in operation prior to the publication of the impact file, the statewide urban or rural default operating cost-to-charge ratio appropriate to the location of the hospital and the statewide capital cost-to-charge ratio shall be used to determine the unadjusted outlier add-on payment. The statewide urban or rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio shall be based on the ratios published by CMS and updated by the Administration as described in subsection R9-22-712.68(C).
- C. In addition to the requirement of this Section, DRG reimbursement for new hospitals is determined under R9-22-712.60 through R9-22-712.79.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.81. DRG Reimbursement: Updates

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In addition to the other updates provided for in Sections R9-22-712.60 through R9-22-712.80, the Administration may update the version of the APR-DRG classification system established by 3M Health Information Systems, adjust the statewide standardized amount in Section R9-22-712.62, the base payments in R9-22-712.63 and R9-22-712.64, the provider policy adjustor in R9-22-712.65, service policy adjustors in R9-22-712.66, and the fixed loss amounts and marginal cost percentages used to calculate the outlier threshold in R9-22-712.68 to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The Administration shall publish any proposed classification system on the agency's website at least 30 days prior to the effective date, to ensure a sufficient period for public comment, as required by 42 C.F.R. § 447.205. In addition, the public notice shall be available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. The requirements of 42 CFR § 447.205 as of November 2, 2015 are incorporated by reference and do not include any later amendments.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments

- A.** "Hospital-based freestanding emergency department" (hospital-based FSED) means an outpatient treatment center, as defined in R9-10-101, that: (1) provides emergency room services under R9-10-1019, (2) is subject to the requirements of 42 C.F.R. 489.24, and (3) shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B.** A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate provider identification number. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of 42 CFR Part 455 as compliance by the hospital-based FSED.
- C.** For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed in accordance with R9-22-712.20 through R9-22-712.30 without a percentage reduction.
 1. 60 percent for a level 1 emergency department visit as indicated by CPT 99281.
 2. 80 percent for a level 2 emergency department visit as indicated by CPT 99282.
 3. 90 percent for a level 3 emergency department visit as indicated by CPT 99283.
 4. 100 percent for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.
- D.** A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.
- E.** Services provided by an outpatient treatment center that provides emergency room services under R9-10-1019 but does not otherwise meet the criteria in subsection A, shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.
- F.** The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.
- G.** For dates of service from October 1, 2023 through September 30, 2024 (CYE 2024), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2023. A hospital-based FSED will qualify for an increase if it meets the criteria specified below. If a hospital-based FSED receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.
- H.** An outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (H)(1):
 1. No later than April 30, 2023, the hospital-based FSED must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP).
 2. The LOI must contain each hospital-based FSED, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
 - a. No later than November 30, 2023, develop and submit a hospital-based FSED policy that meets AHCCCS/ADHS standards for a NDP.
 - b. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the hospital-based FSEDs' policy.
- I.** For dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2024. A hospital-based FSED can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP

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for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time.

- J.** A outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1)(a) or (b):
1. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
 - a. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - b. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
 - c. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.
 2. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
 - a. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
 - b. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
 - c. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
 - d. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 22, February 11, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

R9-22-713. Overpayment and Recovery of Indebtedness

- A.** If a contractor or a subcontracting provider receives an overpayment from the Administration or otherwise becomes indebted to the Administration, the contractor or subcontracting provider shall immediately remit the amount of the indebtedness or overpayment to the Administration for deposit in the AHCCCS fund.

- B.** If the funds described in subsection (A) are not remitted, the Administration may recover the funds paid by the Administration to a contractor or subcontracting provider through:
1. A repayment agreement executed with the Administration;
 2. Withholding or offsetting against current or future payments to be paid to the contractor or subcontracting provider; or
 3. Enforcement of, or collection against, the performance bond, financial reserve, or other financial security under A.R.S. § 36-2903.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Former Section R9-22-713 repealed, new Section R9-22-713 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714, former Section R9-22-709 renumbered and amended as Section R9-22-713 effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-714. Payments to Providers

- A.** Provider agreement. The Administration or a contractor shall not reimburse a covered service provided to a member unless the provider has signed a provider agreement with the Administration that establishes the terms and conditions of participation and payment under A.R.S. § 36-2904.
- B.** Provider reimbursement. The Administration or a contractor shall reimburse a provider for a service furnished to a member only if:
1. The provider personally furnishes the service to a specific member. For purposes of this Section, services personally furnished by a provider include:
 - a. Services provided by medical residents or dental students in a teaching environment; or
 - b. Services provided by a licensed or certified assistant under the general supervision of a licensed practitioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;
 2. The provider verifies that individuals who have provided services described in subsection (B)(1) have not been placed on the List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services Office of the Inspector General (OIG), located at OIG's web site;
 3. The service contributes directly to the diagnosis or treatment of the member; and
 4. The service ordinarily requires performance by the type of provider seeking reimbursement.
- C.** The Administration or a contractor may make a payment for covered services only:
1. To the provider;
 2. To anyone specified in a reassignment from the provider to a government agency or reassignment by a court order;
 3. To a business agent, if the agent's compensation for the service is:
 - a. Related to the cost of processing the billing;
 - b. Not related on a percentage or other basis to the amount that is billed or collected; and

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- c. Not dependent upon collection of the payment;
- 4. To the employer of the provider, if the provider is required as a condition of employment to turn over the provider's fees to the employer;
- 5. To the inpatient facility in which the service is provided, if the provider has a contract under which the inpatient facility submits the claim; or
- 6. To a foundation, plan, or similar organization operating an organized health care delivery system, if the provider has a contract under which the foundation, plan or similar organization submits the claim.
- D. The Administration or a contractor shall not make a payment to or through a factor, either directly or by power of attorney, for a covered service furnished to a member by a provider.
- E. Reimbursement for a pathology service. Unless otherwise specified in a contract, the Administration or a contractor shall reimburse a pathologist for a pathology service furnished to a member only if the other requirements in this Section are met and the service is:
 - 1. A surgical pathology service;
 - 2. A specific cytopathology, hematology, or blood banking pathology service that requires performance by a physician and is listed in the capped fee-for-service schedule;
 - 3. A clinical consultation service that:
 - a. Is requested by the member's attending physician or primary care physician,
 - b. Is related to a test result that is outside the clinically significant normal or expected range in view of the condition of the member,
 - c. Results in a written narrative report included in the member's medical record,
 - d. Requires the exercise of medical judgment by the consultant pathologist, and
 - e. Is listed in the capped fee-for-service schedule; or
 - 4. A clinical laboratory interpretative service that:
 - a. Is requested by the member's attending physician or primary care physician,
 - b. Results in a written narrative report included in the member's medical record,
 - c. Requires the exercise of medical judgment by the consultant pathologist, and
 - d. Is listed in the capped fee-for-service schedule.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule is similar to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714 effective October 1, 1985 (Supp. 85-5). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 3800, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney

General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-715. Hospital Rate Negotiations

- A. A contractor that negotiates with hospitals for inpatient or out-patient services shall reimburse hospitals for services rendered on or after March 1, 1993, as described in A.R.S. § 36-2903.01 and this Article, or at the negotiated rate that, in the aggregate, does not exceed reimbursement levels that would have been paid under A.R.S. § 36-2903.01, and this Article. This subsection does not apply to urban hospitals described under R9-22-718. Contractors may engage in rate negotiations with a hospital at any time during the contract period.
- B. The Administration may negotiate or contract with a hospital on behalf of a contractor for discounted hospital rates and may require that the negotiated discounted rates be included in a subcontract between the contractor and hospital.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). New Section R9-22-715 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-716. Repealed**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-717. Repealed**Historical Note**

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3).

Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council. The agency was required

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to submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and was required to hold a public hearing. It has since been amended under the regular rulemaking process.

R9-22-718. Urban Hospital Inpatient Reimbursement Program

A. Definitions. The following definitions apply to this Section:

1. "Contractor" has the same meaning as set forth in A.R.S. § 36-2901, and includes all contractors regardless of whether the GSA's served by the contractor includes urban or rural counties.
2. "Noncontracted Hospital" means an urban hospital, including psychiatric hospitals, which does not have a contract under this Section with a contractor.
3. "Urban Hospital" means a hospital that is not a rural hospital, as defined in R9-22-712.07, and that is physically located in Maricopa or Pima County.

B. General Provisions.

1. This Section applies to an urban hospital who receives payment for inpatient hospital services under A.R.S. §§ 36-2903.01 and 36-2904.
2. AHCCCS shall operate an inpatient hospital reimbursement program under A.R.S. § 36-2905.01 and this Section.
3. Residency of the member receiving inpatient AHCCCS covered services is not a factor in determining which hospitals are required to contract with which contractors.
4. A contractor shall enter into a contract for reimbursement for inpatient AHCCCS covered services with one or more urban hospitals located in the same county as the contractor.
5. A noncontracted urban hospital shall be reimbursed for inpatient services by a contractor at 95 percent of the amount calculated as defined in A.R.S. § 36-2903.01 and this Article, unless otherwise negotiated by both parties.

C. Contract Begin Date. A contract under this Article shall cover inpatient acute care hospital services for members with hospital admissions on and after October 1, 2003.

D. Outpatient urban hospital services. Outpatient urban hospital services, including observation days and emergency room treatments that do not result in an admission, shall be reimbursed either through an urban hospital contract negotiated between a contractor and an urban hospital, or the reimbursement rates set forth in A.R.S. § 36-2903.01. Outpatient services in an urban hospital that result in an admission shall be paid as inpatient services in accordance with this Section.

E. Urban Hospital Contract.

1. Provisions of an urban hospital contracts. The urban hospital contract shall contain but is not limited to the following provisions:
 - a. Required provisions as described in the Request for Proposals (RFP);
 - b. Dispute settlement procedures. If the AHCCCS Grievance System prescribed in A.R.S. § 36-2903.01(B) and rule is not used, then arbitration shall be used;
 - c. Arbitration procedure. If arbitration is used, the urban hospital contract shall identify:
 - i. The parties' agreement on arbitrating claims arising from the contract,
 - ii. Whether arbitration is nonbinding or binding,
 - iii. Timeliness of arbitration,
 - iv. What contract provisions may be appealed,
 - v. What rules will govern arbitrations,

- vi. The number of arbitrators that shall be used,
- vii. How arbitrators shall be selected, and
- viii. How arbitrators shall be compensated.
- d. Timeliness of claims submission and payment;
- e. Prior authorization;
- f. Concurrent review;
- g. Electronic submission of claims;
- h. Claims review criteria;
- i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
- j. Payment of outliers;
- k. Claim documentation specifications under A.R.S. § 36-2904.
- l. Treatment and payment of emergency room services; and
- m. Provisions for rate changes and adjustments.
2. AHCCCS review and approval of urban hospital contracts:
 - a. AHCCCS may review, approve, or disapprove the hospital contract rates, terms, conditions, and amendments to the contract;
 - b. The AHCCCS evaluation of each urban hospital contract shall include but not be limited to the following areas:
 - i. Availability and accessibility of services to members,
 - ii. Related party interests,
 - iii. Inclusion of required terms pursuant to this Section, and
 - iv. Reasonableness of the rates.
- F. Quick-Pay/Slow-Pay. A payment made by a contractor to a noncontracted hospital shall be subject to quick-pay discounts and slow-pay penalties under A.R.S. § 36-2904.

Historical Note

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective January 29, 1997; pursuant to Laws 1996, Ch. 288, § 24 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 500, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1515, effective June 30, 2018 (Supp. 18-2).

R9-22-719. Contractor Performance Measure Outcomes

The Administration may retain a specified percentage of capitation reimbursement to distribute to contractors based on their performance measure outcomes under A.R.S. § 36-2904. The Administration shall notify contractors 60 days prior to a new contract year if this methodology is implemented. The Administration shall specify the details of the reimbursement methodology in contract.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-720. Reinsurance

A. Reinsurance is a stop-loss program provided by the Administration to a contractor for partial reimbursement of the cost of covered services for a member with an acute medical condition when the cost of covered services exceeds a pre-determined deductible level amount within a contract year. The Administration self-insures the reinsurance program through a reduction to capitation rates. The reinsurance program also

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includes a catastrophic reinsurance program for members diagnosed with specific medical conditions.

- B. The Administration shall specify in contract guidelines for claims submission, processing, payment, and the types of care and services that are provided to a member whose care is covered by reinsurance.
- C. When the Administration determines that a contractor does not follow the specified guidelines for care or services and the care or services could have been provided at a lower cost according to the guidelines, the Administration shall reimburse the contractor as if the care or services had been provided as specified in the guidelines.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-721. Behavioral Health Inpatient Facilities

“Behavioral health inpatient facility” means a health care institution, other than Arizona State Hospital, that meets the following requirements:

1. Provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
 - a. Have a limited or reduced ability to meet the individual’s basic physical needs;
 - b. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled; and
2. Is one of the following facility types:
 - a. Psychiatric hospitals;
 - b. Mental health residential treatment centers;
 - c. Secure residential treatment centers with 17 or more beds;
 - d. Non-secure residential treatment centers with 1-16 beds;
 - e. Non-secure residential treatment centers with 17 or more beds;
 - f. Sub-acute facilities with 1-16 beds;
 - g. Sub-acute facilities with 17 or more beds.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 3120, effective October 1, 2019 (Supp. 19-4).

R9-22-722. Reserved

R9-22-723. Reserved

R9-22-724. Reserved

R9-22-725. Reserved

R9-22-726. Reserved

R9-22-727. Reserved

R9-22-728. Reserved

R9-22-729. Reserved

Editor’s Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st

Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 1041 (Supp. 15-3).

Editor’s Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 491 (Supp. 15-2).

R9-22-730. Hospital Assessment Fund - Hospital Assessment

A. For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:

1. “2023 Medicare Cost Report” means: The Medicare Cost Report for the hospital fiscal year ending in calendar year 2023 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated January 5, 2025.
2. “2023 Uniform Accounting Report” means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of December 15, 2024 for the hospital’s fiscal year ending in calendar year 2023.
3. “Quarter” means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
4. A “new hospital” means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to January 1, 2025.
5. “Outpatient Net Patient Revenues” means an amount, calculated using data in the hospital’s 2023 Uniform Accounting Report or other data sources specified by subsection (N), that is equal to the hospital’s 2023 total net patient revenue multiplied by the ratio of the hospital’s 2023 gross outpatient revenue to the hospital’s 2023 total gross patient revenue.

B. Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection (L) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E), (F), (G), (H) and (I). For the period beginning October 1, 2025, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital’s 2023 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as “Other Long Term Care Discharges,” multiplied by the following rates appropriate to the hospital’s peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital’s peer group:

1. \$628.25 per discharge and 1.0634% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
2. \$628.25 per discharge and 0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
3. \$157.25 per discharge and 0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
4. \$157.25 per discharge and 0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2023 Medicare Cost Report.

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5. \$502.75 per discharge and 1.1520% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report.
 6. \$565.50 per discharge and 1.3292% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report.
 7. \$125.75 per discharge and 0.3545% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
 8. \$628.25 per discharge and 1.7723% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 1, 2025.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$157.25 for each discharge from the psychiatric sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's 2023 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of \$63.00 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
- G.** Notwithstanding subsection (B), for any hospital that reported pediatric outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, pediatric outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .0354% for pediatric outpatient net patient revenues greater than \$375,000,000 from a hospital designated as subtype children's. The initial \$375,000,000 of pediatric outpatient net patient revenues are assessed at the rate required by subsection (B).
- H.** Notwithstanding subsection (B), for any short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1329% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- I.** Notwithstanding subsection (B), for any short-term hospital not included in another peer group that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1772% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital not included in another peer group. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- J.** Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the Hospital Assessment Fund assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- K.** Assessment due date. The Hospital Assessment Fund assessment must be received by the Administration no later than:
1. The 15th day of the second month of the quarter, or
 2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.
- L.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2023 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 1, 2025:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
 2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
 3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2023 Medicare Cost Report.
 4. Hospitals designated as type: hospital, subtype; rehabilitation.
 5. Hospitals designated as type: hospital, subtype: special hospitals, not including subtype: children's.
 6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2023 Medicare Cost Report are reimbursed by Medicare.
 7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2023 Medicare Cost Report.
 8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- M.** New hospitals. For hospitals that did not file a 2023 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment

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will begin on October 1 following the date the hospital began operating.

2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
 3. A hospital is not considered a new hospital based on a change in ownership.
 4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
 - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
 - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
 5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
 6. For hospitals providing self-reported data, described in subpart 4 and 5:
 - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (L)(3) apply to the assessment amount.
 - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- N.** Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- O.** Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- P.** Required information for the inpatient assessment. For any hospital that has not filed a 2023 Medicare Cost report, or if the 2023 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2023 Uniform Accounting Report filed by the hospital in place of the 2023 Medicare Cost report to calculate the assessment. If the 2023 Uniform Accounting Report filed by the hospital does not include reliable information sufficient

for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the assessment.

- Q.** Required information for the outpatient assessment. For any hospital that has not filed a 2023 Uniform Accounting Report, if the 2023 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2023 Uniform Accounting Report does not reconcile to 2023 Audited Financial Statements, the Administration shall use the data reported on 2023 Audited Financial Statements to calculate the outpatient assessment. If the 2023 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2023 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the outpatient assessment.
- R.** The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is sufficient to fund the state match obligation to cover the cost of the populations as specified in A.R.S. § 36-2901.08.
- S.** Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

Historical Note

New Section R9-22-730 made by exempt rulemaking at 20 A.A.R. 281, effective January 15, 2014 (Supp. 14-1).

Amended by exempt rulemaking at 20 A.A.R. 1833, effective July 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 637, effective April 15, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 21 A.A.R. 1486, effective July 16, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 2050, effective July 14, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 1945, effective July 1, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2229, effective July 10, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 1938, effective July 1, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1702, effective July 1, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 2370, effective October 1, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 28 A.A.R. 2213 (September 2, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final exempt rulemaking at 29 A.A.R. 2204 (September 22, 2023), effective October 1, 2023 (Supp. 23-3). Amended by final exempt rulemaking at 30 A.A.R. 3057 (October 18, 2024), effective October 1, 2024 (Supp. 24-3). Amended by final exempt rulemaking at 31 A.A.R. 4040 (October 17, 2025), effective October 1, 2025 (Supp. 25-3).

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R9-22-731. Health Care Investment Fund - Hospital Assessment

- A.** For purposes of this Section, terms are the same as defined in A.A.C. R9-22-730 unless the context specifically requires another meaning.
- B.** Beginning October 1, 2025, for each Arizona licensed hospital not excluded under subsection (L) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E), (F), (G), (H) and (I). For the period beginning October 1, 2025, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's 2023 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:
1. \$1,110.50 per discharge and 5.0464% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
 2. \$1,110.50 per discharge and 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
 3. \$277.75 per discharge and 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
 4. \$277.75 per discharge and 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2023 Medicare Cost Report.
 5. \$888.25 per discharge and 5.4669% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
 6. \$999.25 per discharge and 6.3079% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report.
 7. \$222.25 per discharge and 1.6821% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
 8. \$1,110.50 per discharge and 8.4106% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 1, 2025.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$277.75 for each discharge from the psychiatric sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2023 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2023 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's 2023 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of \$111.25 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
- G.** Notwithstanding subsection (B), for any hospital that reported pediatric outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, pediatric outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1682% for pediatric outpatient net patient revenues greater than \$375,000,000 from a hospital designated as subtype children's. The initial \$375,000,000 of pediatric outpatient net patient revenues are assessed at the rate required by subsection (B).
- H.** Notwithstanding subsection (B), for any short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .6308% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- I.** Notwithstanding subsection (B), for any short-term hospital not included in another peer group that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .8411% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital not included in another peer group. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- J.** Assessment notice. On or before the 10th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- K.** Assessment due date. The assessment must be received by the Administration no later than the 10th day of the second month of the quarter.
- L.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2023 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 1, 2025:

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1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
 2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
 3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2023 Medicare Cost Report.
 4. Hospitals designated as type: hospital, subtype: rehabilitation.
 5. Hospitals designated as type: hospital, subtype: special hospitals, not including subtype: children's.
 6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2023 Medicare Cost Report are reimbursed by Medicare.
 7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2023 Medicare Cost Report.
 8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- M.** New hospitals. For hospitals that did not file a 2023 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
 2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
 3. A hospital is not considered a new hospital based on a change in ownership.
 4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
 - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
 - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
 5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
 6. For hospitals providing self-reported data, described in subpart 4 and 5:
 - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (L)(3) apply to the assessment amount.
 - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- N.** Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- O.** Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- P.** Required information for the inpatient assessment. For any hospital that has not filed a 2023 Medicare Cost report, or if the 2023 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2023 Uniform Accounting Report filed by the hospital in place of the 2023 Medicare Cost report to calculate the assessment. If the 2023 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the assessment.
- Q.** Required information for the outpatient assessment. For any hospital that has not filed a 2023 Uniform Accounting Report, if the 2023 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2023 Uniform Accounting Report does not reconcile to 2023 Audited Financial Statements, the Administration shall use the data reported on 2023 Audited Financial Statements to calculate the outpatient assessment. If the 2023 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2023 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2023 Medicare Cost report to calculate the outpatient assessment.
- R.** Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

Historical Note

New Section made by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final rulemaking at 27 A.A.R. 2514 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3351 (October 21, 2022), effective

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tive October 1, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3419 (October 27, 2023) with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final exempt rulemaking at 30 A.A.R. 3061 (October 18, 2024), effective October 1, 2024 (Supp. 24-3). Amended by final exempt rulemaking at 31 A.A.R. 4045 (October 17, 2025), effective October 1, 2025 (Supp. 25-3).

ARTICLE 8. REPEALED

Article 8, consisting of R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-22-801. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-801 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted effective October 29, 1985 (Supp. 85-5). Amended subsections (C), (F), (H), (I), and (K) effective October 1, 1986 (Supp. 86-5). Change of heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (H) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section heading amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-802. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-802 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 29, 1985 (Supp. 85-5). Amended subsections (A), (B), (C) and (D) effective October 14, 1988 (Supp. 88-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-802 repealed, new Section R9-22-802 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-803. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-803 adopted as an emergency

now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-803 repealed, new Section R9-22-803 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-803 renumbered and amended as Section R9-22-804. Adopted effective January 31, 1986 (Supp. 86-1). Amended effective September 29, 1992 (Supp. 92-3). Former Section R9-22-803 repealed, new Section R9-22-803 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-804. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-804 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Former Section R9-22-804 repealed, former Section R9-22-803 renumbered and amended as Section R9-22-804 effective October 29, 1985 (Supp. 85-5). Amended effective October 14, 1988 (Supp. 88-4). Amended subsections (B) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-804 repealed, new Section R9-22-804 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

Exhibit A. Repealed**Historical Note**

New Exhibit adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-805. Repealed**Historical Note**

Former Section R9-22-805 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective January 31, 1986 (Supp. 86-1).

ARTICLE 9. REPEALED**R9-22-901. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-901 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an

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exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-902. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-902 renumbered and amended as Section R9-22-904, former Section R9-22-903 renumbered and amended as Section R9-22-902 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-902 repealed, new Section R9-22-902 adopted effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-903. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-903 renumbered and amended as Section R9-22-902, former Section R9-22-904 renumbered and amended as Section R9-22-903 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-903 repealed, new Section R9-22-903 adopted effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-904. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-904 renumbered and amended as Section R9-22-903, former Section R9-22-902 renumbered and amended as Section R9-22-904 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-905. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-905 renumbered without change as Sec-

tion R9-22-908, former Section R9-22-907 renumbered and amended as Section R9-22-905 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-906. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-907. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-907 renumbered and amended as Section R9-22-905, former Section R9-22-908 renumbered and amended as Section R9-22-907 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-908. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-908 renumbered and amended as Section R9-22-907, former Section R9-22-905 renumbered without change as Section R9-22-908 effective October 1, 1986 (Supp. 86-5). Former R9-22-908 repealed effective May 30, 1989 (Supp. 89-2). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-909. Repealed**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES**R9-22-1001. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901, 36-2923 and 9 A.A.C. 22, Article 1, the following definitions apply to this Article:

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“Absent parent” means an individual who is absent from the home and is legally responsible for providing financial and/or medical support for a dependent child.

“Cost avoid” means to deny a claim and return the claim to the provider for a determination of the amount of first- or third-party liability.

“First-party liability” means the obligation of any insurance plan or other coverage obtained directly or indirectly by a member that provides benefits directly to the member to pay all or part of the expenses for medical services incurred by AHCCCS or a member.

“Third-party” means a person, entity, or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

“Third-party liability” means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan.

Historical Note

Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). Amended subsections (E) through (H) effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E), and (F) effective December 22, 1987 (Supp. 87-4). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1002. General Provisions

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. AHCCCS is not the payor of last resort when the following entities are the third-party:

1. Indian Health Services (IHS/638), contract health,
2. Title IV-E,
3. Arizona Early Intervention Program (AZEIP),
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300,
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et seq., and
6. The Arizona Refugee Resettlement Program operated under 45 CFR Part 400, Subpart (G).

Historical Note

Section R9-22-529 adopted effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5). Amended subsections (C) and (D) effective October 1, 1986 (Supp. 86-5). Amended effective December 22, 1987 (Supp. 87-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009

(Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1003. Cost Avoidance

- A. The Administration’s reimbursement responsibility.
 1. The Administration shall pay no more than the difference between the Capped Fee-For-Service schedule and the amount of the third-party liability, unless Medicare is the third-party.
 2. If Medicare is the third-party that is liable, the Administration shall pay the Medicare copayment, coinsurance, and deductible regardless of the Capped Fee-For-Service Schedule, as described under 9 A.A.C. 29, Article 3.
- B. The Contractor’s reimbursement responsibility.
 1. If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.
 2. If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.
- C. The following parties shall take reasonable measures to identify potentially legally liable first- or third-party sources:
 1. AHCCCS, the Administration, or a contractor;
 2. A provider;
 3. A noncontracting provider; and
 4. A member.
- D. Except as specified under subsection (E), the Administration or a contractor shall cost avoid a claim for AHCCCS covered services under Article 2 if the Administration or a contractor has established the probable existence of a liable party at the time the claim is filed. Establishing liability takes place when the Administration or the contractor receives confirmation that another party is legally responsible for payment of a health care service under Article 2.
- E. The Administration or contractor shall pay the full amount of the claim according to the Capped-Fee-For-Service Schedule or the contracted rate as described under subsection (B), and then seek reimbursement from any liable parties if the claim is for:
 1. Prenatal care for pregnant women,
 2. Preventive pediatric services, including E.P.S.D.T. and administration of vaccines to children under the Vaccines for Children (VFC) program; or
 3. Services covered by third-party liability that is derived from an absent parent whose obligation to pay support is being enforced by the Division of Child Support Enforcement.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3012, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1004. Member Participation

A member shall cooperate in identifying potentially legally liable first- or third-parties and timely assist the Administration and a contractor, provider, or noncontracting provider in pursuing any first- or third-party who may be liable to pay for covered services.

Historical Note

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New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1005. Collections

- A.** Parties that notify AHCCCS. A provider or noncontracting provider shall cooperate with AHCCCS by identifying all potential sources of first- or third-party liability and notify AHCCCS of these sources.
- B.** Parties that pursue collection or reimbursement. AHCCCS, a provider, or noncontracting provider shall pursue collection or reimbursement from all potential sources of first- or third-party liability.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-1006. AHCCCS Monitoring Responsibilities

AHCCCS shall monitor first- or third-party liability payments to a provider or noncontracting provider, which include but are not limited to payments by or for:

1. Private health insurance;
2. Employment-related disability and health insurance;
3. Long-term care insurance;
4. Other federal programs not excluded by statute from recovery;
5. Court ordered or non-court ordered medical support from an absent parent;
6. State worker's compensation;
7. Automobile insurance, including underinsured and uninsured motorists insurance;
8. Court judgment or settlement from a liability insurer including settlement proceeds placed in a trust;
9. First-party probate estate recovery;
10. Adoption-related payment; or
11. A tortfeasor.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-1007. Notification for Perfection, Recording, and Assignment of AHCCCS Liens

- A.** Hospital requirements. A hospital providing medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall within 30 days after a member's discharge:
1. Notify AHCCCS via facsimile or mail under R9-22-1008, or
 2. Mail AHCCCS a copy of the lien the hospital proposes to record or has recorded under A.R.S. § 33-932.
- B.** Provider and noncontracting provider requirements. A provider or noncontracting provider, other than a hospital, rendering medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall notify AHCCCS via facsimile or mail under R9-22-1008 within 30 days after providing the service.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by

final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1008. Notification Information for Liens

- A.** Except as provided in subsection (B), a hospital, provider, and noncontracting provider identified in R9-22-1007 shall provide the following information to AHCCCS in writing:
1. Name of the hospital, provider or noncontracting provider;
 2. Address of the hospital, provider or noncontracting provider;
 3. Name of member;
 4. Member's Social Security Number or AHCCCS identification number;
 5. Address of member;
 6. Date of member's admission or date service is provided;
 7. Amount estimated to be due for care of member;
 8. Date of discharge, if member has been discharged;
 9. Name of county in which injuries were sustained; and
 10. Name and address of all persons, firms, and corporations and their insurance carriers identified by the member or legal representative as being liable for damages.
- B.** If the date of discharge is not known at the time the information in subsection (A) is provided, a party identified in subsection (A) shall notify AHCCCS of the date of discharge within 30 days after the member has been discharged.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1009. Notification of Health Insurance Information

A provider or noncontracting provider shall notify AHCCCS, in writing, of the following health insurance information within 10 days of receipt of the health insurance information:

1. Name of member,
2. Member's Social Security Number or AHCCCS identification number,
3. Insurance carrier name,
4. Insurance carrier address,
5. Policy number or insurance holder's Social Security Number,
6. Policy begin and end dates, and
7. Insurance holder's name.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS**R9-22-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims; Definitions**

- A.** Scope. This Article applies to prohibited acts as described under A.R.S. § 36-2918(A), and submissions of encounters to the Administration. The Administration considers a person who aids and abets a prohibited act affecting any of the AHCCCS programs or Health Care Group to be engaging in a prohibited act under A.R.S. § 36-2918(A).
- B.** Purpose. This Article describes the circumstances AHCCCS considers and the process that AHCCCS uses to determine the amount of a penalty, assessment, or penalty and assessment as required under A.R.S. § 36-2918. This Article includes the

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process and time-frames used by a person to request a State Fair Hearing.

C. Definitions. The following definitions apply to this Article:

1. "Assessment" means a monetary amount that does not exceed twice the dollar amount claimed by the person for each service.
2. "Claim" means a request for payment submitted by a person for payment for a service or line item of service, including a submission of an encounter.
3. "Day" means calendar day unless otherwise specified.
4. "File" means the date that AHCCCS receives a written acceptance, request for compromise, request for a counter proposal, or a request for a State Fair Hearing as established by a date stamp on the written document or other record of receipt.
5. "Penalty" means a monetary amount, based on the number of items of service claimed or reported, that does not exceed \$2,000 times the number of line items of service.
6. "Person" means an individual or entity as described under A.R.S. § 1-215.
7. "Reason to know" or "had reason to know" means that a person, acts in deliberate ignorance of the truth or falsity of, or with reckless disregard of the truth or falsity of information. No proof of specific intent to defraud is required.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
Amended subsection A. effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective June 9, 1998 (Supp. 98-2).
Amended by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1102. Determining the Amount of a Penalty and an Assessment

- A. AHCCCS shall determine the amount of a penalty and assessment according to A.R.S. § 36-2918(B) and (C), R9-22-1104, and R9-22-1105.
- B. AHCCCS shall include in the amount of the penalty and assessment the cost incurred by AHCCCS for conducting the following:
 1. An investigation,
 2. Audit, or
 3. Inquiry.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
Amended effective December 13, 1993 (Supp. 93-4).
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1103. Repealed

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
Amended effective December 13, 1993 (Supp. 93-4).
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

Section repealed by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1104. Mitigating Circumstances

AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of penalties and assessments.

1. The following are mitigating circumstances:
 - a. All the services are of the same type,
 - b. All the dates of services occurred within six months or less,
 - c. The number of claims submitted is less than 25,
 - d. The nature and circumstances do not indicate a pattern of inappropriate claims for the services, and
 - e. The total amount claimed for the services is less than \$1,000.
2. The degree of culpability of a person who presents or causes to present a claim is a mitigating circumstance, including but not limited to, if:
 - a. Each service is the result of an unintentional and unrecognized error in the process that the person followed in presenting or in causing to present the service,
 - b. Corrective steps were taken promptly by the person after the error was discovered, and
 - c. The person had a fraud and abuse control plan that was operating effectively at the time each claim was presented or caused to be presented.
3. The financial condition of a person who presents or causes to present a claim is a mitigating circumstance if the imposition of a penalty, assessment, or penalty and assessment without reduction will render the provider incapable to continue providing services. AHCCCS shall consider the resources available to the person when determining the amount of the penalty, assessment, or penalty and assessment.
4. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice, the circumstances require a reduction of the penalty, assessment, or penalty and assessment.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-22-1105. Aggravating Circumstances

AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. The nature and circumstances of each claim and the circumstances under which the claim is presented or caused to be presented are aggravating circumstances if:
 - a. A person has forged, altered, recreated, destroyed, or failed to maintain records;
 - b. The person refuses to provide pertinent documentation to AHCCCS for a claim or refuses to cooperate with investigators;
 - c. The services are of several billing code types;
 - d. All the dates of services occurred within six months or greater;

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- e. The number of claims submitted is greater than 25;
 - f. The nature and circumstances indicate a pattern of inappropriate claims for the services; and
 - g. The total amount claimed for the services is \$5,000 or greater.
2. The degree of culpability of a person who presents or causes to present each claim is an aggravating circumstance, including but not limited to, if:
 - a. The person knows or had reason to know that each service was not provided as claimed,
 - b. The person knows or had reason to know that no payment could be made because the person had been excluded from reimbursement by AHCCCS, or
 - c. The person knows or had reason to know that the payment would violate the terms of an agreement between the person and AHCCCS system.
 - d. The person knows or had reason to know that the payment would violate state or federal law.
 3. The prior offenses of a person who presents or causes to present each claim are an aggravating circumstance if:
 - a. At any time before the submittal of the claim the person was held criminally or civilly liable for any act, or
 - b. The person had received an administrative sanction in connection with:
 - i. A Medicaid program,
 - ii. A Medicare program, or
 - iii. Any other public or private program of reimbursement for medical services.
 4. The adverse effect on patient care that resulted, or could have resulted, from the failure to provide medically necessary care by a person in connection with a claim.
 5. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice, the circumstances require an increase of the penalty, assessment, or penalty and assessment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-22-1106. Notice of Intent

If AHCCCS imposes a penalty, assessment, or a penalty and assessment, AHCCCS shall hand deliver or send by certified mail return receipt requested or Federal Express to the person, a written Notice of Intent to impose a penalty, assessment, or a penalty and assessment. The Notice of Intent shall include:

1. The statutory basis for the penalty, assessment, or the penalty and assessment;
2. Identification of the state or federal regulation and state or federal law that AHCCCS alleges has been violated;
3. The factual basis for AHCCCS' determination that the penalty, assessment, or the penalty and assessment should be imposed;
4. The amount of the penalty, assessment, or penalty and assessment;
5. The process for the person to accept or request a compromise of the penalty, assessment, or penalty and assessment; and
6. The process for requesting a State Fair Hearing.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1107. Reserved**R9-22-1108. Request for a Compromise**

- A. To request a compromise, the person shall file a written request with AHCCCS within 30 days from the date of receipt of the Notice of Intent. The written request for compromise shall contain the person's reasons for the reduction or modification of the penalty, assessment, or penalty and assessment.
- B. Within 30 days from the date of receipt of the request for compromise from the person, AHCCCS shall send a Notice of Compromise Decision that accepts, denies, or offers a counter proposal to the person's request for compromise. If AHCCCS offers a counter proposal the amount of the counter proposal shall represent the penalty, assessment, or penalty and assessment.
 1. If AHCCCS does not withdraw the Notice of Intent under R9-22-1112 or denies the request for compromise the original penalty, assessment, or penalty and assessment is upheld.
 2. To dispute the Compromise Decision, the person shall file a request for a State Fair Hearing under R9-22-1110 within 30 days from the date of receipt of the Notice of Compromise Decision. A failure to respond to the Notice of Compromise Decision will lead to the decision being upheld.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

R9-22-1109. Failure to Respond to the Notice of Intent

If a person fails to respond timely to the Notice of Intent, AHCCCS shall uphold the original penalty, assessment, or penalty and assessment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1110. Request for State Fair Hearing

- A. To request a State Fair Hearing regarding a dispute concerning a penalty, assessment, or penalty and assessment, the person shall file a written request for a State Fair Hearing with AHCCCS within 60 days from the date of the receipt of the Notice of Intent under R9-22-1106 or within 30 days from the date of receipt of the Notice of Compromise Decision under R9-22-1108, if applicable.
- B. AHCCCS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if AHCCCS receives a timely request for a State Fair Hearing from the person.
- C. AHCCCS shall mail a Director's Decision to the person no later than 30 days after the date the Administrative Law Judge sends the decision of the Office of Administrative Hearings (OAH) to AHCCCS.
- D. AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is

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received from the person before AHCCCS mails a Notice of Hearing under A.R.S. § 41-1092 et seq. If AHCCCS mailed a Notice of Hearing under A.R.S. § 41-1092 et seq., a person may withdraw the hearing request only by sending a written request for withdrawal to OAH.

Historical Note

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1111. Issues and Burden of Proof

- A. Preponderance of evidence. In any State Fair Hearing conducted under R9-22-1110, AHCCCS shall prove by a preponderance of the evidence that a person presented or caused to be presented each claim in violation of this Article and any aggravating circumstances under R9-22-1105. A person shall bear the burden of producing and proving by a preponderance of the evidence any circumstance that would justify reducing the amount of the penalty, assessment, or penalty and assessment.
- B. Statistical sampling.
 1. In meeting the burden of proof described in subsection (A), AHCCCS may introduce the results of a statistical sampling study as evidence of the number and amount of claims that were presented or caused to be presented by the person. A statistical sampling study constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods.
 2. The burden of proof shall shift to the person to produce evidence reasonably calculated to rebut the findings of the statistical sampling study once AHCCCS has made a prima facie case as described in subsection (B)(1). AHCCCS shall be given the opportunity to rebut this evidence.

Historical Note

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1112. Withdrawal and Continuances

AHCCCS may withdraw the Notice of Intent at any time. Prior to referring a matter to the Office of Administrative Hearings the parties may mutually agree to a continuance.

Historical Note

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

ARTICLE 12. BEHAVIORAL HEALTH SERVICES**R9-22-1201. Definitions**

Definitions. The following definitions apply to this Article:

“Adult behavioral health therapeutic home” as defined in 9 A.A.C. 10, Article 1.

“Agency” for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.

“Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

“Behavior management services” means services that assist the member in carrying out daily living tasks and other activities essential for living in the community, including personal care services.

“Behavioral health therapeutic home care services” means interactions that teach the client living, social, and communication skills to maximize the client’s ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client’s treatment plan, as appropriate.

“Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.

“Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

Are provided with clinical oversight by a behavioral health professional.

“Case management” for the purposes of this Article, means services and activities that enhance treatment, compliance, and effectiveness of treatment.

“Certified psychiatric nurse practitioner” means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

“Clinical oversight” means as described under 9 A.A.C. 10.

“Cost avoid” means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

“Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.

“Court-ordered pre-petition screening” has the same meaning as “pre-petition screening” in A.R.S. § 36-501.

“Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.

“Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

“Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

“Health care institution” has the same meaning as defined in A.R.S. § 36-401.

“Health care practitioner” means a:

Physician;

Physician assistant;

Nurse practitioner; or

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Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.

“Licensee” means the same as in 9 A.A.C. 10, Article 1.

“Medical practitioner” means a physician, physician assistant, or nurse practitioner.

“Partial care” means a day program of services provided to individual members or groups that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

“Physician assistant” means the same as in A.R.S. § 32-2501 except that when providing a behavioral health service, the physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

“Psychiatrist” means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.

“Psychologist” means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-22-1206.

“Respite” means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

“TRBHA” or “Tribal Regional Behavioral Health Authority” means a Native American tribe under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled members of the federally-recognized tribal nation.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1202. ADHS, Contractor, Administration and CRS Responsibilities

A. ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS’ responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health

services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are identified as “mental disorders” in the latest International Classification of Diseases (ICD) code set as required by AHC-CCS claims and encounters.

- B.** ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:
1. From an IHS or tribally operated 638 facility,
 2. From a TRBHA, or
 3. From a RBHA.
- C.** Contractor responsibilities. A contractor shall:
1. Refer a member to a RBHA under the contract terms;
 2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;
 3. Coordinate a member’s transition of care and medical records; and
 4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.
- D.** Administration and CRS responsibilities.
1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.
 2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct typographical errors, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

R9-22-1203. Eligibility for Covered Services

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under Article 12 and Article 2.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of

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State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1204. General Service Requirements

- A.** Services. Behavioral health services include mental health, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under Article 2 and Article 5.
- B.** Notification to Administration for American Indians enrolled with a tribal contractor. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a tribal contractor presents to a behavioral health hospital for inpatient emergency behavioral health services.
- C.** Restrictions and limitations. Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1205. Scope and Coverage of Behavioral Health Services

- A.** Inpatient behavioral health services. The following inpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
 1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
 - a. General acute care hospital,
 - b. Inpatient psychiatric unit in a general acute care hospital, or

- c. Behavioral health hospital.
2. Inpatient service limitations:
 - a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.
 - b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - i. A licensed psychiatrist,
 - ii. A certified psychiatric nurse practitioner,
 - iii. A licensed physician assistant,
 - iv. A licensed psychologist,
 - v. A licensed clinical social worker,
 - vi. A licensed marriage and family therapist,
 - vii. A licensed professional counselor,
 - viii. A licensed independent substance abuse counselor, and
 - ix. A medical practitioner.
- B.** Behavioral Health Inpatient facility for children. Services provided in a Behavioral Health Inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.
 1. Behavioral Health Inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed Behavioral Health Inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
 2. Covered Behavioral Health Inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
 3. Inpatient Behavioral Health Inpatient facility for children service limitations.
 - a. Services are not covered unless prior authorized, except for emergency services as specified in this Section.
 - b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - i. A licensed psychiatrist,
 - ii. A certified psychiatric nurse practitioner,
 - iii. A licensed physician assistant,
 - iv. A licensed psychologist,
 - v. A licensed clinical social worker,
 - vi. A licensed marriage and family therapist,
 - vii. A licensed professional counselor,
 - viii. A licensed independent substance abuse counselor, and
 - ix. A medical practitioner.
 4. The following may be billed independently if prescribed by a provider as specified in this Section who is operating within the scope of practice:
 - a. Laboratory services, and
 - b. Radiology services.
- C.** Covered Inpatient sub-acute agency services. Services provided in a inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
 1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in a licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.

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2. Covered Inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - a. A licensed psychiatrist,
 - b. A certified psychiatric nurse practitioner,
 - c. A licensed physician assistant,
 - d. A licensed psychologist,
 - e. A licensed clinical social worker,
 - f. A licensed marriage and family therapist,
 - g. A licensed professional counselor,
 - h. A licensed independent substance abuse counselor, and
 - i. A medical practitioner.
4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
 - a. Laboratory services, and
 - b. Radiology services.
- D. Behavioral health residential facility services.** Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
 1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility.
 2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff, whichever is applicable. Room and board are not covered services.
 3. The following licensed and certified providers may bill independently for services:
 - a. A licensed psychiatrist,
 - b. A certified psychiatric nurse practitioner,
 - c. A licensed physician assistant,
 - d. A licensed psychologist,
 - e. A licensed clinical social worker,
 - f. A licensed marriage and family therapist,
 - g. A licensed professional counselor,
 - h. A licensed independent substance abuse counselor, and
- E. Partial care.** Partial care services are covered subject to the limitations and exclusions in this Article.
 1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
 2. Partial care services. Educational services that are therapeutic and are included in the member's behavioral health treatment plan are included in per diem reimbursement for partial care services.
- F. Outpatient services.** Outpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
 1. Outpatient services include the following:
 - a. Screening provided by a behavioral health professional or a behavioral health technician as defined in R9-22-1201;
 - b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
 - c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
 - d. Behavior management services as defined in R9-22-1201; and
 - e. Psychosocial rehabilitation services as defined in R9-22-201.
 2. Outpatient service limitations.
 - a. The following licensed or certified providers may bill independently for outpatient services:
 - i. A licensed psychiatrist;
 - ii. A certified psychiatric nurse practitioner;
 - iii. A licensed physician assistant as defined in R9-22-1201;
 - iv. A licensed psychologist;
 - v. A licensed clinical social worker;
 - vi. A licensed professional counselor;
 - vii. A licensed marriage and family therapist;
 - viii. A licensed independent substance abuse counselor;
 - ix. A medical practitioner; and
 - x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, Article 14, that is an AHCCCS-registered provider.
 - b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through (x), who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.
- G. Emergency behavioral health services** are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by qualified service providers under R9-22-1206. ADHS/DBHS shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member as defined in R9-22-201.
- H. Other covered behavioral health services.** Other covered behavioral health services include:
 1. Case management as defined in 9 A.A.C. 10, Article 1;
 2. Laboratory and radiology services for behavioral health diagnosis and medication management;
 3. Medication;
 4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
 5. Respite care as described within subsection (J);
 6. Behavioral health therapeutic home care services provided by a RBHA in a professional foster home defined in 6 A.A.C. 5, Article 58 or in an adult behavioral health therapeutic home as defined in 9 A.A.C. 10, Article 1;
 7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.
- I. Transportation services.** Transportation services are covered under R9-22-211.
- J. Limited Behavioral Health services.** Respite services are limited to no more than 600 hours per benefit year.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of

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State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4).

Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1206. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4).

Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1207. General Provisions for Payment**A. Claims submissions.**

1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the appropriate RBHA.
2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the appropriate RBHA.
3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
5. A provider of emergency behavioral health services, that are the responsibility of ADHS/DBHS or a contractor, shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).
6. A provider shall comply with the time-frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.
7. ADHS/DBHS or a contractor, whichever entity is responsible for covering behavioral health services, shall cost

avoid any behavioral health service claims if it establishes the existence or probable existence of first-party liability or third-party liability.

- B. Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a RBHA, ADHS/DBHS, a TRBHA, the Administration or a contractor.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1208. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions

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

"Active treatment" means there is a current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

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“CRS condition” means a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. § 36-2912.

“Functionally limiting” means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a provider.

“Medically eligible” means meeting the medical eligibility requirements of R9-22-1303.

“Redetermination” means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).
Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be given a CRS Designation. An American Indian member can choose to receive CRS services through an American Indian Health Plan or a contractor. A member enrolled in CMDP shall obtain CRS services through CMDP. The contractor shall provide covered services necessary to treat the condition(s) and other services described within the contract. The effective date of the CRS Designation shall be as specified in contract.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).
Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1303. Medical Eligibility

The following lists identify those medical condition(s) that do qualify for CRS services as well as those that do not qualify for CRS services. The list of condition(s) that qualify for a CRS Designation is all inclusive. The list of condition(s) that do not qualify for a CRS Designation is not an all-inclusive list.

1. Cardiovascular System

- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Arrhythmia,
 - ii. Arteriovenous fistula,
 - iii. Cardiomyopathy,
 - iv. Conduction defect,
 - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent

Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),

- vi. Coronary artery and aortic aneurysm,
- vii. Renal vascular hypertension,
- viii. Rheumatic heart disease, and
- ix. Valvular disorder.
- b. Condition(s) not medically eligible for CRS:
 - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
 - ii. Benign heart murmur;
 - iii. Branch artery pulmonary stenosis;
 - iv. Essential hypertension;
 - v. Patent foramen ovale (PFO);
 - vi. Peripheral pulmonary stenosis;
 - vii. Postural orthopedic tachycardia; and
 - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
2. Endocrine system:
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Addison's disease,
 - ii. Adrenogenital syndrome,
 - iii. Cystic fibrosis (including atypical cystic fibrosis),
 - iv. Diabetes insipidus,
 - v. Hyperparathyroidism,
 - vi. Hyperthyroidism,
 - vii. Hypoparathyroidism, and
 - viii. Panhypopituitarism.
 - b. Condition(s) not medically eligible for CRS
 - i. Diabetes mellitus,
 - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
 - iii. Isolated growth hormone deficiency, and
 - iv. Precocious puberty.
3. Genitourinary system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Ambiguous genitalia,
 - ii. Bladder extrophy,
 - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
 - iv. Ectopic ureter,
 - v. Hydronephrosis, that is not resolved with antibiotics,
 - vi. Polycystic and multicystic kidneys,
 - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,
 - viii. Ureteral stricture, and
 - ix. Vesicoureteral reflux, at a grade 3 or higher.
 - b. Condition(s) not medically eligible for CRS:
 - i. Enuresis,
 - ii. Hydrocele,
 - iii. Hypospadias,
 - iv. Meatal stenosis,
 - v. Nephritis, infectious or noninfectious,
 - vi. Nephrosis,
 - vii. Phimosis, and
 - viii. Undescended testicle.
4. Ear, nose, or throat medical condition(s):

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- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cholesteatoma,
 - ii. Congenital/Craniofacial anomaly that is functionally limiting,
 - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
 - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
 - v. Microtia that requires multiple surgical interventions,
 - vi. Neurosensory hearing loss, and
 - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
 - b. Condition(s) not medically eligible for CRS:
 - i. A craniofacial anomaly that is not functionally limiting,
 - ii. Adenoiditis,
 - iii. Cranial or temporal mandibular joint syndrome,
 - iv. Hypertrophic lingual frenum,
 - v. Isolated preauricular tag or pit,
 - vi. Nasal polyp,
 - vii. Obstructive apnea,
 - viii. Perforation of the tympanic membrane,
 - ix. Recurrent otitis media,
 - x. Simple deviated nasal septum,
 - xi. Sinusitis,
 - xii. Tonsillitis, and
 - xiii. Uncontrolled salivation.
5. Musculoskeletal system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Achondroplasia,
 - ii. Arthrogryposis (multiple joint contractures),
 - iii. Bone infection that continues 90 days or more after the initial diagnosis,
 - iv. Chondrodysplasia,
 - v. Chondroectodermal dysplasia,
 - vi. Clubfoot,
 - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
 - viii. Congenital or developmental cervical spine abnormality,
 - ix. Congenital spinal deformity,
 - x. Diastrophic dysplasia,
 - xi. Enchondromatosis,
 - xii. Femoral anteversion and tibial torsion,
 - xiii. Fibrous dysplasia,
 - xiv. Hip dysplasia,
 - xv. Hypochondroplasia,
 - xvi. Joint infection that continues 90 days or more after the initial diagnosis,
 - xvii. Juvenile rheumatoid arthritis,
 - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
 - xix. Larsen syndrome,
 - xx. Leg length discrepancy of two centimeters or more,
 - xxi. Legg-Calve-Perthes disease,
 - xxii. Limb amputation or limb malformation,
 - xxiii. Metaphyseal and epiphyseal dysplasia,
 - xxiv. Metatarsus adductus,
 - xxv. Muscular dystrophy,
 - xxvi. Orthopedic complications of hemophilia,
 - xxvii. Osgood Schlatter's disease that requires surgical intervention,
 - xxviii. Osteogenesis imperfecta,
 - xxix. Rickets,
 - xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
 - xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
 - xxxii. Slipped capital femoral epiphysis,
 - xxxiii. Spinal muscle atrophy,
 - xxxiv. Spondyloepiphyseal dysplasia, and
 - xxxv. Syndactyly.
 - b. Condition(s) not medically eligible for CRS:
 - i. Back pain with no structural abnormality,
 - ii. Benign bone tumor,
 - iii. Bunion,
 - iv. Carpal tunnel syndrome,
 - v. Deformity and dysfunction secondary to trauma or injury,
 - vi. Ehlers Danlos,
 - vii. Flat foot,
 - viii. Fracture,
 - ix. Ganglion cyst,
 - x. Ingrown toenail,
 - xi. Kyphosis under 50 degrees,
 - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
 - xiii. Polydactyly without bone involvement,
 - xiv. Popliteal cyst,
 - xv. Trigger finger, and
 - xvi. Varus and valgus deformities.
6. Gastrointestinal system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Anorectal atresia,
 - ii. Biliary atresia,
 - iii. Cleft lip,
 - iv. Cleft palate,
 - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
 - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
 - vii. Diaphragmatic hernia,
 - viii. Gastroschisis,
 - ix. Hirschsprung's disease,
 - x. Omphalocele, and
 - xi. Tracheoesophageal fistula.
 - b. Condition(s) not medically eligible for CRS:
 - i. Celiac disease,
 - ii. Crohn's disease,
 - iii. Hernia other than a diaphragmatic hernia,
 - iv. Intestinal polyp,

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- v. Malabsorption syndrome, also known as short bowel syndrome,
 - vi. Pyloric stenosis,
 - vii. Ulcer disease, and
 - viii. Ulcerative colitis.
7. Nervous system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Benign intracranial tumor,
 - ii. Benign intraspinal tumor,
 - iii. Central nervous system degenerative disease,
 - iv. Central nervous system malformation or structural abnormality,
 - v. Cerebral palsy,
 - vi. Craniosynostosis requiring surgery,
 - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
 - viii. Hydrocephalus,
 - ix. Muscular dystrophy or other myopathy,
 - x. Myelomeningocele, also known as spina bifida,
 - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermatomyositis, progressive bulbar palsy, polio,
 - xii. Neurofibromatosis,
 - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
 - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
 - xv. Residual dysfunction that continues 90 days or more after near drowning,
 - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
 - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
 - b. Condition(s) not medically eligible for CRS:
 - i. Central apnea secondary to prematurity,
 - ii. Febrile seizures,
 - iii. Headaches,
 - iv. Near sudden infant death syndrome,
 - v. Plagiocephaly, and
 - vi. Spina bifida occulta.
8. Ophthalmology:
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cataracts,
 - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
 - iii. Disorder of the optic nerve,
 - iv. Glaucoma,
 - v. Non-malignant enucleation and post-enucleation reconstruction, and
 - vi. Retinopathy of prematurity.
 - b. Condition(s) not medically eligible for CRS:
 - i. Astigmatism,
 - ii. Ptosis,
 - iii. Simple refraction error, and
 - iv. Strabismus.
9. Respiratory system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.
 - b. Condition(s) not medically eligible for CRS:
 - i. Allergies,
 - ii. Asthma,
 - iii. Bronchopulmonary dysplasia,
 - iv. Chronic obstructive pulmonary disease,
 - v. Emphysema, and
 - vi. Respiratory distress syndrome.
10. Dermatological system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. A burn scar that is functionally limiting,
 - ii. A hemangioma that is functionally limiting that requires laser or surgery,
 - iii. Complicated nevi requiring multiple procedures,
 - iv. Cystic hygroma such as lymphangioma, and
 - v. Malocclusion that is functionally limiting.
 - b. Condition(s) not medically eligible for CRS:
 - i. A deformity that is not functionally limiting,
 - ii. Ectodermal dysplasia,
 - iii. Isolated malocclusion that is not functionally limiting,
 - iv. Pilonidal cyst,
 - v. Port wine stain,
 - vi. Sebaceous cyst,
 - vii. Simple nevi, and
 - viii. Skin tag.
11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
- a. Amino acid or organic acidopathy,
 - b. Biotinidase deficiency,
 - c. Homocystinuria,
 - d. Inborn error of metabolism,
 - e. Maple syrup urine disease,
 - f. Phenylketonuria, and
 - g. Storage disease.
12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
- a. Sickle cell anemia, and
 - b. Thalassemia.
13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
- a. Allergies,
 - b. Anorexia nervosa or obesity,
 - c. Attention deficit disorder,
 - d. Autism,
 - e. Cancer,
 - f. Depression or other mental illness,
 - g. Developmental delay,
 - h. Dyslexia or other learning disabilities,
 - i. Failure to thrive,
 - j. Hyperactivity, and
 - k. Immunodeficiency, such as AIDS and HIV.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).
Amended by final rulemaking at 6 A.A.R. 3317, effective

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August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

- A.** To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
1. CRS application;
 2. Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis;
 3. Diagnostic test results that support the individual's diagnosis; and
 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B.** The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

R9-22-1305. CRS Redetermination

- A.** Continued eligibility for CRS services shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
1. The contractor is responsible for notifying the AHCCCS Administration of the date when a member with a CRS Designation is no longer in active treatment for the qualifying condition(s).
 2. The Administration may request, at any time, that the contractor submit the medical documentation to the Administration for a CRS medical redetermination within the specified time-frames in contract.
 3. The Administration shall notify the member or authorized representative of the outcome of the redetermination.
- B.** If the Administration determines that a member is no longer medically eligible for a CRS Designation, the Administration shall provide the member or authorized representative a written notice that informs the member that the Administration is ending the member's CRS Designation. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.
- C.** Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1306. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1307. Covered Services

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

R9-22-1308. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-1309. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS**R9-22-1401. General Information**

- A.** Scope. This Article contains eligibility criteria to determine whether a household or individual is eligible for AHCCCS medical coverage. Eligibility criteria described under Article 3 applies to this Article.

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- B. Definitions.** In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 3 and Article 15 have the following meanings unless the context explicitly requires another meaning:

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

“Caretaker relative” means:

A parent of a dependent child with whom the child is living;

When the dependent child does not live with a parent or the parent in the home is incapacitated, another relative of the child by blood, adoption, or marriage in the home who assumes primary responsibility for the child’s care; or

A woman in her third trimester of pregnancy with no other dependent children.

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

“Dependent child” means a child under the age of 18, or if age 18 is a full-time student in secondary school or equivalent vocational or technical training, if reasonably expected to complete such school or training before turning age 19.

“MAGI – based income” means Modified Adjusted Gross Income as defined under 42 CFR 435.603(e).

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

A medical service or supply that would be covered if provided to an AHCCCS member of any age under Articles 2 and 12 of this Chapter;

A medical service or supply that would be covered if provided to an Arizona Long-term Care System member under 9 A.A.C. 28, Articles 2 and 11;

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

Assistance with daily living if the assistance is documented in an individual plan of care by a nurse, social service worker, registered therapist, or dietitian under the supervision of a physician except when provided by the spouse of an applicant or the parent of a minor child;

Medical services provided in a licensed nursing home or in an alternative HCBS setting under R9-28-101;

Purchasing and maintaining an animal guide or service animal for the assistance of a member of the MED family unit under R9-22-1436; and

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

“Monthly income” means the gross countable income received or projected to be received during the month or the monthly equivalent.

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

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

“Tax dependent” is described under 42 CFR 435.4.

“Taxpayer” means a person who expects to file a tax return, and does not expect to be claimed as a tax dependent by another person.

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

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

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Punctuation error corrected with a parenthesis added at the beginning of the definition “Caretaker” (Supp. 20-4).

R9-22-1402. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1403. Agency Responsible for Determining Eligibility

The Administration or its designee shall determine eligibility under the provisions of this Article. The Administration or its designee shall not discriminate against an applicant or member because of race, color, creed, religion, ancestry, national origin, age, sex, or physical or mental disability.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1404. Repealed

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7

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A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1405. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1406. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1407. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Section repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; this Section was slated to be codified as repealed in Supp. 14-1. Due to a clerical error the Section wasn't repealed in this Chapter until Supp. 20-4.

R9-22-1408. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1409. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1410. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1411. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1412. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1413. Time-frames, Reinstatement of an Application

- A. The Administration or its designee shall complete an eligibility determination under R9-22-306(A)(1) unless:
1. The applicant is pregnant. The Administration or its designee shall complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
 2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Administration or its designee's receipt of a signed application the Administration or its designee shall complete an eligibility determination if the Administration or its designee does not

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need additional information or verification to determine eligibility.

- B.** The Administration or its designee shall redetermine eligibility of an individual who is discontinued for failure to submit the renewal form or necessary information, without requiring a new application, if the individual submits the renewal form or necessary information within 90 days after the date of discontinuance.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

R9-22-1414. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1415. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1416. Effective Date of Eligibility

- A.** Except as provided in R9-22-303 and subsections (B), (C) and (D), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1439, and
 2. Eligibility for a newborn under R9-22-1429.
- B.** The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
- C.** The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- D.** The effective date of eligibility for a newborn is no sooner than the date of birth.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R.

294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1417. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1418. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1419. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1419.01. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.02. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.03. Repealed**Historical Note**

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New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.04. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1420. Income Eligibility Criteria

A. Evaluation of income. In determining eligibility, the Administration or its designee shall evaluate the following types of income received by a person identified in subsection (B):

1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The person identified in subsection (B) shall ensure that the provider of the in-kind income establishes and verifies the monetary value of the item provided. The provider may be, but is not limited to:
 - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
 - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
 - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
2. Self-employment income under R9-22-1424, including gross business receipts minus business expenses; and
3. Unearned income, including deemed income under R9-22-317 from the sponsor of a non-citizen applicant.

B. MAGI income group. The Administration or its designee shall include the following persons in the MAGI income group:

1. When the applicant is a taxpayer include:
 - a. The applicant,
 - b. Everyone the applicant expects to claim as a tax dependent for the current year, and
 - c. The applicant's spouse, when living with the applicant.
2. Except as provided in subsection (B)(3), when the applicant expects to be claimed as a tax dependent for the current year include:
 - a. The taxpayer claiming the applicant,
 - b. Everyone else the taxpayer expects to claim as a tax dependent,
 - c. The taxpayer's spouse when living with the taxpayer, and
 - d. The applicant's spouse, when living with the applicant.
3. When any of the following apply, determine the persons whose income is included as described in subsection (4)(a) or (4)(b) based on the applicant's age:
 - a. The applicant expects to be claimed as a tax dependent by someone other than a spouse or natural, adopted or step-parent;
 - b. The applicant is under age 19, expects to be claimed as a tax dependent by a natural, adopted or step-parent, lives with more than one such parent and the parents do not expect to file a joint tax return; or

- c. The applicant is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
4. When the applicant is not a taxpayer, does not expect to be claimed as a tax dependent and is:
 - a. Under age 19. Include the income of the applicant and when living with the applicant, the applicant's:
 - i. Spouse;
 - ii. Natural, adopted and step-children;
 - iii. Natural, adopted and step-parents;
 - iv. Natural, adopted and step-siblings; and
 - b. Age 19 or older. Include the income of the applicant and when living with the applicant, the applicant's:
 - i. Spouse;
 - ii. Natural, adopted and step-children under age 19.
5. When the applicant is a pregnant woman, the Administration or its designee shall also include the number of expected babies only for the pregnant woman's income group.
6. When the taxpayer cannot reasonably establish that a person is the taxpayer's tax dependent, inclusion of the person in the taxpayer's MAGI income group is determined as provided in subsection (B)(4).
- C.** A person whose income is counted. The Administration or its designee shall count the MAGI-based income of all members of an applicant's MAGI income group with the following exceptions:
 1. The income of an individual who is included in the MAGI income group of his or her natural, adoptive or step parent and is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined, is not counted whether or not the individual files a tax return.
 2. The income of a tax dependent other than the taxpayer's spouse or biological, adopted or stepchild who is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined is not counted when the tax dependent is included in the taxpayer's MAGI income group, whether or not the tax dependent files a tax return.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1421. MAGI-based Income Eligibility

- A.** In determining eligibility, if an individual would otherwise be ineligible under this Article due to excess income, the Administration or its designee shall subtract an amount equivalent to five percentage points of the Federal Poverty Level (FPL) from the household income.
- B.** A person is eligible under this Article when:
1. Subject to subsection (A), the monthly household income does not exceed the appropriate percentage of the FPL under R9-22-1427;

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2. If ineligible under (B)(1), the household income determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL; or
 3. For eligibility under R9-22-1437, the person's income during the period defined in R9-22-1437(C) does not exceed the percentage of the FPL under R9-22-1437(B).
- C. The Administration or its designee shall consider the following factors when determining the income period to use to determine monthly income:
1. Type of income,
 2. Frequency of income,
 3. If source of income is new or terminated, or
 4. Income fluctuation.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

R9-22-1422. Methods for Calculating Monthly Income

- A. Projecting income.
1. Description. Projecting income is a method of determining the amount of income that a person will receive.
 2. Calculation. The Administration or its designee shall project income by:
 - a. Converting income to a monthly equivalent,
 - b. Using unconverted income, or
 - c. Prorating income to determine a monthly equivalent.
 3. Exclusion. When calculating projected monthly income, the Administration or its designee shall exclude an unusual variation in income under R9-22-1424(E), except for a month in which the variation is anticipated to occur.
- B. Averaged income.
1. Description. Averaging income proportionally distributes the person's income received on a regular basis.
 2. Calculation. To average income, the Administration or its designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or its designee shall:
 - a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
 - b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
 - c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).
- C. Prorated income.
1. Description. Prorated income evenly distributes a person's income over the period the income is intended to cover to calculate a monthly equivalent.
 2. Calculation. To prorate income, the Administration or its designee shall divide the total amount of the person's

income received during the period by the number of months that the income is intended to cover.

- D. Converted income.
1. Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.
 2. Calculation.
 - a. The Administration or its designee shall average the weekly or bi-weekly income amounts before converting to the monthly equivalent if the person's past income fluctuates and the fluctuation is expected to recur.
 - b. To convert income paid weekly to a monthly equivalent, the Administration or its designee shall multiply the weekly average by 4.3 weeks.
 - c. To convert income paid bi-weekly to a monthly equivalent, the Administration or its designee shall multiply the bi-weekly average by 2.15 weeks.
- E. Unconverted income.
1. Description. Unconverted income is the actual amount of income received or projected to be received during a month.
 2. Calculation. The Administration or its designee shall sum the actual amount of income received or projected to be received during a month.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1423. Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income

- A. Monthly income. If otherwise countable income is received monthly or in a lump sum, the Administration or its designee shall use the unconverted method for calculating monthly income.
1. Lump sum means a nonrecurring payment that serves as a complete payment.
 2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Railroad Retirement, or other benefits.
 3. A lump sum payment may include a portion intended for the current month.
- B. Weekly income. If income is received weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- C. Bi-weekly income. If income is received bi-weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- D. Semi-monthly or daily income. If income is received semi-monthly or daily, the Administration or its designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).
- E. Bimonthly, quarterly, semi-annual, or annual income. If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or its designee shall prorate the

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income received or projected to be received under R9-22-1422(C).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1424. Use of Methods Listed in R9-22-1423 Based on Type of Income**A. New income.**

1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.
2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

B. Terminated income.

1. Terminated income is income received during the last calendar month when no more income is expected to be received from that source.
2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

C. Break in income.

1. Description. A break in income is a break in established frequency of income of one calendar month or more.
2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.

D. Contract or regular seasonal income.

1. Descriptions.
 - a. Contract income is income a person earns under a contract that specifies a length of time the contract covers, the amount of income to be paid, and the frequency of payment.
 - b. Regular seasonal income is income that fluctuates based on season or is only received during a certain season, and can reasonably be anticipated based on history or other verification.
2. Calculating monthly income.
 - a. When the contract or regular seasonal income will not fluctuate over the 12-month period beginning with the month the application or renewal is submitted,

the Administration or its designee shall use the appropriate income calculation method in R9-22-1423 for the frequency of receipt.

- b. When the contract or regular seasonal income is anticipated to fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall calculate the monthly income as follows:
 - i. For a one-time contract that ends between the month the application or renewal is submitted and the end of the calendar year, divide the income that will be received from the application or renewal month through the end of the calendar year by the number of months in that period to get a monthly equivalent;
 - ii. For contracts that extend into the next calendar year, contracts that are anticipated to be renewed and regular seasonal income, the Administration or its designee shall divide the income that will be received in the 12-month period beginning with the application or renewal month by 12 to get the monthly equivalent.

E. Unusual variation in the amount of income.

1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
2. Calculating monthly income.
 - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or its designee shall include the unusual variation in the income calculation.
 - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
 - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or its designee shall exclude the unusual variation in income from the income calculation.

F. Self-employment income.

1. Description. Self-employment income is income a person earns from the person's own trade or business less allowable expenses.
2. Calculating monthly income. The Administration or its designee shall prorate the income under R9-22-1422.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1425. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

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Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1426. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1427. Eligibility Under MAGI

- A. Caretaker Relatives.** An individual is eligible for AHCCCS medical coverage as a Caretaker Relative when the individual meets the following requirements:
1. Is a caretaker relative as defined in R9-22-1401.
 2. The total countable income under R9-22-1420(B) does not exceed 106 percent of the FPL for the number of people in the MAGI income group.
- B. Continued medical coverage.**
1. A caretaker relative eligible under subsection (A) and all dependent children eligible under subsection (D) in the caretaker relative's MAGI income group are entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (B)(1)(c)(i) and up to four months if eligible under subsection (B)(1)(c)(ii) if the MAGI income group's income exceeds the limit for the income group's size and the following conditions are met:
 - a. The caretaker relative still lives with a dependent child;
 - b. A caretaker relative in the income group received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months; and
 - c. The loss of AHCCCS coverage under this Section is due to:
 - i. Increased earned income of a caretaker relative, or
 - ii. Increased spousal support.
 2. An applicant may be added to the continued medical coverage under subsection (B)(1), if the applicant did not reside in the household at the time continued medical coverage under this Section was determined and the applicant is:
 - a. The spouse or dependent child of a caretaker relative receiving continued medical coverage, or
 - b. The parent of a dependent child who is receiving continued medical coverage.
- C. Pregnant Women.** A pregnant woman is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed 156 percent of the FPL for the number of people in the MAGI income group. A pregnant woman who applies for AHCCCS medical coverage during the pregnancy or postpartum period and is determined eligible, remains eligible throughout the postpartum period. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.

- D. Children.** A child less than 19 years of age is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed the following percentage of the FPL for the number of people in the MAGI income group:
1. 147 percent for a child under one year of age,
 2. 141 percent for a child age one through five years of age, or
 3. 133 percent for all other persons.
- E. Adults.** An individual is eligible for AHCCCS medical coverage when the individual meets the following eligibility requirements:
1. Is 19 years of age or older but less than 65 years of age;
 2. Is not pregnant;
 3. Is not eligible for AHCCCS Medical Coverage under any other coverage group listed in 42 U.S.C. 1396a(a)(10)(A)(i);
 4. Is not entitled to or enrolled for Medicare benefits under Part A or Part B;
 5. The total countable income under R9-22-1420(B) does not exceed 133 percent of the FPL for the number of people in the MAGI income group; and
 6. When the individual is a caretaker relative, but has income exceeding the limit in subsection (A)(2), each child under age 19 living with the individual is receiving AHCCCS medical coverage or KidsCare, or is enrolled in minimum essential coverage as defined in 42 CFR 435.4.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section R9-22-1427 repealed; new Section R9-22-1427 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1428. Postpartum Extended Eligibility

- A.** Eligibility for 12-months postpartum coverage. Individuals who applied and were determined eligible while pregnant, including prior quarter months under R9-22-303(A), remain eligible through the last day of the month in which a 12-month postpartum period, beginning on the last day of the pregnancy, ends.
- B.** Copayments during the Postpartum Extended Eligibility period. Individuals eligible under this section are subject to copayments after the end of the 60-day postpartum period described in R9-22-1427.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). New Section made by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

R9-22-1429. Eligibility for a Newborn

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A child born to a mother eligible for and receiving medical coverage under this Article, Article 15 of the Chapter, or 9 A.A.C. 28, is automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months. Automatic eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1430. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1431. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 2633, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Repealed by final rulemaking at 21 A.A.R. 1241, effective September 5, 2015 (Supp. 15-3).

R9-22-1432. Young Adult Transitional Insurance

An individual is eligible for AHCCCS medical coverage when the individual meets all of the following eligibility requirements:

1. Is 18 through 25 years of age;
2. Was in foster care under the responsibility of the State or Tribe within the State on the individual's 18th birthday;
3. Was eligible for and receiving AHCCCS Medical Coverage on the individual's 18th birthday; and
4. Is not eligible for AHCCCS Medical Coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(I) - (VII).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192,

with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

R9-22-1433. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1434. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4).

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

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

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1436. MED Family Unit

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

Historical Note

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1437. MED Income Eligibility Requirements

- A.** Income exclusions. The exclusions in R9-22-1420(C) apply to the MED family unit.
- B.** Income standard.
 - 1. The Department shall divide the annual FPL for the MED family unit that is in effect during each month of the income period by 12 to determine the monthly FPL.
 - 2. The Department shall add the monthly FPLs for the income period and multiply the resulting amount by 40 percent.
 - 3. Changes to the annual FPL are implemented in April of each year.
- C.** Income period. The income period is the month of application and the next two months. The Department shall add together the three months' income to establish the MED family unit's income amount.
- D.** Medical expense deduction period. The medical expense deduction period is a three-month period consisting of:
 - 1. For a new application, the month before the application month, the month of application, and month following the application month; or
 - 2. For a MED eligibility review, the last month of the prior MED eligibility period and the following two months.
- E.** The Department shall calculate the amount of countable monthly income as follows:
 - 1. Subtract a \$90 cost of employment allowance from the gross amount of earned income for each person whose earned income is counted;
 - 2. Disregard from the remaining earned income an amount billed by the provider for the care of each dependent child under age 18 or incapacitated adult member of the MED family unit if the care is for the purpose of allowing the person to work. If more than one person in the household is responsible for and billed for the care of a dependent child, the disregard may be split between the wage earners if splitting the disregard is to the benefit of the family, but shall not exceed the maximum disregards as follows:
 - a. A maximum of \$200 for a child under age two and \$175 for other dependents for a wage-earner employed full-time (86 or more hours per month); and
 - b. A maximum of \$100 for a child under age two, and \$88 for other dependents for a wage earner employed part-time (less than 86 hours a month);
 - 3. Add the remaining earned income for each MED family member to the unearned income of all MED family members;
 - 4. Compare the MED family's unit countable income amount to the income standard in subsection (B). The difference is the amount of medical expenses the family shall incur during the medical expense deduction period to become eligible;
 - 5. Subtract allowable medical expense deductions that were incurred by:
 - a. A member of the MED family unit;
 - b. A deceased spouse or minor child of a MED family unit if this person would have been a member of the

MED unit during the MED expense deduction period;

- c. A person who was a minor child of a MED family unit member when the expense was incurred but who is no longer a minor child; or
 - d. A minor child, including a child who is a runaway, who left home before the date of application to live with someone other than a parent; and
- 6. Compare the net MED family income to the income standard listed in subsection (B).
- F.** The family is eligible if the net income in subsection (E)(6) does not exceed the income standard in subsection (B).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1438. MED Resource Eligibility Requirements

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

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D. Resource exclusion. The Department shall exclude the following resources from the calculation of resources under subsection (E):

1. One burial plot for each person listed in R9-22-1436;
2. Household furnishings and personal items that are necessary for day-to-day living;
3. Up to \$1500 of the value of one prepaid funeral plan for each person listed in R9-22-1436 that specifically covers only funeral-related expenses as evidenced by a written contract;
4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value;
5. The value of a vehicle used to earn income and not used simply for transportation to and from employment;
6. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and that is excluded by SSI for that reason.
8. Funds set aside in an Individual Development Account under 6 A.A.C. 12, Article 4; and
9. Any other resource specifically excluded by federal law.

E. Calculation of resources. The Department shall determine the value of all household resources as follows:

1. Calculate the total amount of countable liquid resources;
2. Calculate the equity value of each countable non-liquid resource. The Department shall determine the equity value of a countable non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
 - a. The market value of real property if there is no assessor's evaluation of the property,
 - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property,
 - c. The assessor's full cash value if subsections (E)(2)(a) and (E)(2)(b) do not apply, and
 - d. The market value of a non-liquid resource that is not real property;
3. Not assign an equity value to a resource that is less than zero; and
4. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).

F. Resource standard to be eligible for MED. A person is not eligible for MED if the resources determined in subsection (E) exceed \$100,000 or if more than \$5,000 are liquid resources.**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1439. MED Effective Date of Eligibility

- A.** A MED family unit is eligible on the day the income and resource eligibility requirements are met but no earlier than the first day of the month of application. If the family unit meets the income requirements in the application month but does not meet the resource limit until the following month, the family unit's effective date of eligibility is the first day of the month following the month of application.
- B.** The Department shall adjust the effective date of eligibility under subsection (A) to an earlier date if:
 1. A member presents verification of additional allowable medical expenses incurred on an earlier date during the

medical expense deduction period that allow the member to meet the income requirements, and

2. The member presents the verification within 60 days of approval of eligibility under this Section.

C. The Department shall not adjust an effective date of eligibility more than one time per application.**D.** The Department shall adjust the effective date no later than 30 days after the end of the 60-day period under subsection (B)(2).**E.** The Department shall deny an application and provide the applicant a denial notice when the applicant does not meet the MED requirements under this Article during the month of application or the month following the month of application.**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1440. MED Eligibility Period

The Department shall approve eligibility for six months. Changes in circumstances do not affect eligibility for the first three months.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1441. Eligibility Appeals**A.** Adverse actions. An applicant or member may appeal by requesting a hearing from the Department concerning any of the following adverse actions:

1. Complete or partial denial of eligibility under R9-22-1413;
2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
3. Delay in the eligibility determination beyond the timeframes under this Article;
4. The imposition of or increase in a premium or copayment; or
5. The effective date of eligibility.

B. Notice of Adverse Action. The Department shall personally deliver or send, by regular mail, a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.**C.** Automatic change and hearing rights.

1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1442. Cessation of MED Coverage

The Department shall not approve any individual or family who has applied on or after May 1, 2011 as eligible for MED coverage. With respect to any applications that are pending as of May 1, 2011, the Department shall not approve any individual or family as eligible for MED coverage who has not met all eligibility requirements prior to May 1, 2011.

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New Section made by exempt rulemaking at 17 A.A.R. 1028, effective May 1, 2011 (Supp. 11-2).

R9-22-1443. Repealed**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1345, effective July 8, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 2624, effective July 8, 2011 (Supp. 11-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED**R9-22-1501. General Information**

A. General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article and Article 3:

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

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

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

“Blind” means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2) and 42 CFR 435.530 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

“Disabled” means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E) and 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

C. Eligibility effective date.

1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Section amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; amendments to this Section were slated to be codified in Supp. 14-1 but due to a clerical error, were not published. The amendments to this Section were published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

R9-22-1502. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1503. Financial Eligibility Criteria

A. General income eligibility. Except as provided under subsection (B) of this rule, the Administration or its designee shall count the identified income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K.

B. Exceptions.

1. In-kind support and maintenance under 42 U.S.C. 1382a(a)(2)(A) is excluded.
2. For a person living with a spouse, the Administration or its designee calculates net income for an eligible couple under 20 CFR 416.1160 as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments, even if the spouse is not eligible for or applying for SSI or coverage under this Article.
3. In determining the net income of a married couple living with a child or the net income of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, and under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2) as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

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4. In determining the income deemed available to an applicant who is a child from an ineligible parent or parents, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income under 20 CFR 416.1165(b). The child's allocation is reduced by that child's income, including public income maintenance payments.
5. In determining the income of a person who receives an annual Title II Cost of Living Allowance (COLA) increase, the COLA amount is disregarded from January until the Administration applies the effective income limits under R9-22-1504 based on the FPL for the calendar year.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1504. Eligibility For A Person Who is Aged, Blind, or Disabled

- A. To be eligible for AHCCCS medical coverage, an applicant shall meet the conditions of eligibility and requirements in this Article and:
 1. Meet one of the income tests described in subsection (B) or (C), or
 2. The special requirements in R9-22-1505.
- B. The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, is less than or equal to 100 percent of the SSI FBR, as adjusted annually.
- C. The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL as adjusted annually.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1505. Eligibility for Special Groups

- A. The following are considered special groups:
 1. A person meeting the requirements in A.R.S. § 36-2903.03 who:
 - a. Is aged, blind, or disabled under 42 CFR 435.520, 42 CFR 435.530, or 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - b. Received SSI cash or AHCCCS medical coverage under this subsection, or subsections (A)(2), (A)(3), or (A)(4) on or before August 21, 1996;
 - c. Was residing in the United States under color of law on or before August 21, 1996; and

- d. Meets the requirements under this Article;
2. A disabled child (DC) under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
 - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;
 - b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d) of Subtitle B of P.L. 104-193;
 - c. Continues to meet the disability requirements for a child that were in effect on August 21, 1996; and
 - d. Meets the requirements under this Article;
3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c) who:
 - a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
 - b. Became entitled to or received an increase in child's insurance benefits under Title II of the Act on the basis of blindness or disability,
 - c. Was terminated from SSI cash benefits due to entitlement to or an increase in income under Title II of the Act,
 - d. Meets the requirements under this Article, and
 - e. Is 18 years of age or older;
4. A disabled widow or widower (DWW) under 42 U.S.C. 1383c(b) and (d) who:
 - a. Is blind or disabled,
 - b. Is ineligible for Medicare Part A benefits,
 - c. Received SSI cash benefits the month before Title II of the Act benefit payments began,
 - d. Meets the requirements under this Article;
 - e. Is at least 50 years of age but under age 65; and
 - f. Is unmarried.
5. Under 42 CFR 435.135, a person who:
 - a. Is aged, blind, or disabled;
 - b. Receives benefits under Title II of the Act;
 - c. Received SSI cash benefits in the past;
 - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
 - e. Became ineligible for SSI cash benefits while receiving SSI and benefits under Title II of the Act concurrently; and
 - f. Meets the requirements under this Article.
- B. Income for special groups.
 1. Except as provided in subsection (B)(2), income eligibility is determined using the income criteria in R9-22-1503.
 2. Exceptions to income for special groups.
 - a. For a person in the DAC coverage group under subsection (A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
 - b. For a person in the DWW coverage group, under subsection (A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
 - c. For an applicant or member in the coverage group under subsection (A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.

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

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

R9-22-1506. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1507. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1508. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

ARTICLE 16. HOSPITAL PRESUMPTIVE ELIGIBILITY**R9-22-1601. General Eligibility Requirements**

- A. Notwithstanding Article 3, a qualified hospital may determine Hospital Presumptive Eligibility (HPE), on the basis of preliminary information, that an individual is eligible for AHCCCS medical coverage during the presumptive eligibility period described in this Section, if the individual is a United States citizen or eligible qualified alien, and the individual is:
1. Pregnant with gross household income that does not exceed 156% of the FPL;
 2. An adult who meets the requirements of R9-22-1427(E);
 3. A caretaker relative as defined in R9-22-1401(B) with gross household income that does not exceed 106% of the FPL;
 4. Under age 19 with gross household income that does not exceed the limit set in R9-22-1427(D) for the child's age;
 5. A woman screened for breast or cervical cancer by an Arizona program of the National Breast and Cervical Cancer Early Detection Program who meets the requirements of R9-22-2003(A); or
 6. A former foster care child who meets the requirements of R9-22-1432.
- B. Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning: "Qualified hospital" means a hospital that has signed an agreement with the Administration to process HPE applications and has not been disqualified.
- C. Application Process:
1. Right to apply. A person may apply for presumptive eligibility for AHCCCS medical coverage by submitting an Administration-approved application to the qualified hospital.
 2. Application. To initiate the application process, the qualified hospital will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
- D. To establish presumptive eligibility, an applicant must complete and submit an AHCCCS-approved presumptive eligibility application signed under penalty of perjury to a qualified hospital. The applicant must attest to the name(s), relationship(s), and income of all persons in the household. In addition, the applicant must provide and attest to the following information regarding each household member on whose behalf AHCCCS medical coverage is sought:
1. The individual's date of birth;
 2. Whether the individual is pregnant;
 3. Whether the individual has been determined eligible for Breast and Cervical Cancer Treatment Program, described under Article 20;
 4. Whether the individual is a former foster child, described under R9-22-1432;
 5. The U.S. citizenship status or eligible qualified alien status under A.R.S. 36-2903.03 of the individual; and
 6. The individual's permanent and mailing addresses;
 7. The individual's Arizona residency status; and
 8. Whether the individual has Medicare coverage.
- E. Presumptive eligibility begins on the date the hospital determines an individual's presumptive eligibility and ends with the earlier of:
1. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
 2. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- F. An individual may not be determined presumptively eligible more often than once every two years.
- G. Coverage and reimbursement of services.
1. The Administration shall provide coverage of medically necessary services described under Article 2 to persons determined eligible for HPE on a fee-for-service basis.
 2. Providers shall submit claims for services provided to persons determined eligible for HPE to the Administration as described under Article 7.
- H. A member may withdraw from HPE coverage by notifying the Administration or its designee.
- I. Upon determining an individual presumptively eligible, the qualified hospital shall:
1. Notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of the determination for each individual on whose behalf presumptive eligibility was requested and the effective date of the presumptive eligibility;

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2. Provide the applicant with a regular AHCCCS-approved application form and inform the applicant that the applicant may file an application for Medicaid with the Administration or its designee;
3. Notify AHCCCS of the presumptive eligibility determination;
4. Notify the applicant at the time the determination is made that presumptive eligibility ends with the earlier of:
 - a. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
 - b. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.

- J. A determination by a qualified hospital that an individual is not presumptively eligible is not appealable under Chapter 34. If a qualified hospital denies an individual presumptive eligibility, the individual may apply for coverage by submitting an application to the Administration or its designee.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4). New Section made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

R9-22-1602. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1603. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1604. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October

1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1605. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1606. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1607. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1608. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1609. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1610. Expired**Historical Note**

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1611. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1612. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1613. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1614. Expired**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1615. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1616. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7

A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1617. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1618. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1619. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1620. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1621. Reserved**R9-22-1622. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1623. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1624. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

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repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1625. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1626. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1627. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1628. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1629. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1630. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1631. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1632. Reserved**R9-22-1633. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1634. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1635. Reserved**R9-22-1636. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

ARTICLE 17. ENROLLMENT**R9-22-1701. Enrollment-Related Definitions**

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

“Annual enrollment choice” means the annual opportunity for a person to change contractors.

“Auto-assignment algorithm” or “Algorithm” means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

“CMDP” means Comprehensive Medical and Dental Program.

“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.

“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1702. Enrollment of a Member with an AHCCCS Contractor

A. General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:

1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member’s GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
 - a. IHS if the member is a Native American living on a reservation,

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- b. A contractor based on family continuity, or
- c. A contractor by using the auto-assignment algorithm.
- 3. If the member's period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member's most recent contractor of record, if available, except if:
 - a. The member no longer resides in the contractor's GSA;
 - b. The contractor's contract is suspended or terminated;
 - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
 - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
 - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
- 4. When the member's disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
- 5. The Administration shall not enroll a member with a contractor if a member:
 - a. Is eligible for the FESP under R9-22-1419;
 - b. Is eligible for less than 30 days from the date the Administration receives notification of a member's eligibility, except for a member who is enrolled with CMDP or IHS;
 - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
 - d. Resides in an area not served by a contractor.
- B. Fee-for-service coverage.** A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C. Foster care child.** The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D. Family Planning Services Extension Program.** A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member's contractor of record or IHS.
- E. Contractor or IHS enrollment change for a member.**
 - 1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
 - 2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
 - 3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
 - 4. The Administration shall provide the member 60-day advance notice of the member's option to change plans by the member's annual enrollment date.

- 5. A member may disenroll from a plan if:
 - a. The member moves out of the GSA;
 - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
 - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
- 6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1703. Effective Date of Enrollment with a Contractor

- A.** Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B.** Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1704. Newborn Enrollment

- A. General.**
 - 1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
 - 2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.
 - 3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.
- B.** Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp.

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01-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1705. Guaranteed Enrollment Period

- A.** General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the last day of the fifth full calendar month after the date of the member's initial enrollment.
- B.** Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:
1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
 2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
 3. Dies;
 4. Moves out-of-state;
 5. Voluntarily withdraws from the AHCCCS program;
 6. Is adopted; or
 7. Has whereabouts that are unknown.
- C.** Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:
1. The date the member is admitted to a public institution under subsection (B);
 2. The member's date of death;
 3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
 4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;
 5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
 6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.
- D.** Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

ARTICLE 18. PROVIDER EXCLUSION RULES**R9-22-1801. Definitions**

"Administration" has the meaning defined in A.R.S. § 36-2901.

"Affiliation" has the meaning defined in 42 C.F.R. § 424.502.

"Managing employee" has the meaning defined in 42 C.F.R. § 455.101.

"Member" has the meaning defined in A.R.S. § 36-2901.

"Person with an ownership or control interest" has the meaning defined in 42 C.F.R. § 455.101 and 42 C.F.R. § 455.102.

"System" has the meaning defined in A.R.S. § 36-2901.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1802. Basis for Exclusion

- A.** In addition to such grounds for exclusion set for in subsections A and B of A.R.S. § 36-2930.05, the Administration, in its sole discretion, may exclude:
1. Any individual or entity which has failed to comply with any requirement, term, or condition set forth in any agreement with the Administration;
 2. Any individual or entity which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
 3. Any entity which has a managing employee or any entity with a person with an ownership or control interest that:
 - a. Has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
 - b. Has an affiliation with an organization which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
 4. Any individual or any entity with a managing employee or a person with an ownership or control interest that has been convicted of a criminal offense which the Administration, in its sole discretion, determines may represent an undue risk of fraud, waste, or abuse of the system or an undue risk of harm to members;
 5. Any individual or entity who employs any person to furnish items or services who has been excluded from participation in the system pursuant to A.R.S. § 36-2930.05;
 6. Any individual who is or was a managing employee or a person with an ownership or control interest who participated in, condoned, or was willfully ignorant of any action or failure to act of an entity which was or could have been the basis for exclusion of the entity;
 7. Any individual who was an organizer, leader, manager, or supervisor of any entity activity which was or could have been the basis for exclusion of the entity; or
 8. Any individual or entity in order to protect the health of members.
- B.** The delineation of grounds for exclusion herein does not exclude any other basis for exclusion pursuant to A.R.S. § 36-2930.05(C).

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was

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due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1803. Period of Exclusion

- A. Pursuant to A.R.S. § 36-2930.05 and 42 C.F.R. § 1002.210, any exclusion from participation in the system shall be for such period as determined in the discretion of the Administration, but in no event shall such period be less than five years.
- B. In determining the period of exclusion, the Administration, in its sole discretion, may consider aggravating and mitigating factors set forth in any provision of Code of Federal Regulations Chapter 42 part 1001, Subpart C or part 1003.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1804. Appeal of Exclusion

- A. Any exclusion of an individual or entity pursuant to A.R.S. § 36-2930.05 is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.
- B. The Administration shall set forth in the notice of an appealable agency action required by A.R.S. § 41-1092.03 the period of exclusion and the earliest date on which AHCCCS will consider a request for reinstatement.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1805. Reinstatement of Participation

- A. If the period of exclusion has expired, an individual or entity may apply for reinstatement of participation in the system by submission of the following:
 1. An application for participation as a provider.
 2. Information to demonstrate reasonable assurances that the type of actions that formed the basis for the original exclusion have not recurred and will not recur.
 3. Such other information as may be requested by the Administration.
- B. In making the reinstatement determination, the Administration may consider:
 1. Conduct of the individual or entity occurring prior to the date of the exclusion, if not known to the Administration at the time of the exclusion;
 2. Conduct of the individual or entity after the date of the exclusion;

3. Whether all fines and all debts due and owing (including overpayments) to any Federal, State, or local government that relate to Medicare, Medicaid, and all other Federal health care programs have been paid;
4. Whether the individual or entity otherwise qualifies for participation in the system;
5. Whether reinstatement is in the best interest of the system;
6. Such other information as deemed relevant by the Administration.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

R9-22-1806. Denial of Reinstatement

- A. If an application for reinstatement is denied, the Administration shall give written notice to the requesting individual or entity.
- B. Within 30 days of the date on the notice of denial of reinstatement, the excluded individual or entity may submit documentary evidence and written argument against the continued exclusion.
- C. After evaluating any additional evidence submitted by the excluded individual or entity (or at the end of the 30-day period if none is submitted), the Administration will send written notice either confirming the denial and indicating that a subsequent request for reinstatement will not be considered until at least one year after the date of the denial or approving the request for reinstatement of participation.
- D. Any notice confirming a denial of reinstatement is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.

Historical Note

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

ARTICLE 19. FREEDOM TO WORK

Article 19, consisting of Sections R9-22-1901 through R9-22-1922, made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1901. General Freedom to Work Requirements

Under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), the Administration shall determine eligibility for AHCCCS medical services, under Article 2 of this Chapter, using the eligibility criteria and requirements under this Article for an applicant or member who is:

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1. At least 16 years of age, but less than 65 years of age,
2. Employed, and
3. Not income eligible under A.R.S. § 36-2901(6)(a).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1902. General Administration Requirements

The Administration shall comply with the confidentiality rule under R9-22-512(C).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1903. Application for Coverage

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office or outstation location approved by the Director as described under R9-22-1406(A).
- C. The provisions in R9-22-302 apply to this Section.
- D. The applicant or representative who files the application may withdraw the application for coverage either orally or in writing. An applicant withdrawing an application shall receive a denial notice under R9-22-1904.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1904. Notice of Approval or Denial

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action, and:

1. If approved, the notice shall contain:
 - a. The effective date of eligibility,
 - b. The amount the person shall pay, and
 - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34.
2. If denied, R9-22-307 applies.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1905. Reporting and Verifying Changes

An applicant or member shall report and verify changes, as described under R9-22-306, to the Administration.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009

(Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1906. Actions that Result from a Redetermination or Change

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility or premium,
2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in premium amount, or
4. A change in the coverage group under which a person receives AHCCCS medical coverage.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1907. Notice of Adverse Action Requirements

- A. The requirements under R9-22-312 apply.
- B. Advance notice of a change in eligibility or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to discontinue eligibility, or increase the premium amount.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
 1. A member provides a clearly written statement, signed by that member, that services are no longer wanted.
 2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that this must be the result of supplying that information, and the member signs a written statement waiving advance notice;
 3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under 42 CFR 431.231(d);
 4. A member has been admitted to a public institution where a person is ineligible for coverage;
 5. A member has been approved for Medicaid in another state; or
 6. The Administration receives information confirming the death of a member.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1908. Request for Hearing

An applicant or member may request a hearing under 9 A.A.C. 34.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1909. Conditions of Eligibility

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An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:
 - a. The unearned income of the applicant or member shall be disregarded,
 - b. The income of a spouse or other family member shall be disregarded, and
 - c. The deduction for a minor child shall not apply;
6. Comply with the member responsibility provisions under R9-22-306.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Section repealed; new Section made by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1910. Prior Quarter Eligibility

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-1911. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1912. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1913. Premium Requirements

- A. As a condition of eligibility, an applicant or member shall:
 1. Pay the premium required under subsection (B).
 2. Not have any unpaid premiums for more than one month's premium amount.
- B. The Administration shall process premiums under 9 A.A.C. 31, R9-31-1409 through R9-31-1419 with the following exceptions:
 1. A member who has countable income:
 - a. Under \$500, the monthly premium payment shall be \$0.
 - b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
 2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1914. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1915. Institutionalized Person

- A. A person is not eligible for AHCCCS medical coverage if the person is:
 1. An inmate of a public institution if federal financial participation (FFP) is not available, or
 2. Age 22 through age 64 and is residing in an ICF/IID except when allowed under the Administration's Section 1115 Demonstration Project or allowed under a managed care contract approved by CMS.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1916. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1917. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1918. Additional Eligibility Criteria for the Basic Coverage Group

An applicant or member shall meet the following eligibility criteria:

1. Disabled. As a condition of eligibility, an applicant or member shall be disabled. Disabled means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E), except employment activity, earnings, and substantial gainful activity shall not be considered in determining whether the individual meets the definition of disability.

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2. Employed. As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant or member's work.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1919. Additional Eligibility Criteria for the Medically Improved Group

As a condition of eligibility for the Medically Improved Group, a member shall:

1. Be employed. Under this Section, employed means an individual who:
 - a. Earns at least the minimum wage and works at least 40 hours per month, or
 - b. Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage working 40 hours per month.
2. Cease to be eligible for medical coverage under R9-22-1918 or a similar Basic Coverage Group program administered by another state because the member, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be disabled; and
3. Continues to have a severe medically determinable impairment, as determined under 42 U.S.C. 1396d(v)(1).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

R9-22-1920. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1921. Enrollment

The Administration shall enroll members under Article 17 of this Chapter. If a member has not paid a required premium, the Administration shall not grant a guaranteed enrollment period.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1922. Redetermination of Eligibility

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under R9-22-1918, the Administration shall determine if the member is eligible under other coverage groups including the medically improved group.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM**R9-22-2001. Breast and Cervical Cancer Treatment Program Related Definitions**

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

"AZ-NBCCEDP" means the Arizona programs of the National Breast and Cervical Cancer Early Detection Program. AZ-NBCCEDP provides breast and cervical cancer screening and diagnosis in Arizona.

"Cryotherapy" means the destruction of abnormal tissue using an extremely cold temperature.

"LEEP" means the loop electrosurgical excision procedure that passes an electric current through a thin wire loop.

"Peer-reviewed study" means that, prior to publication, a medical study has been subjected to the review of medical experts who:

Have expertise in the subject matter of the study,
Evaluate the science and methodology of the study,
Are selected by the editorial staff of the publication, and
Review the study without knowledge of the identity or qualifications of the author.

"WWHP" means the Well Women Healthcheck Program administered by the Arizona Department of Health Services. The WWHP is one of the programs within AZ-NBCCEDP that provides breast and cervical cancer screening and diagnosis.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2002. General Requirements

- A. Confidentiality. The Administration shall maintain the confidentiality of a woman's records and shall not disclose a woman's financial, medical, or other confidential information except as allowed under R9-22-512.
- B. Covered services. A woman who is eligible under this Article receives all medically necessary services under Articles 2 and 12 of this Chapter.
- C. Choice of health plan. A woman who is eligible under this Article shall be enrolled with a contractor under Article 17 of this Chapter.
- D. A woman qualified under this Article shall be exempt from co-pays as described in R9-22-711(C)(9).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-2003. Eligibility Criteria

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- A. General.** To be eligible under this Article, a woman shall meet the requirements of this Article and:
1. Be screened for breast and cervical cancer through AZN-BCCEDP;
 2. Be less than 65 years of age;
 3. Be ineligible for Title XIX under Articles 14 and 15 in this Chapter and under 9 A.A.C. 28;
 4. Receive a positive screen under subsection (A)(1), a confirmed diagnosis through AZ-NBCCEDP, and need treatment for breast cancer or cervical cancer, including a precancerous cervical lesion, as specified in R9-22-2004;
 5. Not be covered under creditable coverage as specified in Section 2701(c) of the Public Health Services Act, 42 U.S.C. 300gg(c). For purposes of this Article, IHS or Tribal health coverage is not considered creditable coverage as specified in 42 U.S.C. 1396a(a)(10)(A)(ii), as amended by the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2002; and
 6. Meet the requirements under R9-22-305.
- B. Ineligible woman.** A woman is ineligible under this Article if the woman:
1. Is an inmate of a public institution and federal financial participation (FFP) is not available,
 2. Is at least age 21 but less than age 65 and resides in an Institution for Mental Disease (IMD) as defined in R922-112, except if allowed under the Administration's Section 1115 waiver.
- C. Metastasized cancer.** The AHCCCS Administration may continue a woman's eligibility under this Article if a metastasized cancer is found in another part of the woman's body and that metastasized cancer is a known or a presumed complication of the breast or cervical cancer as determined by the treating physician.
- D. Reoccurrence of cancer.** A woman's eligibility under this Article shall be reinstated if, after her initial eligibility ends, she undergoes screening through the AZ-NBCCEDP program and is diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion.
- E. Ineligible male.** A male is precluded from receiving screening and diagnostic services under the AZ-NBCCEDP program and is ineligible under this Article.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-2004. Treatment

- A. Breast cancer.** Coverage for treatment for breast cancer under this Article shall conclude on the last provider visit for the specific treatment of the cancer or at the end of hormonal therapy for the cancer, whichever is later. For purposes of this subsection treatment means:
1. Lumpectomy or surgical removal of breast cancer;
 2. Chemotherapy;
 3. Radiation therapy; and
 4. A treatment for breast cancer that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

- B. Pre-cancerous cervical lesion.** Coverage for treatment for a pre-cancerous cervical lesion under this Article, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude on the last provider visit for specific treatment for the pre-cancerous lesion. For purposes of this subsection treatment means:
1. Conization;
 2. LEEP;
 3. Cryotherapy; and
 4. A treatment for pre-cancerous cervical lesion that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- C. Cervical cancer.** Coverage for treatment for cervical cancer under this Article shall conclude on the last provider visit for the specific treatment for the cancer. For purposes of this subsection treatment means:
1. Surgery;
 2. Radiation therapy;
 3. Chemotherapy; and
 4. A treatment for cervical cancer that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-2005. Application Process

- A. Application.** A woman may apply for eligibility under this Article by submitting a complete application.
- B. Submitting the application.** The woman may complete and submit an application at the time of the AZ-NBCCEDP screening. The AZ-NBCCEDP staff may mail or fax the application directly to the Administration.
- C. Date of application.** The date of the application is the date of the diagnostic procedure that results in a positive diagnosis for breast cancer or cervical cancer, including a pre-cancerous cervical lesion.
- D. Responsibility of a woman who is applying or who is a member.** A woman who is applying or who is a member shall:
1. Provide medical insurance information, including any changes in medical insurance; and
 2. Inform the Administration about a change in address, residence, and alienage status.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

R9-22-2006. Approval, Denial, or Discontinuance of Eligibility

- A. Eligibility determination.** The Administration shall determine eligibility under this Article and send the notice under subsection (B) or (C) within seven days of receiving a complete application.

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- B.** Approval. If a woman meets all the eligibility requirements in this Article, the Administration shall provide the woman with an approval notice. The approval notice shall contain:
1. The name of the eligible woman, and
 2. The effective date of eligibility.
- C.** Denial. If the Administration denies eligibility, the Administration shall provide the woman with a denial notice. The denial notice shall contain:
1. The name of the ineligible woman,
 2. The specific reason why the woman is ineligible,
 3. The legal citations supporting the reason for the denial,
 4. The location where the woman can review the legal citations, and
 5. Information regarding the woman's appeal and request for hearing rights.
- D.** Discontinuance.
1. Except as specified in subsection (D)(2), if a woman no longer meets an eligibility requirement under this Article, the Administration shall provide the woman a Notice of Action no later than 10 days before the effective date of the discontinuance.
 2. The Administration may mail the Notice of Action no later than the effective date of the discontinuance if the Administration:
 - a. Receives a written statement from the woman voluntarily withdrawing from AHCCCS,
 - b. Receives information confirming the death of the woman,
 - c. Receives returned mail with no forwarding address from the post office and the woman's whereabouts are unknown, or
 - d. Receives information confirming that the woman has been approved for Title XIX services outside the state of Arizona.
 3. The Notice of Action shall contain the:
 - a. Name of the ineligible woman,
 - b. Effective date of the discontinuance,
 - c. Specific reason why the woman is discontinued,
 - d. Legal citations supporting the reason for the discontinuance,
 - e. Location where the woman can review the legal citations, and
 - f. Information regarding the woman's appeal and request for hearing rights.
- E.** Request for hearing. A woman who is denied, or discontinued for the Breast and Cervical Cancer Treatment Program may request a hearing under Chapter 34.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2007. Effective and End Date of Eligibility

- A.** Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- B.** The end date of eligibility:
1. For breast cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer or at the end of hormonal therapy for the cancer, whichever is later.

2. For pre-cancerous cervical lesion, is four months after the last provider visit for a treatment specified in R9-22-2004 for the pre-cancerous lesion.
3. For cervical cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Section amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-2008. Redetermination of Eligibility

- A.** Redetermination. Except as provided in subsection (B), the Administration shall redetermine eligibility at least once a year. If a woman continues to meet the requirements of eligibility for the Breast and Cervical Cancer Treatment Program under this Article, the Administration shall notify the woman of continued eligibility. A woman is not required to be screened for breast and cervical cancer through AZ-NBC-CEDP at redetermination.
- B.** Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the woman's circumstances that may affect eligibility, including a change in treatment.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND

Article 21, consisting of Sections R9-22-2101 through R9-22-2103, made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

R9-22-2101. General Provisions

- A.** A.R.S. § 36-2903.07 establishes the Administration as the authority to administer the Trauma and Emergency Services Fund.
- B.** The Administration shall distribute 90% of monies from the trauma and emergency services fund to a level I trauma center, as defined in subsection (F) of this Section, for unrecovered trauma center readiness costs as defined in subsection (F) of this Section. Reimbursement is limited to no more than the amount of unrecovered trauma center readiness costs as determined in subsections (D) and (E) of this Section. Unexpended funds may be used to reimburse unrecovered emergency room costs under subsection (C) of this Section.
- C.** The Administration shall distribute 10% of monies from the trauma and emergency services fund, for unrecovered emergency services costs, to a hospital having an emergency department, using criteria under R9-22-2103. Reimbursement is limited to no more than the amount of unrecovered emergency services costs as determined in R9-22-2103. The Administration may distribute more than 10% of the monies for unrecovered emergency room costs when there are unexpended monies under subsection (B) of this Section.
- D.** The Administration shall distribute a reporting tool and guidelines to level I trauma centers to determine, on an annual basis, the unrecovered trauma center readiness costs for level I trauma centers as defined in subsection (F) of this Section. The reporting time-frame is July 1 of the prior year through June

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30 of the reporting year. A level I trauma center shall submit the requested data and a copy of the most recently completed uniform accounting report under A.R.S. § 36-125.04 to the Administration no later than October 31 of each reporting year.

- E. When a level I trauma center closes in a county where there are one or more level I trauma center(s) remaining in operation, the following shall occur:
1. The closing level I trauma center shall submit the requested data under subsection (D) of this Section for the months of the reporting time-frame in which it met the definition of a level I trauma center, and
 2. The data under subsection (D) of this Section, which is submitted by the closing level I trauma center, shall be added to the remaining level I trauma center(s) in that county for the current reporting time-frame only.
- F. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
1. "Level I trauma center" means any acute care hospital designated by the Arizona Department of Health Services as a level I trauma center, a provisional level I trauma center, a pediatric level I trauma center or an initial level I trauma center.
 2. "Unrecovered trauma center readiness costs" means losses incurred treating trauma patients:
 - a. Determined in accordance with Generally Accepted Accounting Principles,
 - b. Based on both clinical and professional costs incurred by a level I trauma center necessary for the provision of level I trauma care, and
 - c. Based on administrative and overhead costs directly associated with providing level I trauma care.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-2102. Distribution of Trauma and Emergency Services Fund: Level I Trauma Centers

- A. On or after November 1, 2003, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall take into consideration the proportion of those hospitals' trauma case volume. The Administration shall:
1. Recalculate the November 2003 payments in July 2004 using the formula in subsection (B) of this Section;
 2. Recoup November 2003 overpayments by reducing the July 2004 distributions under subsection (C) as appropriate; and
 3. Redistribute recouped funds, with the July 2004 payment, to level I trauma centers underpaid in November 2003.
- B. On or after January 31 of each year, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall determine each hospital's unrecovered trauma center readiness costs for the current fiscal year using data from the most recent reporting year as provided under R9-22-2101(D) and (E). The proportion of each hospital's share of the fund for unrecovered trauma center readiness costs is determined after considering:

1. The professional, clinical, administrative, and overhead costs directly associated with providing level I trauma care, and
 2. The volume and acuity of trauma care provided by each hospital.
- C. On or after July 31 of each year, the Administration shall distribute monies to level I trauma centers using monies, under R9-22-2101(B), available in the trauma and emergency services fund at the time of payment according to the proportions calculated and used for the January payments in the same year, under subsection (B) of this Section.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

R9-22-2103. Distribution of Trauma and Emergency Services Fund: Emergency Services

On or after June 30 of each year, the Administration shall distribute monies available in the trauma and emergency services fund at the time of payment as follows:

1. As allocated under R9-22-2101(C),
2. To hospitals that had an emergency department from July 1 through June 30 of the prior year, and
3. On a pro rata share of each hospital's cost of uncompensated emergency care as a percentage of the total statewide cost of uncompensated emergency care provided by hospitals under subsection (2) as reported in the uniform accounting reports to the Arizona Department of Health Services under A.R.S. § 36-125.04.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

R9-22-2104. Additional Trauma and Emergency Services Payments under the Section 1115 Waiver

- A. Notwithstanding R9-22-2101(D), for the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the balance of the Trauma and Emergency Services fund in the following manner:
1. Ninety percent of the amount shall be distributed to Level I trauma centers based upon each center's pro rata share of each center's acuity-adjusted volume as a percentage of the total acuity-adjusted volume for all centers in the state. The acuity-adjusted volume is calculated by multiplying the Injury Severity Score employed by trauma.org by the number of trauma cases at that level treated at the center during the reporting year. Hospitals shall report trauma scores and case volume on a worksheet prescribed by the Administration.
 2. Ten percent of the amount shall be distributed proportionately to hospitals that had an emergency department from July 1 through June 30 of the reporting year based the pro rata share of each hospital's cost of emergency care as a percentage of the total statewide cost of emergency care provided by hospitals as reported on the Worksheet B, column 27, line 61 of the hospital's most current Medicare Cost Report as of January 31 following the end of each reporting year.
- B. For the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the federal financial participation made available under the

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section 1115 waiver for the purpose of making payments for unrecovered trauma and emergency services as follows:

1. Thirty percent of such funds to a Level I trauma center, in amounts calculated in the same manner as described in subsection (A)(1) of this Section, for any unrecovered trauma center readiness costs not reimbursed under subsection (A) of this Section;
2. Thirty percent of such funds to a hospital having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsection (A) of this Section; and
3. Forty percent of such funds to rural hospitals, as defined in R9-22-718 that are not Level 1 trauma centers as defined in R9-22-2101(F), having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered

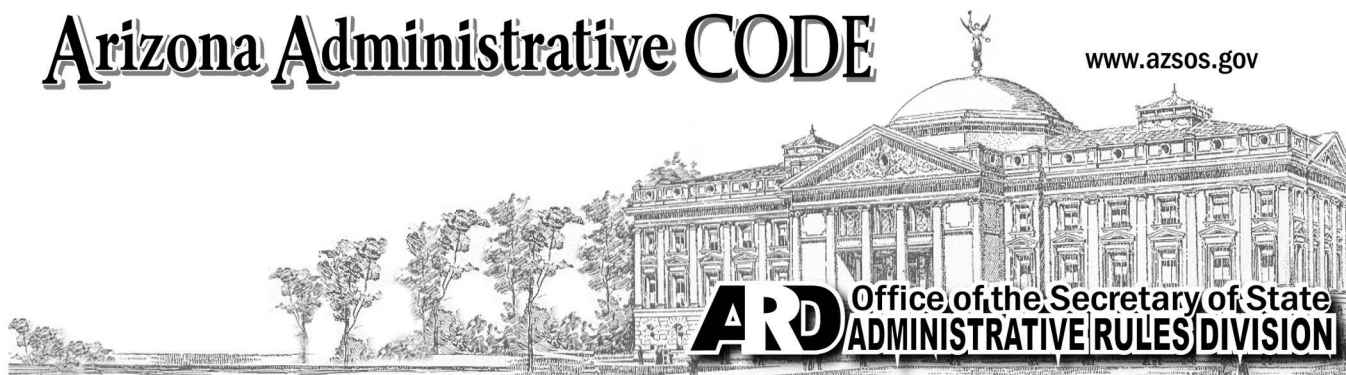
emergency services costs not reimbursed under subsections (A) and (B)(2) of this Section.

- C. For the reporting years ending June 30, 2011 and June 30, 2012, payments made under this Article shall not be made in an amount that results in aggregate payments to the hospital by the Administration and contractors exceeding of the upper payment limit for the hospital services as calculated in accordance with 42 CFR 447.
- D. For the reporting years ending June 30, 2011 and June 30, 2012, to ensure compliance with subsection (C), payments under this Article shall be reconciled to the federal fiscal year that is two years subsequent to the payment.
- E. Any payments that are determined under subsection (D) to exceed the limit in subsection (C) shall be distributed as described in this Article to hospitals that have not received payments in excess of the limit in subsection (C).

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

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TITLE 12. NATURAL RESOURCES
CHAPTER 4. GAME AND FISH COMMISSION
12 A.A.C. 4

Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Martin Guerena
Title: Law Enforcement Program Manager
Department: Arizona Game and Fish Department
Division: Wildlife Management Division
Telephone: (602) 236-7390
Email: mguerena@azgfd.gov
Address: 555 N. Greasewood Rd.
Tucson, AZ 85745
Website: www.azgfd.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 25-2, 1-158 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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HOW TO USE THE CODE

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ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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Administrative Rules Division

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TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

Authority: A.R.S. § 17-201 et seq.

Supp. 25-3

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 41-1005(A)(1). Exemption from A.R.S. Title 41, Chapter 6 means that the Game and Fish Commission did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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New Article 4, consisting of Sections R12-4-401 through R12-4-420, R12-4-422, and R12-4-424 through R12-4-428 adopted effective April 28, 1989.

Former Article 4, Commission Orders, consisting of Sections R12-4-401 through R12-4-424, R12-4-429 through R12-4-431, R12-4-440 through R12-4-443 expired. See R12-4-118.

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Article 9, consisting of Sections R12-4-901 through R12-4-906, expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

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Article 11, consisting of Sections R12-4-1101 and R12-4-1102, made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1).

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ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS**R12-4-101. Definitions**

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-301, R12-4-401, and R12-4-501, the following definitions apply to this Chapter, unless otherwise specified:

“Arizona Conservation Education” means the conservation education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation.

“Arizona Hunter Education” means the hunter education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation meeting Association of Fish and Wildlife agreed upon reciprocity standards along with Arizona-specific requirements.

“Attach” means to fasten or affix a tag to a legally harvested animal. An electronic tag is considered attached once the validation code is fastened to the legally harvested animal.

“Bobcat seal” means the tag a person is required to attach to the raw pelt or unskinned carcass of any bobcat taken by trapping in Arizona or exported out of Arizona regardless of the method of take.

“Bonus point” means a credit that authorizes the Department to issue an applicant an additional computer-generated random number.

“Bow” means a long bow, flat bow, recurve bow, or compound bow of which the bowstring is drawn and held under tension entirely by the physical power of the shooter through all points of the draw cycle until the shooter purposely acts to release the bowstring either by relaxing the tension of the toes, fingers, or mouth or by triggering the release of a hand-held release aid.

“Certificate of insurance” means an official document, issued by the sponsor’s and sponsor’s vendors, or subcontractor’s insurance carrier, providing insurance against claims for injury to persons or damage to property which may arise from, or in connection with, the solicitation or event as determined by the Department.

“Cervid” means a mammal classified as a Cervidae, which includes but is not limited to caribou, elk, moose, mule deer, reindeer, wapiti, and whitetail deer; as defined in the taxonomic classification from the Integrated Taxonomic Information System, available online at www.itis.gov.

“Commission Order” means a document adopted by the Commission that does one or more of the following:

- Open, close, or alter seasons,
- Open areas for taking wildlife,
- Set bag or possession limits for wildlife,
- Set the number of permits available for limited hunts, or
- Specify wildlife that may or may not be taken.

“Crossbow” means a device consisting of a bow affixed on a stock having a trigger mechanism to release the bowstring.

“Day-long” means the 24-hour period from one midnight to the following midnight.

“Department property” means those buildings or real property and wildlife areas under the jurisdiction of the Arizona Game and Fish Commission.

“Electronic signature” means symbols or other data in digital form attached to an electronically transmitted document as verification of the sender’s intent to sign the document. The electronic signature is used to indicate the person’s intent to agree to payment, conditions, terms, etc. as applicable to an online application, form, report, etc.

“Electronic tag” means a tag that is provided by the Department through an electronic device that syncs with the Department’s computer systems.

“Export” means to carry, send, or transport wildlife or wildlife parts out of Arizona to another state or country.

“Firearm” means any loaded or unloaded handgun, pistol, revolver, rifle, shotgun, or other weapon that will discharge, is designed to discharge, or may readily be converted to discharge a projectile by the action of an explosion caused by the burning of smokeless powder, black powder, or black powder substitute.

“Hunt area” means a management unit, portion of a management unit, or group of management units, or any portion of Arizona described in a Commission Order and not included in a management unit, opened to hunting.

“Hunt number” means the number assigned by Commission Order to any hunt area where a limited number of hunt permits are available.

“Hunt permits” means the number of hunt permit-tags made available to the public as a result of a Commission Order.

“Hunt permit-tag” means a tag for a hunt for which a Commission Order has assigned a hunt number.

“Identification number” means the number assigned to each applicant or license holder by the Department as established under R12-4-111.

“Import” means to bring, send, receive, or transport wildlife or wildlife parts into Arizona from another state or country.

“License dealer” means a business authorized to sell hunting, fishing, and other licenses as established under R12-4-105.

“Limited-entry permit-tag” means a permit made available for a limited-entry fishing or hunting season.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Management unit” means an area established by the Commission for management purposes.

“Nonpermit-tag” means a tag for a hunt for which a Commission Order does not assign a hunt number and the number of tags is not limited.

“Nonprofit organization” means an organization that is recognized under Section 501© of the U.S. Internal Revenue Code.

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CHAPTER 4. GAME AND FISH COMMISSION

“Person” has the meaning as provided under A.R.S. § 1-215.

“Proof of purchase,” for the purposes of A.R.S. § 17-331, means an original, or any authentic and verifiable form of the original, of any Department-issued license, permit, or stamp that establishes proof of actual purchase.

“Pursue” means to chase, tree, corner or hold wildlife at bay.

“Pursuit-only” means a person may pursue, but not kill, a bear, mountain lion, or raccoon on any management unit that is open to pursuit-only season, as defined under R12-4-318, by Commission Order.

“Pursuit-only permit” means a permit for a pursuit-only hunt for which a Commission Order does not assign a hunt number and the number of permits are not limited.

“Restricted nonpermit-tag” means a tag issued for a supplemental hunt as established under R12-4-115.

“Signature” means a notation that signifies an individual’s acceptance of the terms and conditions applicable to the application or contract and is used to identify who is signing and what their intention is; includes electronic signatures.

“Solicitation” means any activity that may be considered or interpreted as promoting, selling, or transferring products, services, memberships, or causes, or participation in an event or activity of any kind, including organizational, educational, public affairs, or protest activities, including the distribution or posting of advertising, handbills, leaflets, circulars, posters, or other printed materials for these purposes.

“Solicitation material” means advertising, circulars, flyers, handbills, leaflets, posters, or other printed information.

“Sponsor” means the person or persons conducting a solicitation or event.

“Stamp” means a form of authorization in addition to a license that authorizes the license holder to take wildlife specified by the stamp.

“Tag” means the Department authorization a person is required to obtain before taking certain wildlife as established under A.R.S. Title 17 and 12 A.A.C. 4.

“Validation code” means the unique code provided by the Department and associated with an electronic tag.

“Waterdog” means the larval or metamorphosing stage of a salamander.

“Wildlife area” means an area established under 12 A.A.C. 4, Article 8.

B. If the following terms are used in a Commission Order, the following definitions apply:

“Antlered” means having an antler fully erupted through the skin and capable of being shed.

“Antlerless” means not having an antler, antlers, or any part of an antler erupted through the skin.

“Bearded turkey” means a turkey with a beard that extends beyond the contour feathers of the breast.

“Buck pronghorn” means a male pronghorn.

“Adult bull bison” means a male bison of any age or any bison designated by a Department employee during an adult bull bison hunt.

“Adult cow bison” means a female bison of any age or any bison designated by a Department employee during an adult cow bison hunt.

“Bull elk” means an antlered elk.

“Designated” means the gender, age, or species of wildlife or the specifically identified wildlife the Department authorizes to be taken and possessed with a valid tag.

“One-horned ram” means any bighorn sheep ram having one horn that is less than one half the length of its other horn.

“Ram” means any male bighorn sheep.

“Rooster” means a male pheasant.

“Yearling bison” means any bison less than three years of age or any bison designated by a Department employee during a yearling bison hunt.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 22, 1976 (Supp. 76-5). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-01 renumbered as Section R12-4-101 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 22, 1982 (Supp. 82-2). Amended subsection (A), paragraph (10) effective April 7, 1983 (Supp. 83-2). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsection (A) effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022; when amended the Commission inadvertently removed the definitions of “Arizona Conservation Education” and “Arizona Hunter Education.” These definitions are included as originally published (Supp. 21-4). Under the definition of “non-profit organization” a citation error to the U.S. Internal

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Revenue Code, has been corrected to Section 501(c) as published at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-102. License, Permit, Stamp, and Tag Fees

- A.** A person who purchases a license, tag, stamp, or permit listed in this Section shall pay at the time of purchase all applicable fees prescribed under this Section or the fees the Director authorizes under R12-4-115.
- B.** A person who applies to purchase a hunt permit-tag shall submit with the application all applicable fees using acceptable forms of payment as required under R12-4-104(F) and (G).
- C.** As authorized under A.R.S. § 17-345, the license fees in this Section include a \$3 surcharge, except Youth and High Achievement Scout licenses.
- D.** A person desiring a replacement of a Migratory Bird Stamp shall repurchase the stamp.

Hunting and Fishing License Fees	Resident	Nonresident
General Fishing License	\$37	\$55
General Hunting License	\$37	Not available
Combination Hunting and Fishing License	\$57	\$160
Youth Combination Hunting and Fishing License, fee applies until the applicant's 18th birthday.	\$5	\$5
High Achievement Scout License, as authorized under A.R.S. § 17-333(C). Fee applies until the applicant's 21st birthday.	\$5	Not available
Short-term Combination Hunting and Fishing License	\$15	\$20
Youth Group Two-day Fishing License	\$25	Not available

Hunt Permit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bighorn Sheep	\$300	\$1,800
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer and Archery Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Pheasant non-archery, non-falconry	Application fee only	Application fee only
Pronghorn	\$90	\$550
Raptor	Not applicable	\$175
Sandhill Crane	\$10	\$10
Turkey and Archery Turkey	\$25	\$90
Youth	\$10	\$10

Nonpermit-tag and Restricted Nonpermit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Mountain Lion	\$15	\$75
Pronghorn	\$90	\$550
Sandhill Crane	\$10	\$10
Raptor	Not applicable	\$175
Turkey	\$25	\$90
Youth	\$10	\$10

Stamps and Special Use Fees	Resident	Nonresident
Bobcat Seal	\$3	\$3
Limited-entry Permit	Application fee only	Application fee only
State Migratory Bird Stamp	\$5	\$5

Other License Fees	Resident	Nonresident
Challenged Hunter Access/Mobility Permit (CHAMP)	Application fee only	Application fee only
Crossbow Permit	Application fee only	Application fee only
Fur Dealer's License	\$115	\$115
Reduced-fee Disabled Veteran's License, available to a resident disabled veteran who receives compensation from the U.S. government for a service-connected disability. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 25%, and then rounded down to the nearest even dollar.	\$42	Not available
Reduced-fee Purple Heart Medal License, available to a resident who is a bona fide Purple Heart Medal recipient. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 50%, and then rounded down to the nearest even dollar.	\$28	Not available
Guide License	\$300	\$300
License Dealer's License	\$100	\$100
License Dealer's Outlet License	\$25	\$25
Pursuit-only Permit	\$20	\$100
Taxidermist Registration	\$100	\$100
Trapping License	\$30	\$275
Youth	\$10	\$10

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Administrative Fees	Resident	Nonresident
Duplicate License Fee, in the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.	\$8	\$8
Application Fee	\$13	\$15

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 31, 1977 (Supp. 77-2). Amended effective June 28, 1977 (Supp. 77-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 1, 1979 (Supp. 78-6). Amended effective June 4, 1979 (Supp. 79-3). Amended effective January 1, 1980 (Supp. 79-6). Amended paragraphs (1), (7) through (11), (13), (15), (29), (30), and (32) effective January 1, 1981 (Supp. 80-5). Former Section R12-4-30 renumbered as Section R12-4-102 without change effective August 13, 1981. Amended effective August 31, 1981 (Supp. 81-4). Amended effective September 15, 1982 unless otherwise noted in subsection (D) (Supp. 82-5). Amended effective January 1, 1984 (Supp. 83-4). Amended subsections (A) and (C) effective January 1, 1985 (Supp. 84-5). Amended effective January 1, 1986 (Supp. 85-5). Amended subsection (A), paragraphs (1), (2), (8) and (9) effective January 1, 1987; Amended by adding a new subsection (A), paragraph (31) and renumbering accordingly effective July 1, 1987. Both amendments filed November 5, 1986 (Supp. 86-6). Amended subsections (A) and (C) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsections (A) and (C) filed December 30, 1988, effective January 1, 1989”; Amended subsection (C) effective April 28, 1989 (Supp. 89-2). Section R12-4-102 repealed, new Section R12-4-102 filed as adopted November 26, 1990, effective January 1, 1991 (Supp. 90-4). Amended effective September 1, 1992; filed August 7, 1992 (Supp. 92-3). Amended effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective December 16, 1995 (Supp. 94-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State November 14, 1995 (Supp. 95-4). Amended subsection (D), paragraph (4), and subsection (E), paragraph (10), effective October 1, 1996; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended subsection (B), paragraph (6) and subsection (E) paragraph (4), effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 or January 1, 2001, as designated within the text of the Section (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1157, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2823, effective August 13, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 1391, effective June 4, 2006 (Supp. 06-2). Amended by

final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2916 (December 17, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025; When this Section was amended by final exempt rulemaking at 27 A.A.R. 400, the Commission did not use the text as amended at 29 A.A.R. 1854 (July 19, 2019); Taxidermist “License” has been corrected to “Registration” and fees corrected from “\$150” to “\$100” (Supp. 25-2).

R12-4-102.01. License Fee Waiver; Eligibility; Application

- A.** The Department shall waive the initial license fee when an eligible applicant as identified under subsection (B) requests an initial license for any license listed under subsection (C). At the time of application, the eligible applicant shall submit to the Department the applicable license application and a signed licensing fee waiver form affirming the information provided on the form is true and accurate. The license application and licensing fee waiver forms are available from any Department office and on the Department’s website. The applicant shall provide all of the following information:
1. Type of exemption, see subsection (B); and
 2. Applicant’s:
 - a. Name;
 - b. Date of birth;
 - c. Mailing address;
 - d. Email, if available;
 - e. Telephone number;
 - f. Customer ID number;
 - g. Affirmation that the information provided on the application is true and accurate; and
 - h. Signature and date.
- B.** Under A.R.S. § 41-1080.01, persons eligible for the initial license fee waiver are limited to any:
1. Individual whose family income does not exceed 200% of the current federal poverty guidelines,
 2. Active military service member’s spouse, or
 3. Honorably discharged veteran who has been discharged not more than two years before application.
- C.** The Department has determined the following licenses may be used for the purpose of operating a business or providing a service in Arizona and are subject to A.R.S. § 41-1080.01:
1. Aquatic Wildlife Stocking License,
 2. Fur Dealer’s License,
 3. Game Bird Field Training License,
 4. Game Bird Field Trial License,
 5. Game Bird Shooting Preserve License,
 6. Guide License,
 7. Live Bait Dealer’s License,
 8. Private Game Farm License,
 9. Sport Falconry License,
 10. License Dealer’s License,
 11. Taxidermist License,

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- 12. Trapping License,
- 13. Wildlife Holding License,
- 14. Wildlife Service, and
- 15. Zoo License.

- D. An applicant for a license fee waiver shall certify they meet the eligibility criteria proscribed in subsection (B), as applicable.
- E. All information and documentation provided by the applicant is subject to Department verification.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-102.02. Refund of Permit-Tag Fee; Active-duty Military; Peace Officer; Professional Firefighter

- A. The Department shall refund the fee paid for a big game permit-tag, nonpermit-tag, or limited-entry tag when an eligible person as identified under subsection (B) requests a refund at any time during the time period in which the tag is valid. To request a refund, the eligible person shall submit to the Department:
 - 1. The tag for which the refund is requested,
 - 2. The big game tag refund form, and
 - 3. Proof of order or special assignment as identified under subsection (C).
 - 4. A person requesting a refund under this Section shall certify the information provided on the big game tag refund form is true and accurate;
 - 5. The big game tag refund form is available from any Department office and on the Department's website.
- B. Under A.R.S. § 17-332, persons eligible for a refund are limited to:
 - 1. A person who is ordered to leave Arizona as an active duty member of the U.S. Armed Forces;
 - 2. A peace officer assigned to special duty; or
 - 3. A professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty.
- C. An eligible person requesting a refund shall provide the following as applicable:
 - 1. For an active duty member of the U.S. Armed Forces, an official order or letter.
 - 2. For a peace officer assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
 - 3. For a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
 - 4. All information and documentation provided by the applicant is subject to Department verification.
- D. For subsections (C)(1), (2), and (3), the official order or letter, as applicable, shall provide the eligible person's name and the dates of the assignment.
- E. When an eligible person submits a request for a refund for a big game hunt permit-tag awarded through a computer draw, the Department shall reinstate any expended bonus points for a successful Hunt Permit-tag Application and award the bonus point the person would have accrued had the person been

unsuccessful in the computer draw for the refunded big game tag.

Historical Note

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-103. Duplicate Tags and Licenses

- A. Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate license, tag, or electronic tag to an applicant who:
 - 1. Pays the applicable fee prescribed under R12-4-102, and
 - 2. Signs an affidavit. The affidavit is furnished by the Department and is available at any Department office or license dealer.
- B. The applicant shall provide the following information on the affidavit:
 - 1. The applicant's personal information:
 - a. Name;
 - b. Department identification number, when applicable;
 - c. Residency status and number of years of residency immediately preceding application, when applicable;
 - 2. The original license or tag information:
 - a. Type of license, tag, or electronic tag;
 - b. Place of purchase;
 - c. Purchase date, when available; and
 - 3. Disposition of the original tag for which a duplicate is being purchased:
 - a. The tag was not used and is lost, destroyed, mutilated, or otherwise unusable; or
 - b. The tag was attached to a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). An applicant applying for a duplicate tag under this subsection shall also submit the condemned meat duplicate tag authorization form issued by the Department.
- C. In the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.

Historical Note

Amended effective June 7, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Former Section R12-4-07 renumbered as Section R12-4-103 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-104. Application Procedures for Issuance of Hunt Permit-tags by Computer Draw and Purchase of Bonus Points

- A. For the purposes of this Section, "group" means all applicants who placed their names on a single application as part of the same application.
- B. A person is eligible to apply for a:
 - 1. Hunt permit-tag for big game if the person:

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- a. Is at least 10 years of age at the start of the hunt for which the person is applying;
 - b. Has successfully completed a Department-sanctioned hunter education course by the start date of the hunt for which the person is applying, when the person is between 9 and 14 years of age;
 - c. Has not reached the bag limit established under subsection (J) for that genus; and
 - d. Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
 2. Bonus point for big game if the person:
 - a. Is at least 10 years of age by the application deadline date; and
 - b. Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
 3. Bonus point for wildlife other than big game if the person is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
- C.** An applicant shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
1. The Commission shall set application deadline dates for hunt permit-tag computer draw applications through the hunt permit-tag application schedule.
 2. The Director has the authority to extend any application deadline date if a problem occurs that prevents the public from submitting a hunt permit-tag application within the deadlines set by the Commission.
 3. The Commission, through the hunt permit-tag application schedule, shall designate the manner and method of submitting an application, which may require an applicant to apply online only. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure.
- D.** An applicant for a hunt permit-tag or a bonus point shall complete and submit a Hunt Permit-tag Application. The application form is available from any Department office, a license dealer, or on the Department's website.
- E.** An applicant shall provide the following information on the Hunt Permit-tag Application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K);
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. Email address, when available;
 2. If the applicant possesses a valid license authorizing the take of wildlife in this state, the number of the applicant's license;
 3. If the applicant does not possess a valid license at the time of the application, the applicant shall purchase a license as established under subsection (K). The applicant shall provide all of the following information on the license application portion of the Hunt Permit-tag Application:
 - a. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - b. Residency status and number of years of residency immediately preceding application, when applicable;
 - c. Type of license for which the person is applying; and
4. Certify the information provided on the application is true and accurate;
5. An applicant who is:
- a. Under the age of 10 and is submitting an application for a hunt other than big game is not required to have a license under this Chapter. The applicant shall indicate "youth" in the space provided for the license number on the Hunt Permit-tag Application.
 - b. Age nine or older and is submitting an application for a big game hunt is required to purchase an appropriate license as required under this Section. The applicant shall either enter the appropriate license number in the space provided for the license number on the Hunt Permit-tag Application Form or purchase a license at the time of application, as applicable.
- F.** In addition to the information required under subsection (E), an applicant shall also submit all applicable fees established under R12-4-102, as follows:
1. When applying electronically:
 - a. The permit application fee; and
 - b. The license fee, when the applicant does not possess a valid license at the time of application. The applicant shall submit payment in U.S. currency using valid credit or debit card.
 - c. If an applicant is successful in the computer draw, the Department shall charge the hunt permit-tag fee using the credit or debit card furnished by the applicant.
 2. When applying manually:
 - a. The fee for the applicable hunt permit-tag;
 - b. The permit application fee; and
 - c. The license fee if the applicant does not possess a valid license at the time of application. The applicant shall submit payment by certified check, cashier's check, or money order made payable in U.S. currency to the Arizona Game and Fish Department.
- G.** An applicant shall apply for a specific hunt or a bonus point by the current hunt number. If all hunts selected by the applicant are filled at the time the application is processed in the computer draw, the Department shall deem the application unsuccessful, unless the application is for a bonus point.
1. An applicant shall make all hunt choices for the same genus within one application.
 2. An applicant shall not include applications for different genera of wildlife in the same envelope.
- H.** An applicant shall submit only one valid application per genus of wildlife for any calendar year, except:
1. If the bag limit is one per calendar year, an unsuccessful applicant may re-apply for remaining hunt permit-tags in unfilled hunt areas, as specified in the hunt permit-tag application schedule.

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2. For genera that have multiple draws within a single calendar year, a person who successfully draws a hunt permit-tag during an earlier season may apply for a later season for the same genus if the person has not taken the bag limit for that genus during a preceding hunt in the same calendar year.
3. If the bag limit is more than one per calendar year, a person may apply for remaining hunt permit-tags in unfilled hunt areas as specified in the hunt permit-tag application schedule.
- I.** All members of a group shall apply for the same hunt numbers and in the same order of preference.
 1. No more than four persons may apply as a group.
 2. The Department shall not issue a hunt permit-tag to any group member unless sufficient hunt permit-tags are available for all group members.
- J.** A person shall not apply for a hunt permit-tag for:
 1. Rocky Mountain or desert bighorn sheep if the person has met the lifetime bag limit for that sub-species.
 2. Bison if the person has met the lifetime bag limit for that species.
 3. Any species when the person has reached the bag limit for that species during the same calendar year for which the hunt permit-tag applies.
- K.** To participate in:
 1. The computer draw system, an applicant shall possess an appropriate hunting license that shall be valid, either:
 - a. On the last day of the application deadline for that computer draw, as established by the hunt permit-tag application schedule published by the Department, or
 - b. On the last day of an extended deadline date, as authorized under subsection (C)(2).
 - c. If an applicant does not possess an appropriate hunting license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application.
 2. The bonus point system, an applicant shall comply with the requirements established under R12-4-107.
- L.** The Department shall reject as invalid a Hunt Permit-Tag Application not prepared or submitted in accordance with this Section or not prepared in a legible manner.
- M.** Any hunt permit-tag issued for an application that is subsequently found not to be in accordance with this Section is invalid.
- N.** The Department or its authorized agent shall deliver hunt permit-tags to successful applicants. The Department shall return application overpayments to the applicant designated "A" on the Hunt Permit-tag Application. The Department shall not refund:
 1. A permit application fee.
 2. A license fee submitted with a valid application for a hunt permit-tag or bonus point.
 3. An overpayment of five dollars or less. The Department shall consider the overpayment to be a donation to the Arizona Game and Fish Fund.
- O.** The Department shall award a bonus point for the appropriate species to an applicant when the payment submitted is less than the required fees, but is sufficient to cover the application fee and, when applicable, license fee.
- P.** When the Department determines a Department error, as defined under subsection (P)(3), caused the rejection or denial of a valid application:
 1. The Director may authorize either:
 - a. The issuance of an additional hunt permit-tag, provided the issuance of an additional hunt permit-tag will have no significant impact on the wildlife population to be hunted and the application for the hunt permit-tag would have otherwise been successful based on its random number, or
 - b. The awarding of a bonus point when a hunt permit-tag is not issued.
2. A person who is denied a hunt permit-tag or a bonus point under this subsection may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
3. For the purposes of this subsection, "Department error" means an internal processing error that:
 - a. Prevented a person from lawfully submitting an application for a hunt permit-tag,
 - b. Caused a person to submit an invalid application for a hunt permit-tag,
 - c. Caused the rejection of an application for a hunt permit-tag,
 - d. Failed to apply an applicant's bonus points to a valid application for a hunt permit-tag, or
 - e. Caused the denial of a hunt permit-tag.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 28, 1977 (Supp. 77-3). Amended effective July 24, 1978 (Supp. 78-4). Former Section R12-4-06 renumbered as Section R12-4-104 without change effective August 13, 1981. Amended subsections (N), (O), and (P) effective August 31, 1981 (Supp. 81-4). Former Section R12-4-104 repealed, new Section R12-4-104 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (D) as an emergency effective December 27, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-6). Emergency expired. Amended effective June 20, 1983 (Supp. 83-3). Amended subsection (F)(3) effective September 12, 1984. Amended subsection (F)(9) and added subsections (F)(10) and (G)(3) effective October 31, 1984 (Supp. 84-5). Amended effective May 5, 1986 (Supp. 86-3). Amended effective June 4, 1987 (Supp. 87-2). Section R12-4-104 repealed, new Section R12-4-104 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Subsection (E)(3) contained a clerical error to a subsection label; "established under subsection (L)" corrected to "established under subsection (K)" file number R22-77 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

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R12-4-105. License Dealer's License

- A.** For the purposes of this Section, unless the context otherwise requires:

“Dealer number” means the unique number assigned by the Department to a dealer outlet.

“Dealer outlet” means a specified location authorized to sell licenses under a license dealer's license.

“License” means any hunting or fishing license, permit, stamp, or tag that may be sold by a dealer or dealer outlet under this Section.

“License dealer” means a business licensed by the Department to sell licenses from one or more dealer outlets.

“License Dealer Portal” means the secure website provided by the Department for issuing licenses and permits and accessing a license dealer's account.

- B.** A person shall not sell or issue licenses without authorization from the Department. A license dealer's license authorizes a person to issue licenses on behalf of the Department. A person is eligible to apply for a license dealer's license, provided all of the following criteria are met:
1. The person's privilege to sell licenses for the Department has not been revoked or canceled under A.R.S. §§ 17-334, 17-338, or 17-339 within the two calendar years immediately preceding the date of application;
 2. The person's credit record or assets assure the Department that the value of the licenses shall be adequately protected;
 3. The person agrees to assume financial responsibility for licenses provided by the Department at the maximum value established under R12-4-102.
- C.** A person shall apply for a license dealer's license by submitting an application to any Department office. The application is furnished by the Department and is available at any Department office. A license dealer license applicant shall provide all of the following information on the application:
1. The principal business or corporation information:
 - a. Name,
 - b. Physical address, and
 - c. Telephone number;
 - d. If not a corporation, the applicant shall provide the information required under subsections (C)(1)(a), (b), and (c) for each owner;
 2. The contact information for the person responsible for ensuring compliance with this Section:
 - a. Name,
 - b. Business address, and
 - c. Business telephone number;
 3. Whether the applicant has previously sold licenses under A.R.S. § 17-334;
 4. Whether the applicant is seeking renewal of an existing license dealer's license;
 5. Credit references and a statement of assets and liabilities; and
 6. Dealer outlet information:
 - a. Name,
 - b. Physical address,
 - c. Telephone number, and
 - d. Name of the person responsible for ensuring compliance with this Section at each dealer outlet.
- D.** A license dealer may request to add dealer outlets to the license dealer's license, at any time during the license year, by

submitting the application form containing the information required under subsection (C) to the Department and paying the fee established under R12-4-102.

- E.** An applicant who is denied a license dealer's license under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
- F.** The Department shall:
1. Provide to the license dealer all licenses that the license dealer will make available to the public for sale,
 2. Authorize the license dealer to use the dealer's own license stock, or
 3. Authorize the license dealer to issue licenses and permits online via the Department's License Dealer Portal.
- G.** Upon receipt of licenses provided by the Department, the license dealer shall verify the licenses received are the licenses identified on the shipment inventory provided by the Department with the shipment.
1. Within five working days from receipt of shipment, the person performing the verification shall:
 - a. Clearly designate any discrepancies on the shipment inventory,
 - b. Sign and date the shipping inventory, and
 - c. Return the signed shipping inventory to the Department.
 2. The Department shall verify any discrepancies identified by the license dealer and credit or debit the license dealer's inventory accordingly.
- H.** A license dealer shall maintain an inventory of licenses for sale to the public at each outlet.
- I.** A license dealer's license holder shall transmit to the Department all collected license or permit fees established under R12-4-102.
1. A license dealer's license holder may collect and retain a reasonable and commensurate fee for its services.
 2. Each license dealer's license holder shall identify to the public the Department's license fees separately from any other costs.
- J.** A license dealer may request additional licenses in writing or verbally.
1. The request shall include:
 - a. The name of the license dealer,
 - b. The assigned dealer number,
 - c. A list of the licenses needed, and
 - d. The name of the person making the request.
 2. Within 10 calendar days from receipt of a request, the Department shall provide the licenses requested, unless:
 - a. The license dealer failed to acknowledge licenses previously provided to the license dealer, as required under subsection (G);
 - b. The license dealer failed to transmit license fees, as required under subsection (J); or
 - c. The license dealer is not in compliance with this Section and all applicable statutes and rules.
- K.** A license dealer shall transmit to the Department all license fees collected by the tenth day of each month, prescribed under A.R.S. § 17-338(A). Failure to comply with the requirements of this subsection shall result in the cancellation of the license dealer's license, as authorized under A.R.S. § 17-338(A).
- L.** A license dealer shall submit a monthly report to the Department by the tenth day of each month, as prescribed under A.R.S. § 17-339.
1. The monthly report form is furnished by the Department.

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2. A monthly report is required regardless of whether or not activities were performed.
3. Failure to submit the monthly report in compliance with this subsection shall be cause to cancel the license dealer's license.
4. The license dealer shall include in the monthly report all of the following information for each outlet:
 - a. Name of the dealer;
 - b. The assigned dealer number;
 - c. Reporting period;
 - d. Number of sales and dollar amount of sales for reporting period, by type of license sold;
 - e. Debit and credit adjustments for previous reporting periods, if any;
 - f. Number of affidavits received for which a duplicate license was issued under R12-4-103;
 - g. List of lost or missing licenses; and
 - h. Printed name and signature of the preparer.
5. In addition to the information required under subsection (L), the license dealer shall also provide the affidavit for each duplicate license issued by the dealer during the reporting period.
 - a. The affidavit is furnished by the Department and is included in the license book.
 - b. A license dealer who fails to submit the affidavit for a duplicate license issued by the license dealer shall remit to the Department the actual cash value of the original license replaced.
- L.** The Department shall provide written notice of suspension and demand the return of all inventory within five calendar days from any license dealer who:
 1. Fails to transmit monies due the Department under A.R.S. § 17-338 by the deadline established under subsection (J);
 2. Issues to the Department more than one check with insufficient funds during a calendar year; or
 3. Otherwise fails to comply with this Section and all applicable statutes and rules.
- M.** As prescribed under A.R.S. § 17-338, the actual cash value of licenses not returned to the Department is due and payable to the Department within 15 working days from the date the Department provides written notice to the license dealer. This includes, but is not limited to:
 1. Licenses not returned upon termination of business by a license dealer; or
 2. Licenses reported by a dealer outlet or discovered by the Department to be lost, missing, stolen, or destroyed for any reason.
- N.** In addition to those violations that may result in revocation, suspension, or cancellation of a license dealer's license as prescribed under A.R.S. §§ 17-334, 17-338, and 17-339, the Commission may revoke a license dealer's license if the license dealer or an employee of the license dealer is convicted of counseling, aiding, or attempting to aid any person in obtaining a fraudulent license.

Historical Note

Amended effective June 7, 1976 (Supp. 77-3). Former Section R12-4-08 renumbered as Section R12-4-105 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective January 1, 1989, filed December 30,

1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-106. Special Licenses Licensing Time-frames

- A.** For the purposes of this Section, the following definitions apply:

"Administrative review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(1).

"License" means any permit or authorization issued by the Department and listed under subsection (H).

"Overall time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(2).

"Substantive review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(3).
- B.** As required under A.R.S. § 41-1072 et seq., within the overall time-frames listed in the Table 1. Time-Frames, the Department shall either:
 1. Grant a license to an applicant after determining the applicant meets all of the criteria required by statute and the governing rule; or
 2. Deny a license to an applicant when the Department determines the applicant does not meet all of the criteria required by statute and the governing rule.
 - a. The Department may deny a license at any point during the review process if the information provided by the applicant demonstrates the applicant is not eligible for the license as prescribed under statute or the governing rule.
 - b. The Department shall issue a written denial notice when it is determined that an applicant does not meet all of the criteria for the license.
 - c. The written denial notice shall provide:
 - i. The Department's justification for the denial, and
 - ii. When a hearing or appeal is authorized, an explanation of the applicant's right to a hearing or appeal.
- C.** During the overall time-frame:
 1. The applicant and the Department may agree in writing to extend the overall time-frame.
 2. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- D.** An applicant may withdraw an application at any time.
- E.** The administrative review time-frame shall begin upon the Department's receipt of an application.
 1. During the administrative review time-frame, the Department may return to the applicant, without denial, an application that is missing any of the information required under R12-4-409 and the rule governing the specific license. The Department shall issue to the applicant a written notice that identifies all missing information and indicates the applicant has 30 days in which to provide the missing information.
 2. The administrative review time-frame and the overall time-frame listed for the applicable license under this

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- Section are suspended from the date on the notice until the date the Department receives the missing information.
3. If an applicant fails to respond to a request for missing information within 30 days, the Department shall consider the application withdrawn.
- F.** The substantive review time-frame shall begin when the Department determines an application is complete.
1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The written notice shall:
 - a. Identify the additional information, and
 - b. Indicate the applicant has 30 days in which to submit the additional information.
 - c. The Department and the applicant may mutually agree in writing to allow the agency to submit supplemental requests for additional information.
 - d. If an applicant fails to respond to a request for additional information within 30 days, the Department shall consider the application withdrawn.
 2. The substantive review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the request until the date the Department receives the additional information.
- G.** If the last day of the time-frame period falls on a Saturday, Sunday, or an official State holiday, the Department shall consider the next business day the time-frame period's last day. All periods listed are:
1. Calendar days, and
 2. Maximum time periods.
- H.** The Department may grant or deny a license in less time than specified in Table 1. Time-Frames.

Table 1. Time-Frames

Name of Special License	Governing Rule	Administrative Review Time-frame	Substantive Review Time-frame	Overall Time-frame
Aquatic Wildlife Stocking License	R12-4-410	10 days	170 days	180 days
Authorization for Use of Drugs on Wildlife	R12-4-309	20 days	70 days	90 days
Challenged Hunter Access/Mobility Permit	R12-4-217	1 day	29 days	30 days
Crossbow Permit	R12-4-216	1 day	29 days	30 days
Disabled Veteran's License	R12-4-202	1 day	29 days	30 days
Fishing Permits	R12-4-310	10 days	20 days	30 days
Game Bird License	R12-4-414	10 days	20 days	30 days
Guide License	R12-4-208	10 days	20 days	30 days
License Dealer's License	R12-4-105	10 days	20 days	30 days
Live Bait Dealer's License	R12-4-411	10 days	20 days	30 days
Pioneer License	R12-4-201	1 day	29 days	30 days
Private Game Farm License	R12-4-413	10 days	20 days	30 days
Scientific Activity License	R12-4-418	10 days	20 days	30 days
Small Game Depredation Permit	R12-4-113	10 days	20 days	30 days
Sport Falconry License	R12-4-422	10 days	20 days	30 days
Taxidermy Registration	R12-4-204	10 days	20 days	30 days
Watercraft Agents	R12-4-509	10 days	20 days	30 days
White Amur Stocking License	R12-4-424	10 days	20 days	30 days
Wildlife Holding License	R12-4-417	10 days	20 days	30 days
Wildlife Rehabilitation License	R12-4-423	10 days	50 days	60 days
Wildlife Service License	R12-4-421	10 days	50 days	60 days
Zoo License	R12-4-420	10 days	20 days	30 days

Historical Note

Editorial correction subsections (F) through (G) (Supp. 78-5). Former Section R12-4-09 renumbered as Section R12-4-106 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section adopted June 10, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-107. Bonus Point System

- A.** For the purpose of this Section, the following definitions apply:

"Bonus point hunt number" means the hunt number assigned in a Commission Order for use by an applicant who is applying for a bonus point only.

"Loyalty bonus point" means a bonus point awarded to a person who has submitted a valid application for a hunt permit-tag or a bonus point for a specific genus identified in subsection (B) at least once annually for a consecutive five-year period.

- B.** The bonus point system grants a person one random number entry in each computer draw for bear, bighorn sheep, bison, deer, elk, javelina, pronghorn, Sandhill crane, or turkey for each bonus point that person has accumulated under this Section.

1. Each bonus point random number entry is in addition to the entry normally granted under R12-4-104.
2. When processing a "group" application, as defined under R12-4-104, the Department shall use the average number of bonus points accumulated by all persons in the group, rounded to the nearest whole number. If the average num-

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- ber of bonus points is equal to or greater than .5, the total will be rounded to the next higher number.
3. The Department shall credit a bonus point under an applicant's Department identification number for the genus on the application.
 4. The Department shall not transfer bonus points between persons or genera.
- C.** The Department shall award one bonus point to an applicant who submits a valid Hunt Permit-tag Application provided the following apply:
1. The application is unsuccessful in the computer draw or the application is for a bonus point only;
 2. The application is unsuccessful in the computer draw:
 - a. The applicant is age 10 or younger, and is applying for a hunt for wildlife other than big game; or
 - b. The application is for a bonus point for wildlife other than big game only;
 3. The application is not for a hunt permit-tag leftover after the computer draw and available on a first-come, first-served basis as established under R12-4-114; and
 4. The applicant either provides the appropriate hunting license number on the application, or submits an application and fees for the applicable license with the Hunt Permit-tag Application Form, as applicable.
- D.** An applicant who purchases a bonus point only shall:
1. Submit a valid Hunt Permit-tag Application, as prescribed under R12-4-104 at the times, locations, and in the manner and method established by the schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
 - a. When the application is submitted for a hunt permit-tag or bonus point, the Department shall reject any application that:
 - i. Indicates the bonus point only hunt number as any choice other than the first-choice,
 - ii. Includes any other hunt number on the application,
 - iii. Includes more than one Hunt Permit-tag Application per genus per computer draw, or
 - iv. Is submitted after the application deadline for that specific computer draw.
 - b. When the application is submitted for a bonus point during the extended bonus point period, the Department shall reject any application that:
 - i. Includes more than one Hunt Permit-tag Application per genus, or
 - ii. Is submitted after the application deadline for that extended bonus point period.
 2. Include the applicable fees:
 - a. Application fee, and
 - b. Applicable license fee, required when the applicant does not possess a valid license at the time of application and the applicant is applying for a hunt permit-tag.
- E.** With the exception of the conservation education and hunter education bonus points, each accumulated bonus point is valid only for the genus designated on the Hunt Permit-tag Application.
- F.** With the exception of a permanent bonus point awarded for conservation education or hunter education and a loyalty bonus point which is accrued and forfeited as established under subsection (L), a person's accumulated bonus points for a genus are expended if:
1. The person is issued a hunt permit-tag for that genus in a computer draw;
 2. The person fails to submit a Hunt Permit-tag Application for that genus for five consecutive years; or
 3. The person purchases a surrendered tag as prescribed under R12-4-118(F)(1), (2), or (3).
- G.** Notwithstanding subsection (F), the Department shall restore any expended bonus points to a person who surrenders or transfers a tag in compliance with R12-4-118 or R12-4-121.
- H.** An applicant issued a first-come, first-served hunt permit-tag under R12-4-114(C)(2)(e) after the computer draw does not expend bonus points for that genus.
- I.** An applicant who is unsuccessful for a first-come, first-served hunt permit-tag made available by the Department after the computer draw is not eligible to receive a bonus point.
- J.** The Department shall award one permanent bonus point for each genus upon a person's first graduation from either:
1. A Department-sanctioned Arizona Hunter Education Course completed after January 1, 1980, or
 2. The Department's Arizona Conservation Education Course completed after January 1, 2021.
 - a. Course participants are required to provide the following information upon registration, the participants:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number;
 - iv. Email address, when available;
 - v. Date of birth; and
 - vi. Department ID number, when applicable.
 - b. The Arizona Game and Fish Department-certified Instructor shall submit the course paperwork to the Department within 10 business days of course completion. Course paperwork must be received by the Department no less than 30 days before the computer draw application deadline, as specified in the hunt permit-tag application schedule in order for the Department to assign hunter education bonus points in the next computer draw.
 - c. Any person who is nine years of age or older may participate in a hunter education course or the Department's conservation education course. When the person is under 10 years of age, the hunter education completion card and certificate shall become valid on the person's 10th birthday.
 - d. The Department shall not award hunter education bonus points for any of the following specialized hunter education courses:
 - i. Bowhunter Education,
 - ii. Trapper Education, or
 - iii. Advanced Hunter Education.
- K.** The Department provides an applicant's total number of accumulated bonus points on the Department's application website or IVR telephone system.
1. If a person believes the total number of accumulated bonus points is incorrect, the person may request proof of compliance with this Section, from the Department, to prove Department error.
 2. In the event of an error, the Department shall correct the person's record.
- L.** The following provisions apply to the loyalty bonus point program:
1. An applicant who submits a valid application at least once a year for a hunt permit-tag or a bonus point for a

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specific genus consecutively for a five-year period shall accrue a loyalty bonus point for that genus.

2. Except as established under subsection (N), once a loyalty bonus point is accrued, the applicant shall retain the loyalty bonus point provided the applicant annually submits an application, with funds sufficient to cover all application fees and applicable license fees for each applicant listed on the application, for a hunt permit-tag or a bonus point for the genus for which the loyalty bonus point was accrued.
 3. An applicant who fails to apply in any calendar year for a hunt permit-tag or bonus point for the genus for which the loyalty bonus point was accrued shall forfeit the loyalty bonus point for that genus.
 4. A loyalty bonus point is accrued in addition to all other bonus points.
- M.** It is unlawful for a person to purchase or accrue a bonus point by fraud or misrepresentation and any bonus point so obtained shall be removed from the person's Department record.

Historical Note

Former Section R12-4-03 renumbered as Section R12-4-107 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-107 repealed, new Section R12-4-107 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective July 29, 1992 (Supp. 92-3). Section R12-4-107 repealed, new Section R12-4-107 adopted effective January 1, 1999; filed with the Office of the Secretary of State February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-108. Management Unit Boundaries

- A.** For the purpose of this Section, parentheses mean "also known as," and the following definitions shall apply:

"FH" means forest highway.

"FR" means forest road.

"Hwy" means Highway.

"I-8" means Interstate Highway 8.

"I-10" means Interstate Highway 10.

"I-15" means Interstate Highway 15.

"I-17" means Interstate Highway 17.

"I-19" means Interstate Highway 19.

"I-40" means Interstate Highway 40.

"mp" means "milepost."

- B.** The state is divided into units for the purpose of managing wildlife. Each unit is identified by a number, or a number and letter. For the purpose of this Section, Indian reservation land contained within any management unit is not under the jurisdiction of the Arizona Game and Fish Commission or the Arizona Game and Fish Department.

- C.** Management unit descriptions are as follows:

Unit 1 – Beginning at the New Mexico state line and U.S. Hwy 60; west on U.S. Hwy 60 to Vernon Junction; southerly on the Vernon-McNary Rd. (FR 224) to the White Mountain Apache Indian Reservation boundary; east and south along the reservation boundary to Black River; east and north along Black River to the east fork of Black River; north along the east fork to Three Forks; and continuing north and east on the Three Forks-Williams Valley Alpine Rd. (FR 249) to U.S. Hwy 180; east on U.S. Hwy 180 to the New Mexico state line; north along the state line to U.S. Hwy 60.

Unit 2A – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); north on U.S. Hwy 191 (AZ Hwy 61) to the Navajo Indian Reservation boundary; westerly along the reservation boundary to AZ Hwy 77; south on AZ Hwy 77 to Exit 292 on I-40; west on the westbound lane of I-40 to Exit 286; south on AZ Hwy 77 to U.S. Hwy 180; southeast on U.S. Hwy 180 to AZ Hwy 180A; south on AZ Hwy 180A to AZ Hwy 61; east on AZ Hwy 61 to U.S. Hwy 180 (AZ Hwy 61); east to U.S. Hwy 191 at St. Johns; except those portions that are sovereign tribal lands of the Zuni Tribe.

Unit 2B – Beginning at Springerville; east on U.S. Hwy 60 to the New Mexico state line; north along the state line to the Navajo Indian Reservation boundary; westerly along the reservation boundary to U.S. Hwy 191 (AZ Hwy 61); south on U.S. Hwy 191 (U.S. Hwy 180) to Springerville.

Unit 2C – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); west on to AZ Hwy 61 Concho; southwest on AZ Hwy 61 to U.S. Hwy 60; east on U.S. Hwy 60 to U.S. Hwy 191 (U.S. Hwy 180); north on U.S. Hwy 191 (U.S. Hwy 180) to St. Johns.

Unit 3A – Beginning at the junction of U.S. Hwy 180 and AZ Hwy 77; south on AZ Hwy 77 to AZ Hwy 377; southwesterly on AZ Hwy 377 to AZ Hwy 277; easterly on AZ Hwy 277 to Snowflake; easterly on the Snowflake-Concho Rd. to U.S. Hwy 180A; north on U.S. Hwy 180A to U.S. Hwy 180; northwesterly on U.S. Hwy 180 to AZ Hwy 77.

Unit 3B – Beginning at Snowflake; southerly along AZ Hwy 77 to U.S. Hwy 60; southwesterly along U.S. Hwy 60 to the White Mountain Apache Indian Reservation boundary; easterly along the reservation boundary to the Vernon-McNary Rd. (FR 224); northerly along the Vernon-McNary Rd. to U.S. Hwy 60; west on U.S. Hwy 60 to AZ Hwy 61; northeasterly on AZ Hwy 61 to AZ Hwy 180A; northerly on AZ Hwy 180A to Concho-Snowflake Rd.; westerly on the Concho-Snowflake Rd. to Snowflake.

Unit 3C – Beginning at Snowflake; westerly on AZ Hwy 277 to AZ Hwy 260; westerly on AZ Hwy 260 to the Sitgreaves National Forest boundary with the Tonto

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National Forest; easterly along the Apache-Sitgreaves National Forest boundary to U.S. Hwy 60 (AZ Hwy 77); northeasterly on U.S. Hwy 60 (AZ Hwy 77) to Showlow; northerly along AZ Hwy 77 to Snowflake.

Unit 4A – Beginning on the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest at the Mogollon Rim; north along this boundary (Leonard Canyon) to East Clear Creek; northerly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; northerly on Hipkoe Dr. to I-40; west on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; east along the Navajo Indian Reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd.; westerly and southerly along the Woods Canyon Lake Rd. to the Mogollon Rim; westerly along the Mogollon Rim to the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest.

Unit 4B – Beginning at AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest; northeasterly on AZ Hwy 260 to AZ Hwy 277; northeasterly on AZ Hwy 277 to Hwy 377; northeasterly on AZ Hwy 377 to AZ Hwy 77; northeasterly on AZ Hwy 77 to I-40 Exit 286; northeasterly along the westbound lane of I-40 to Exit 292; north on AZ Hwy 77 to the Navajo Indian Reservation boundary; west along the reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd. (FH 151); westerly and southerly along the Woods Canyon Lake Rd. (FH 151) to the Mogollon Rim; easterly along the Mogollon Rim to the intersection of AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest.

Unit 5A – Beginning at the junction of the Sitgreaves National Forest boundary with the Coconino National Forest boundary at the Mogollon Rim; northerly along this boundary (Leonard Canyon) to East Clear Creek; northeasterly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; north on Hipkoe Dr. to I-40; west on I-40 to the Meteor Crater Rd. (Exit 233); southerly on the Meteor Crater-Chavez Pass-Jack's Canyon Rd. (FR 69) to AZ Hwy 87; southwesterly along AZ Hwy 87 to the Coconino-Tonto National Forest boundary; easterly along the Coconino-Tonto National Forest boundary (Mogollon Rim) to the Sitgreaves National Forest boundary with the Coconino National Forest.

Unit 5B – Beginning at Lake Mary-Clint's Well Rd. (FH3) and Walnut Canyon (mp 337.5 on FH3); southeasterly on FH3 to AZ Hwy 87; northeasterly on AZ Hwy 87 to FR 69; westerly and northerly on FR 69 to I-40 (Exit 233); west on I-40 to Walnut Canyon (mp 210.2); southwesterly along the bottom of Walnut Canyon to Walnut Canyon National Monument; southwesterly along the northern boundary of the Walnut Canyon National Monu-

ment to Walnut Canyon; southwesterly along the bottom of Walnut Canyon to FH3 (mp 337.5).

Unit 6A – Beginning at the junction of AZ Hwy 89A and FR 237; southwesterly on AZ Hwy 89A to the Verde River; southeasterly along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary; easterly along this boundary to AZ Hwy 87; northeasterly on AZ Hwy 87 to Lake Mary-Clint's Well Rd. (FH3); northwesterly on FH3 to FR 132; southwesterly on FR 132 to FR 296; southwesterly on FR 296 to FR 296A; southwesterly on FR 296A to FR 132; northwesterly on FR 132 to FR 235; westerly on FR 235 to Priest Draw; southwesterly along the bottom of Priest Draw to FR 235; westerly on FR 235 to FR 235A; westerly on FR 235A to FR 235; southerly on FR 235 to FR 235K; northwesterly on FR 235K to FR 700; northerly on FR 700 to Mountaineer Rd.; west on Mountaineer Rd. to FR 237; westerly on FR 237 to AZ Hwy 89A except those portions that are sovereign tribal lands of the Yavapai-Apache Nation.

Unit 6B – Beginning at mp 188.5 on I-40 at a point just north of the east boundary of Camp Navajo; south along the eastern boundary of Camp Navajo to the southeastern corner of Camp Navajo; southeast approximately 1/3 mile through the forest to the forest road in section 33; southeast on the forest road to FR 231 (Woody Mountain Rd.); easterly on FR 231 to FR 533; southerly on FR 533 to AZ Hwy 89A; southerly on AZ Hwy 89A to the Verde River; northerly along the Verde River to Sycamore Creek; northeasterly along Sycamore Creek and Volunteer Canyon to the southwest corner of the Camp Navajo boundary; northerly along the western boundary of Camp Navajo to the northwest corner of Camp Navajo; continuing north to I-40 (mp 180.0); easterly along I-40 to mp 188.5.

Unit 7 – Beginning at the junction of AZ Hwy 64 and I-40 (in Williams); easterly on I-40 to FR 171 (mp 184.4 on I-40); northerly on FR 171 to the Transwestern Gas Pipeline; easterly along the Transwestern Gas Pipeline to FR 420 (Schultz Pass Rd.); northeasterly on FR 420 to U.S. Hwy 89; across U.S. Hwy 89 to FR 545; east on FR 545 to the Sunset Crater National Monument; easterly along the southern boundary of the Sunset Crater National Monument to FR 545; east on FR 545 to the 345 KV transmission lines 1 and 2; southeasterly along the power lines to I-40 (mp 212 on I-40); east on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; northerly and westerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; west on U.S. Hwy 180 to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 8 – Beginning at the junction of I-40 and AZ Hwy 89 (in Ash Fork, Exit 146); south on AZ Hwy 89 to the Verde River; easterly along the Verde River to Sycamore Creek; northerly along Sycamore Creek to Volunteer Canyon; northeasterly along Volunteer Canyon to the west boundary of Camp Navajo; north along the bound-

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ary to a point directly north of I-40; west on I-40 to AZ Hwy 89.

Unit 9 – Beginning where Cataract Creek enters the Havasupai Reservation; easterly and northerly along the Havasupai Reservation boundary to Grand Canyon National Park; easterly along the Grand Canyon National Park boundary to the Navajo Indian Reservation boundary; southerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; westerly along U.S. Hwy 180 to AZ Hwy 64; south along AZ Hwy 64 to Airpark Rd.; west and north along Airpark Rd. to the Valle-Cataract Creek Rd.; westerly along the Valle-Cataract Creek Rd. to Cataract Creek at Island Tank; northwesterly along Cataract Creek to the Havasupai Reservation Boundary.

Unit 10 – Beginning at the junction of AZ Hwy 64 and I-40; westerly on I-40 to Crookton Rd. (AZ Hwy 66, Exit 139); westerly on AZ Hwy 66 to the Hualapai Indian Reservation boundary; northeasterly along the reservation boundary to Grand Canyon National Park; east along the park boundary to the Havasupai Indian Reservation; easterly and southerly along the reservation boundary to where Cataract Creek enters the reservation; southeasterly along Cataract Creek in Cataract Canyon to Island Tank; easterly on the Cataract Creek-Valle Rd. to Airpark Rd.; south and east along Airpark Rd. to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 11M – Beginning at the junction of Lake Mary-Clint's Well Rd (FH3) and Walnut Canyon (mp 337.5 on FH3); northeasterly along the bottom of Walnut Canyon to the Walnut Canyon National Monument boundary; northeasterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; northeasterly along the bottom of Walnut Canyon to I-40 (mp 210.2); east on I-40 to the 345 KV transmission lines 1&2 (mp 212 on I-40); north and northeasterly along the power line to FR 545 (Sunset Crater Rd); west along FR 545 to the Sunset Crater National Monument boundary; westerly along the southern boundary of the Sunset Crater National monument to FR 545; west on FR 545 to U.S. Hwy 89; across U.S. Hwy 89 to FR 420 (Schultz Pass Rd); southwesterly on FR 420 to the Transwestern Gas Pipeline; westerly along the Transwestern Gas Pipeline to FR 171; south on FR 171 to I-40 (mp 184.4 on I-40); east on I-40 to a point just north of the eastern boundary of the Navajo Army Depot (mp 188.5 on I-40); south along the eastern boundary of the Navajo Army Depot to the southeast corner of the Depot; southeast approximately 1/3 mile to forest road in section 33; southeasterly along that forest road to FR 231 (Woody Mountain Rd); easterly on FR 231 to FR 533; southerly on FR 533 to U.S. Hwy 89A; southerly on U.S. Hwy 89A to FR 237; northeasterly on FR 237 to Mountaineer Rd; easterly on Mountaineer Rd to FR 700; southerly on FR 700 to FR 235K; southeasterly on FR 235K to FR 235; northerly on FR 235 to FR 235A; easterly on FR 235A to FR 235; easterly on FR 235 to Priest Draw; northeasterly along the bottom of Priest Draw to FR 235; easterly on FR 235 to FR 132; southeasterly on FR 132 to FR 296A; northeasterly on FR 296A to FR 296; northeasterly on FR 296 to FR 132; northeasterly on FR 132 to FH 3; southeasterly on FH 3 to the south rim of Walnut Canyon (mp 337.5 on FH3).

Unit 12A – Beginning at the confluence of the Colorado River and South Canyon; southerly and westerly along the Colorado River to Kanab Creek; northerly along Kanab Creek to Snake Gulch; northerly, easterly, and southerly around the Kaibab National Forest boundary to South Canyon; northeasterly along South Canyon to the Colorado River.

Unit 12B – Beginning at U.S. Hwy 89A and the Kaibab National Forest boundary near mp 566; southerly and easterly along the forest boundary to Grand Canyon National Park; northeasterly along the park boundary to Glen Canyon National Recreation area; easterly along the recreation area boundary to the Colorado River; north-easterly along the Colorado River to the Arizona-Utah state line; westerly along the state line to Kanab Creek; southerly along Kanab Creek to the Kaibab National Forest boundary; northerly, easterly, and southerly along this boundary to U.S. Hwy 89A near mp 566; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13A – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; easterly along the Colorado River to Kanab Creek; northerly along Kanab Creek to the Utah state line; west along the Utah state line to the western edge of the Hurricane Rim; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13B – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; westerly along the Colorado River to the Nevada state line; north along the Nevada state line to the Utah state line; east along the Utah state line to the western edge of the Hurricane Rim.

Unit 15A – Beginning at Pearce Ferry on the Colorado River; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to the Hualapai Indian Reservation; west and north along the west boundary of the reservation to the Colorado River; westerly along the Colorado River to Pearce Ferry; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 15B – Beginning at Kingman on I-40 (Exit 48); northwesterly on U.S. Hwy 93 to Hoover Dam; north and east along the Colorado River to Pearce Ferry; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on

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Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to Hackberry Rd.; southerly on the Hackberry Rd. to I-40; west on I-40 to Kingman (Exit 48).

Unit 15C – Beginning at Hoover Dam; southerly along the Colorado River to AZ Hwy 68 and Davis Dam; easterly on AZ Hwy 68 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to Hoover Dam.

Unit 15D – Beginning at AZ Hwy 68 and Davis Dam; southerly along the Colorado River to I-40; east and north on I-40 to Kingman (Exit 48); northwest on U.S. Hwy 93 to AZ Hwy 68; west on AZ Hwy 68 to Davis Dam; except those portions that are sovereign tribal lands of the Fort Mohave Indian Tribe.

Unit 16A – Beginning at Kingman on I-40 (Exit 48); south and west on I-40 to U.S. Hwy 95 (Exit 9); southerly on U.S. Hwy 95 to the Bill Williams River; easterly along the Bill Williams and Santa Maria rivers to U.S. Hwy 93; north on U.S. Hwy 93 to I-40 (Exit 71); west on I-40 to Kingman (Exit 48).

Unit 16B – Beginning at I-40 on the Colorado River; southerly along the Arizona-California state line to the Bill Williams River; east along the Bill Williams River to U.S. Hwy 95; north on U.S. Hwy 95 to I-40 (Exit 9); west on I-40 to the Colorado River.

Unit 17A – Beginning at the junction of the Williamson Valley Rd. (County Rd. 5) and the Camp Wood Rd. (FR 21); westerly on the Camp Wood Rd. to the west boundary of the Prescott National Forest; north along the forest boundary to the Baca Grant; east, north and west around the grant to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); southerly on Williamson Valley Rd. (County Rd. 5, FR 6) to the Camp Wood Rd.

Unit 17B – Beginning at the junction of Iron Springs Rd. (County Rd. 10) and Williamson Valley Rd. (County Rd. 5) in Prescott; westerly on the Prescott-Skull Valley-Hillside-Bagdad Rd. to Bagdad; northeast on the Bagdad-Camp Wood Rd. (FR 21) to the Williamson Valley Rd. (County Rd. 5, FR 6); south on the Williamson Valley Rd. (County Rd. 5, FR 6) to the Iron Springs Rd.

Unit 18A – Beginning at Seligman; westerly on AZ Hwy 66 to the Hualapai Indian Reservation; southwest and west along the reservation boundary to AZ Hwy 66; southwest on AZ Hwy 66 to the Hackberry Rd.; south on the Hackberry Rd. to I-40; west along I-40 to U.S. Hwy 93; south on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeast along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); northerly on the Williamson Valley Rd. (County Rd. 5, FR 6) to Seligman and AZ Hwy 66; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 18B – Beginning at Bagdad; southeast on AZ Hwy 96 to the Santa Maria River; southwest along the Santa Maria River to U.S. Hwy 93; northerly on U.S. Hwy 93 to

Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeasterly along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; south along the forest boundary to the Baca Grant; east, south and west along the forest boundary; south along the west boundary of the Prescott National Forest; to the Camp Wood-Bagdad Rd.; southwesterly on the Camp Wood-Bagdad Rd. to Bagdad; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 19A – Beginning at AZ Hwy 69 and AZ Hwy 89 (in Prescott); northerly on AZ Hwy 89 to the Verde River; easterly along the Verde River to I-17; southwesterly on the southbound lane of I-17 to AZ Hwy 69; northwesterly on AZ Hwy 69 to AZ Hwy 89; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe and the Yavapai-Apache Nation.

Unit 19B – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69, west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd.; northwest on the Miller Valley Rd. to Iron Springs Rd.; northwest on the Iron Springs Rd. to the junction of Williamson Valley Rd. and Iron Springs Rd.; northerly on the Williamson Valley-Prescott-Seligman Rd. (FR 6, Williamson Valley Rd.) to AZ Hwy 66 at Seligman; east on Crookton Rd. (AZ Hwy 66) to I-40 (Exit 139); east on I-40 to AZ Hwy 89; south on AZ Hwy 89 to the junction with AZ Hwy 69; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20A – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69; west on Gurley St. to Grove Ave.; north on Grove Ave. to Miller Valley Rd.; northwest on Miller Valley Rd. to Iron Springs Rd.; west and south on Iron Springs Rd. (County Rd. 10) to Kirkland; southeast on Kirkland Junction Rd. (AZ Hwy 89, County Rd. 15) to Kirkland Junction (AZ Hwy 89); south on AZ Hwy 89 to Wagoner Rd. (County Rd. 60); southeasterly along Wagoner Rd. to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner easterly along Wagoner Rd. (County Rd. 60, FR 362) to Senator Highway (FR 52); easterly along Senator Highway to Crown King Rd. (County Rd. 59, FR 529); easterly along Crown King to Antelope Creek Rd. cutoff (County Rd. 179S); northeasterly along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Rd. 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. to I-17 (Exit 259); north on the southbound lane of I-17 to AZ Hwy 69; northwest on AZ Hwy 69 to junction of AZ Hwy 89 at Prescott; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20B – Beginning at the Hassayampa River and U.S. Hwy 60/93 (at Wickenburg), northeasterly along the Hassayampa River to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner easterly along Wagoner Rd. (County Rd. 60, FR 362) to Senator Highway (FR 52); easterly along Senator Highway (FR 52) to Crown Kind Rd. (County Rd. 59, FR 259); easterly along Crown King Rd. (County Rd. 59, FR 259) to Antelope Creek Rd. cutoff (County Rd. 179S); northeasterly

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along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Rd. 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. (County Rd. 73) to I-17 (Exit 259); south on the southbound lane of I-17 to New River Rd. (Exit 232); west on New River Rd. to AZ Hwy 74; west on AZ Hwy 74 to junction of U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Hassayampa River (at Wickenburg).

Unit 20C – Beginning at U.S. Hwy 60/93 and the Santa Maria River; northeasterly along the Santa Maria River to AZ Hwy 96; easterly on AZ Hwy 96 to Kirkland; southeast on Kirkland Junction Rd. (AZ. Hwy 96, County Rd. 15) to Kirkland Junction (U.S. Hwy 89); southeasterly along Wagoner Rd. (County Rd. 60) to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner southwesterly along the Hassayampa River to U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Santa Maria River.

Unit 21 – Beginning on I-17 at the Verde River; southerly on the southbound lane of I-17 to the New River Rd. (Exit 232); east on New River Rd. to Fig Springs Rd.; northeasterly on Fig Springs Rd. to Mingus Rd.; Mingus Rd. to the Tonto National Forest boundary; southeasterly along this boundary to the Verde River; north along the Verde River to I-17.

Unit 22 – Beginning at the junction of the Salt and Verde Rivers; north along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary along the Mogollon Rim; easterly along this boundary to Tonto Creek; southerly along the east fork of Tonto Creek to the spring box, north of the Tonto Creek Hatchery, and continuing southerly along Tonto Creek to the Salt River; westerly along the Salt River to the Verde River; except those portions that are sovereign tribal lands of the Tonto Apache Tribe and the Fort McDowell Yavapai Nation.

Unit 23 – Beginning at the confluence of Tonto Creek and the Salt River; northerly along Tonto Creek to the spring box, north of the Tonto Creek Hatchery, on Tonto Creek; northeasterly along the east fork of Tonto Creek to the Tonto-Sitgreaves National Forest boundary along the Mogollon Rim; east along this boundary to the White Mountain Apache Indian Reservation boundary; southerly along the reservation boundary to the Salt River; westerly along the Salt River to Tonto Creek.

Unit 24A – Beginning on AZ Hwy 177 in Superior; southeasterly on AZ Hwy 177 to the Gila River; northeasterly along the Gila River to the San Carlos Indian Reservation boundary; easterly, westerly and northerly along the reservation boundary to the Salt River; southwesterly along the Salt River to AZ Hwy 288; southerly on AZ Hwys 288 and 188 to U.S. Hwy 60; southwesterly on U.S. Hwy 60 to AZ Hwy 177.

Unit 24B – Beginning on U.S. Hwy 60 in Superior; northeasterly on U.S. Hwy 60 to AZ Hwy 188; northerly on AZ Hwys 188 and 288 to the Salt River; westerly along the Salt River to the Tonto National Forest boundary near Granite Reef Dam; southeasterly along Forest boundary

to Forest Route 77 (Peralta Rd.); southwesterly on Forest Route 77 (Peralta Rd.) to U.S. Hwy 60; easterly on U.S. Hwy 60 to Superior.

Unit 25M – Beginning at the junction of 51st Ave. and I-10; west on I-10 to AZ Loop 303, northeasterly on AZ Loop 303 to I-17; north on I-17 to Carefree Hwy; east on Carefree Hwy to Cave Creek Rd.; northeasterly on Cave Creek Rd. to the Tonto National Forest boundary; easterly and southerly along the Tonto National Forest boundary to Fort McDowell Yavapai Nation boundary; northeasterly along the Fort McDowell Yavapai Nation boundary to the Verde River; southerly along the Verde River to the Salt River; southwesterly along the Salt River to the Tonto National Forest boundary; southerly along the Tonto National Forest boundary to Bush Hwy/Power Rd.; southerly on Bush Hwy/Power Rd. to AZ Loop 202; easterly, southerly, and westerly on AZ Loop 202 to the intersection of Pecos Rd. at I-10; west on Pecos Rd. to the Gila River Indian Community boundary; northwesterly along the Gila River Indian Community boundary to 51st Ave; northerly on 51st Ave to I-10; except those portions that are sovereign tribal lands.

Unit 26M – Beginning at the junction of I-17 and New River Rd. (Exit 232); southwesterly on New River Rd. to AZ Hwy 74; westerly on AZ Hwy 74 to U.S. Hwy 93; southeasterly on U.S. Hwy 93 to the Beardsley Canal; southwesterly on the Beardsley Canal to Indian School Rd.; west on Indian School Rd. to Jackrabbit Trail; south on Jackrabbit Trail to I-10 (Exit 121); west on I-10 to Oglesby Rd. (Exit 112); south on Oglesby Rd. to AZ Hwy 85; south on AZ Hwy 85 to the Gila River; northeasterly along the Gila River to the Gila River Indian Community boundary; southeasterly along the Gila River Indian Community boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to the Tohono O'odham Nation boundary; easterly along the Tohono O'odham Nation boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeasterly on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287 north of Coolidge; east on AZ Hwy 287 to AZ Hwy 79; north on AZ Hwy 79 to U.S. Hwy 60; northwesterly on U.S. Highway 60 to Peralta Rd.; northeasterly along Peralta Rd. to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to the Salt River; northeasterly along the Salt River to the Verde River; northerly along the Verde River to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to Mingus Rd.; Mingus Rd. to Fig Springs Rd.; southwesterly on Fig Springs Rd. to New River Rd.; west on New River Rd. to I-17 (Exit 232); except Unit 25M and those portions that are sovereign tribal lands.

Unit 27 – Beginning at the New Mexico state line and AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; north on U.S. Hwy 191 to Lower Eagle Creek Rd. (Pump Station Rd.); west on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; north along Eagle Creek to the San Carlos Apache Indian Reservation boundary; north along the San Carlos Apache Indian Reservation boundary to Black River; northeast along Black River to the East Fork of Black River; northeast along the East

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Fork of Black River to Three Forks-Williams Valley-Alpine Rd. (FR 249); easterly along Three Forks-Williams Valley-Alpine Rd. to U.S. Hwy 180; southeast on U.S. Hwy 180 to the New Mexico state line; south along the New Mexico state line to AZ Hwy 78.

Unit 28 – Beginning at I-10 and the New Mexico state line; north along the state line to AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; northwest on U.S. Hwy 191 to Clifton; westerly on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; northerly along Eagle Creek to the San Carlos Indian Reservation boundary; southerly and west along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to I-10 Exit 352; easterly on I-10 to the New Mexico state line.

Unit 29 – Beginning on I-10 at the New Mexico state line; westerly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeast on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek-Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on the Rucker Canyon Rd. to Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line; north along the state line to I-10.

Unit 30A – Beginning at the junction of the New Mexico state line and U.S. Hwy 80; south along the state line to the U.S.-Mexico border; west along the border to U.S. Hwy 191; northerly on U.S. Hwy 191 to I-10 Exit 331; northeasterly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeasterly on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek - Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on Rucker Canyon Rd. to the Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line.

Unit 30B – Beginning at U.S. Hwy 191 and the U.S.-Mexico border; west along the border to the San Pedro River; north along the San Pedro River to I-10; northeasterly on I-10 to U.S. Hwy 191; southerly on U.S. Hwy 191 to the U.S.-Mexico border.

Unit 31 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; northerly along AZ Hwy 77 to the Gila River; northeast along the Gila River to the San Carlos Indian Reservation boundary; south then east and north along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to the 352 exit on I-10; southwest on I-10 to Exit 340.

Unit 32 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77;

southerly along AZ Hwy 77 to the San Pedro River; southerly along the San Pedro River to I-10; northeast on I-10 to Willcox Exit 340.

Unit 33 – Beginning at Tangerine Rd. and AZ Hwy 77; north and northeast on AZ Hwy 77 to the San Pedro River; southeast along the San Pedro River to I-10 at Benson; west on I-10 to Marsh Station Rd. (Exit 291); northwest on the Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary; then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.

Unit 34A – Beginning in Nogales at I-19 and Compound St.; northeast on Grand Avenue to AZ Hwy 82; northeast on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to the Sahuarita Rd. alignment; west along the Sahuarita Rd. alignment to I-19 Exit 75; south on I-19 to Grand Avenue (U.S. Hwy 89).

Unit 34B – Beginning at AZ Hwy 83 and I-10 Exit 281; easterly on I-10 to the San Pedro River; south along the San Pedro River to AZ Hwy 82; westerly on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to I-10 Exit 281.

Unit 35A – Beginning on the U.S.-Mexico border at the San Pedro River; west along the border to Lochiel Rd.; north on Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on the FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; northeasterly on the Elgin-Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; easterly on AZ Hwy 82 to the San Pedro River; south along the San Pedro River to the U.S.-Mexico border.

Unit 35B – Beginning at Grand Avenue Hwy 89 at the U.S.-Mexico border in Nogales; east along the U.S.-Mexico border to Lochiel Rd.; north on the Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; north on the Elgin Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; southwest on AZ Hwy 82 to Grand Avenue; southwest on Grand Avenue to the U.S.-Mexico border.

Unit 36A – Beginning at the junction of Sandario Rd. and AZ Hwy 86; southwesterly on AZ Hwy 86 to AZ Hwy 286; southerly on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; north on I-19 to the southern bound-

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ary of the San Xavier Indian Reservation boundary; westerly and northerly along the reservation boundary to the Sandario Rd. alignment; north on Sandario Rd. to AZ Hwy 86.

Unit 36B – Beginning at I-19 and Compound St.; southeasterly on Compound St. to Sonoita Ave.; north on Sonoita Ave. to Crawford St.; southeasterly on Crawford St. to Grand Avenue in Nogales; southwest on Grand Avenue to the U.S.-Mexico border; west along the U.S.-Mexico border to AZ Hwy 286; north on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; south on I-19 to Grand Avenue.

Unit 36C – Beginning at the junction of AZ Hwy 86 and AZ Hwy 286; southerly on AZ Hwy 286 to the U.S.-Mexico border; westerly along the border to the east boundary of the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; easterly on AZ Hwy 86 to AZ Hwy 286.

Unit 37A – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to AZ Hwy 86; southwest on AZ Hwy 86 to the Tohono O’odham Nation boundary; north, east, and west along this boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeast on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287; east on AZ Hwy 287 to AZ Hwy 79 at Florence; southeast on AZ Hwy 79 to its junction with AZ Hwy 77; south on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 37B – Beginning at the junction of AZ Hwy 79 and AZ Hwy 77; northwest on AZ Hwy 79 to U.S. Hwy 60; east on U.S. Hwy 60 to AZ Hwy 177; southeast on AZ Hwy 177 to AZ Hwy 77; southeast and southwest on AZ Hwy 77 to AZ Hwy 79.

Unit 38M – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to the San Xavier Indian Reservation boundary; south and east along the reservation boundary to I-19; south on I-19 to Sahuarita Rd. (Exit 75); east on Sahuarita Rd. to AZ Hwy 83; north on AZ Hwy 83 to I-10 (Exit 281); east on I-10 to Marsh Station Rd. (Exit 291); northwest on Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus, then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary, then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 39 – Beginning at AZ Hwy 85 and the Gila River; east along the Gila River to the western boundary of the Gila River Indian Community; southeasterly along this boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84;

east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to I-8; westerly on I-8 to Exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; southerly on AZ Hwy 85 to the Gila River; except those portions that are sovereign tribal lands of the Tohono O’odham Nation and the Ak-Chin Indian Community.

Unit 40A – Beginning at Ajo; southeasterly on AZ Hwy 85 to Why; southeasterly on AZ Hwy 86 to the Tohono O’odham (Papago) Indian Reservation; northerly and easterly along the reservation boundary to the Cocklebur-Stanfield Rd.; north on the Cocklebur-Stanfield Rd. to I-8; westerly on I-8 to AZ Hwy 85; southerly on AZ Hwy 85 to Ajo.

Unit 40B – Beginning at Gila Bend; westerly on I-8 to the Colorado River; southerly along the Colorado River to the Mexican border at San Luis; southeasterly along the border to the Cabeza Prieta National Wildlife Refuge; northerly, easterly and southerly around the refuge boundary to the Mexican border; southeast along the border to the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; northwesterly on AZ Hwy 86 to AZ Hwy 85; north on AZ Hwy 85 to Gila Bend; except those portions that are sovereign tribal lands of the Cocopah Tribe.

Unit 41 – Beginning at I-8 and U.S. Hwy 95 (in Yuma); easterly on I-8 to exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; northerly on AZ Hwy 85 to Oglesby Rd.; north on Oglesby Rd. to I-10; westerly on I-10 to Exit 45; southerly on Vicksburg-Kofa National Wildlife Refuge Rd. to the Refuge boundary; easterly, southerly, westerly, and northerly along the boundary to the Castle Dome Rd.; southwesterly on the Castle Dome Rd. to U.S. Hwy 95; southerly on U.S. Hwy 95 to I-8.

Unit 42 – Beginning at the junction of the Beardsley Canal and U.S. Hwy 93 (AZ 89, U.S. 60); northwesterly on U.S. Hwy 93 to AZ Hwy 71; southwesterly on AZ Hwy 71 to U.S. Hwy 60; westerly on U.S. Hwy 60 to Aguila; south on the Eagle Eye Rd. to the Salome-Hassayampa Rd.; southeasterly on the Salome-Hassayampa Rd. to I-10 (Exit 81); easterly on I-10 to Jackrabbit Trail (Exit 121); north along Jackrabbit Trail to the Indian School Rd.; east along Indian School Rd. to the Beardsley Canal; northeasterly along the Beardsley Canal to U.S. Hwy 93.

Unit 43A – Beginning at U.S. Hwy 95 and the Bill Williams River; west along the Bill Williams River to the Arizona-California state line; southerly to the south end of Cibola Lake; northerly and easterly on the Cibola Lake Rd. to U.S. Hwy 95; south on U.S. Hwy 95 to the Stone Cabin-King Valley Rd. (King Rd.); east along the Stone Cabin-King Valley Rd. (King Rd.) to the west boundary of the Kofa National Wildlife Refuge; northerly along the

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refuge boundary to the Crystal Hill Rd. (Blevens Rd.); northwesterly on the Crystal Hill Rd. (Blevens Rd.) to U.S. Hwy 95; northerly on U.S. Hwy 95 to the Bill Williams River; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 43B – Beginning at the south end of Cibola Lake; southerly along the Arizona-California state line to I-8; southeasterly on I-8 to U.S. Hwy 95; easterly and northerly on U.S. Hwy 95 to the Castle Dome Rd.; northeast on the Castle Dome Rd. to the Kofa National Wildlife Refuge boundary; north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); west along the Stone Cabin-King Valley Rd. (King Rd.) to U.S. Hwy 95; north on U.S. Hwy 95 to the Cibola Lake Rd.; west and south on the Cibola Lake Rd. to the south end of Cibola Lake; except those portions that are sovereign tribal lands of the Quechan Tribe.

Unit 44A – Beginning at U.S. Hwy 95 and the Bill Williams River; south along U.S. Hwy 95 to AZ Hwy 72; southeasterly on AZ Hwy 72 to Vicksburg; south on the Vicksburg-Kofa National Wildlife Refuge Rd. to I-10; easterly on I-10 to the Salome-Hassayampa Rd. (Exit 81); northwesterly on the Salome-Hassayampa Rd. to Eagle Eye Rd.; northeasterly on Eagle Eye Rd. to Aguila; east on U.S. Hwy 60 to AZ Hwy 71; northeasterly on AZ Hwy 71 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to the Santa Maria River; westerly along the Santa Maria and Bill Williams rivers to U.S. Hwy 95; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 44B – Beginning at Quartzsite; south on U.S. Hwy 95 to the Crystal Hill Rd. (Blevens Rd.); east on the Crystal Hill Rd. (Blevens Rd.) to the Kofa National Wildlife Refuge; north and east along the refuge boundary to the Vicksburg-Kofa National Wildlife Refuge Rd.; north on the Vicksburg-Kofa National Wildlife Refuge Rd. to AZ Hwy 72; northwest on AZ Hwy 72 to U.S. Hwy 95; south on U.S. Hwy 95 to Quartzsite.

Unit 45A – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary; east on the Stone Cabin-King Valley Rd. (King Rd.) to O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north boundary of the Kofa National Wildlife Refuge; west and south on the boundary line to Stone Cabin-King Valley Rd. (King Rd.).

Unit 45B – Beginning at O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north Kofa National Wildlife Refuge boundary; east to the east refuge boundary; south and west along the Kofa National Wildlife Refuge boundary to the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E); north and west on the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E) to O-O Junction.

Unit 45C – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge; south, east, and north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); north and west on the Stone Cabin-King Valley Rd. (King Rd.) to the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary.

Unit 46A – That portion of the Cabeza Prieta National Wildlife Refuge east of the Yuma-Pima County line.

Unit 46B – That portion of the Cabeza Prieta National Wildlife Refuge west of the Yuma-Pima County line.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective March 5, 1976 (Supp. 76-2). Amended effective May 17, 1977 (Supp. 77-3). Amended effective September 7, 1978 (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-10 renumbered as Section R12-4-108 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective February 4, 1993 (Supp. 93-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 865, effective July 1, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-109. Approved Trapping Education Course Fee
Under A.R.S. § 17-333.02(A), the provider of an approved educational course of instruction in responsible trapping and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$75.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Editorial correction paragraph (14) (Supp. 78-5). Former Section R12-4-11 renumbered as Section R12-4-109 without change effective August 13, 1981 (Supp. 81-4). Amended by adding paragraphs (2) and (3) and renumbering former paragraphs (2) through (17) as paragraphs (4) through (19) effective May 12, 1982 (Supp. 82-3). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 211, effective May 1, 2000 (Supp. 99-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-110. Posting and Access to State Land

A. For the purpose of this Section:

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“Corrals,” “feed lots,” or “holding pens” mean completely fenced areas used to contain livestock for purposes other than grazing.

“Existing road” means any maintained or unmaintained road, way, highway, trail, or path that has been used for motorized vehicular travel, and clearly shows or has a history of established vehicle use, and is not currently closed by the Commission.

“State lands” means all land owned or held in trust by the state that is managed by the State Land Department and lands that are owned or managed by the Game and Fish Commission.

- B.** In addition to the prohibition against posting proscribed under A.R.S. § 17-304, a person shall not lock a gate, construct a fence, place an obstacle, or otherwise commit an act that denies legally available access to or use of any existing road upon state lands by persons lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
1. A person in violation of this Section shall take immediate corrective action to remove any lock, fence, or other obstacle unlawfully preventing access to state lands.
 2. If immediate corrective action is not taken, a representative of the Department may remove any unlawful posting and remove any lock, fence, or other obstacle that unlawfully prevents access to state lands.
 3. In addition, the Department may take appropriate legal action to recover expenses incurred in the removal of any unlawful posting or obstacle that prevented access to state land.
- C.** The provisions of this Section do not allow any person to trespass upon private land to gain access to any state land.
- D.** A person may post state lands as closed to hunting, fishing, or trapping without further action by the Commission when the state land is within one-quarter mile of any:
1. Occupied residence, cabin, lodge, or other building; or
 2. Corrals, feed lots, or holding pens containing concentrations of livestock other than for grazing purposes.
 3. Subsection (D) does not authorize any person to deny lawful access to state land in any way.
- E.** The Commission may grant permission to lock, tear down, or remove a gate or close a road or trail that provides legally available access to state lands for persons lawfully taking wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing if access to such lands is provided by a reasonable alternate route.
1. Under R12-4-610, the Director may grant a permit to a state land lessee to temporarily lock a gate or close an existing road that provides access to state lands if the taking of wildlife will cause unreasonable interference during a critical livestock or commercial operation. This permit shall not exceed 30 days.
 2. Applications for permits for more than 30 days shall be submitted to the Commission for approval.
 3. If a permit is issued to temporarily close a road or gate, a copy of the permit shall be posted at the point of the closure during the period of the closure.
- F.** A person may post state lands other than those referenced under subsection (D) as closed to hunting, fishing, or trapping, provided the person has obtained a permit from the Commission authorizing the closure. A person possessing a permit authorizing the closure of state lands shall post signs in compliance with A.R.S. 17-304(C). The Commission may permit the closure of state land when it is necessary:
1. Because the taking of wildlife constitutes an unusual hazard to permitted users;
 2. To prevent unreasonable destruction of plant life or habitat; or
 3. For proper resource conservation, use, or protection, including but not limited to high fire danger, excessive interference with mineral development, developed agricultural land, or timber or livestock operations.
- G.** A person shall submit an application for posting state land to prohibit hunting, fishing, or trapping under subsection (F), or to close an existing road under subsection (E), as required under R12-4-610. If an application to close state land to hunting, fishing, or trapping is made by a person other than the state land lessee, the Department shall provide notice to the lessee and the State Land Commissioner before the Commission considers the application. The state land lessee or the State Land Commissioner shall file any objections with the Department, in writing, within 30 days after receipt of notice, after which the matter shall be submitted to the Commission for determination.
- H.** A person may use a vehicle on or off a road to pick up lawfully taken big game.
- I.** The closing of state land to hunting, fishing, or trapping shall not restrict any other permitted use of the land.
- J.** State trust land may be posted with signs that read “State Land No Trespassing,” but such posting shall not prohibit access to such land by any person lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
- K.** When hunting, fishing, or trapping on state land, a license holder shall not:
1. Break or remove any lock or cut any fence to gain access to state land;
 2. Open and not immediately close a gate;
 3. Intentionally or wantonly destroy, deface, injure, remove, or disturb any building, sign, equipment, marker, or other property;
 4. Harvest or remove any vegetative or mineral resources or object of archaeological, historic, or scientific interest;
 5. Appropriately mutilate, deface, or destroy any natural feature, object of natural beauty, antiquity, or other public or private property;
 6. Dig, remove, or destroy any tree or shrub;
 7. Gather or collect renewable or non-renewable resources for the purpose of sale or barter unless specifically permitted or authorized by law;
 8. Frighten or chase domestic livestock or wildlife, or endanger the lives or safety of others when using a motorized vehicle or other means; or
 9. Operate a motor vehicle off road or on any road closed to the public by the Commission or landowner, except to retrieve a lawfully taken big game.

Historical Note

Adopted effective June 1, 1977 (Supp. 77-3). Editorial correction subsection (F) (Supp. 78-5). Former Section R12-4-13 renumbered as Section R12-4-110 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

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R12-4-111. Repealed**Historical Note**

Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-05 renumbered as Section R12-4-111 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-111 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

R12-4-112. Diseased, Injured, or Chemically-immobilized Wildlife

- A.** A person who lawfully takes and possesses wildlife believed to be diseased, injured, or chemically-immobilized may request an inspection of the wildlife carcass provided:
1. The wildlife was lawfully taken and possessed under a valid hunt permit- or nonpermit-tag, and
 2. The person who took the wildlife did not create the condition.
- B.** The Department, after inspection, may condemn the carcass if it is determined the wildlife is unfit for human consumption. The Department shall condemn chemically-immobilized wildlife only when the wildlife was taken during the immobilizing drug's established withdrawal period.
- C.** The person shall surrender the entire condemned wildlife carcass and any parts thereof to the Department.
1. Upon surrender of the condemned wildlife, the Department shall provide to the person written authorization allowing the person to purchase a duplicate hunt permit- or nonpermit-tag.
 2. The person may purchase a duplicate tag from any Department office or license dealer where the permit-tag is available.
- D.** If the duplicate tag is issued by a license dealer, the license dealer shall forward the written authorization to the Department with the report required under R12-4-105(K).

Historical Note

Former Section R12-4-04 renumbered as Section R12-4-112 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-113. Small Game Depredation Permit

- A.** The Department shall issue a small game depredation permit authorizing the take of small game and the allowable methods of take only after the Department has determined all other remedies prescribed under A.R.S. § 17-239(A), (B), and (C) have been exhausted and the take of the small game is necessary to alleviate the property damage. A small game depredation permit is:
1. A complimentary permit.
 2. Not valid for the take of migratory birds unless the permit holder:

- a. Obtains and possesses a federal special purpose permit under 50 CFR 21.41, revised October 1, 2014, which is incorporated by reference; or
- b. Is exempt from permitting requirements under 50 CFR 21.43, revised October 1, 2014, which is incorporated by reference.
- c. For subsections (A)(2)(a) and (b), the incorporated material is available at any Department office, online at www.gpoaccess.gov, or it may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

- B.** A person desiring a small game depredation permit shall submit to the Department an application requesting the permit. The application form is furnished by the Department and is available at any Department office and on the Department's website. The person shall provide all of the following information on the form:
1. Full name or, when submitted by a municipality, the name of the agency and agency contact;
 2. Mailing address;
 3. Telephone number or, when submitted by a municipality, agency contact number;
 4. E-mail address, when available, or, when submitted by a municipality, agency contact e-mail address;
 5. Description of property damage suffered;
 6. Species of wildlife causing the property damage; and
 7. Area the permit would be valid for.
- C.** Within 30 days of completion of the activities authorized by the small game depredation permit, the permit holder shall submit a report to the Department providing all of the following:
1. The number of individuals removed;
 2. The location the individuals were removed from;
 3. The date of the removal; and
 4. The method of removal.

Historical Note

Adopted effective August 5, 1976 (Supp. 76-4). Former Section R12-4-12 renumbered as Section R12-4-113 without change effective August 13, 1981 (Supp. 81-4). Amended as an emergency effective September 20, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-5). Amended effective May 5, 1986 (Supp. 86-3). Section R12-4-113 repealed, new Section R12-4-113 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-114. Issuance of Nonpermit-tags and Hunt Permit-tags

- A.** The Department provides numbered tags for sale to the public. The Department shall ensure each tag:
1. Includes a transportation and shipping permit as prescribed under A.R.S. §§ 17-332 and 17-371, and
 2. Clearly identifies the wildlife for which the tag is valid.
- B.** If the Commission establishes a big game season for which a hunt number is not assigned, the Department or its authorized agent, or both, shall sell nonpermit-tags.

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1. A person purchasing a nonpermit-tag shall provide all of the following information to a Department office or license dealer at the time of purchase; the applicant's:
 - a. Name,
 - b. Mailing address, and
 - c. Department identification number.
 2. An applicant shall not obtain nonpermit-tags in excess of the bag limit established by Commission Order when it established the season for which the nonpermit-tags are valid.
- C.** If the number of hunt permits for a species in a particular hunt area must be limited, a Commission Order establishes a hunt number for that hunt area and a hunt permit-tag is required to take the species in that hunt area.
1. A person applying for a hunt permit-tag shall submit an application as described under R12-4-104.
 2. The Department shall determine whether a hunt permit-tag will be issued to an applicant as follows:
 - a. The Department shall reserve a maximum of 20% of the hunt permit-tags for each hunt number, except as established under subsection (C)(2)(b), for bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey and reserve a maximum of 20% of the hunt permit-tags for all hunt numbers combined statewide for bighorn sheep and bison to issue to persons who have bonus points and shall issue the hunt permit-tags as established under subsection (C)(2)(c).
 - b. For bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey, the Department shall reserve one hunt permit-tag for any hunt number with fewer than five, but more than one, hunt permit-tags and shall issue the tag as established under subsection (C)(2)(c). When this occurs, the Department shall adjust the number of available hunt permit-tags in order to ensure the total number of hunt permit-tags available does not exceed the 20% maximum specified in subsection (C)(2)(a).
 - c. The Department shall issue the reserved hunt permit-tags for hunt numbers that eligible applicants designate as their first or second choices. The Department shall issue the reserved hunt permit-tags by random selection:
 - i. First, to eligible applicants with the highest number of bonus points for that genus;
 - ii. Next, if there are reserved hunt permit-tags remaining, to eligible applicants with the next highest number of bonus points for that genus; and
 - iii. If there are still tags remaining, to the next eligible applicants with the next highest number of bonus points; continuing in the same manner until all of the reserved tags have been issued or until there are no more applicants for that hunt number who have bonus points.
 - d. The Department shall ensure that all unreserved hunt permit-tags are issued by random selection:
 - i. First, to hunt numbers designated by eligible applicants as their first or second choices; and
 - ii. Next, to hunt numbers designated by eligible applicants as their third, fourth, or fifth choices.
 - e. Before each of the three passes listed under (C)(2)(c)(i), (ii), and (iii), each application is processed through the Department's random number generator program. A random number is assigned to each application; an additional random number is assigned to each application for each group bonus point, including the Education and Loyalty bonus points. Only the lowest random number generated for an application is used in the computer draw process. A new random number is generated for each application for each pass of the computer draw.
 - f. If the bag limit is more than one per calendar year, or if there are unissued hunt permit-tags remaining after the random computer draw, the Department shall ensure these hunt permit-tags are available on a first-come, first-served basis as specified in the annual hunt permit-tag application schedule.
- D.** A person may purchase hunt permit-tags equal to the bag limit for a genus.
1. A person shall not exceed the established bag limit for that genus.
 2. A person shall not apply for any additional hunt-permit-tags if the person has reached the bag limit for that genus during the same calendar year.
 3. A person who surrenders a tag in compliance with R12-4-118 is eligible to apply for another hunt permit-tag for the same genus during the same calendar year, provided the person has not reached the bag limit for that genus.
- E.** The Department shall make available to nonresidents:
1. For bighorn sheep and bison, no more than one hunt permit-tag or 10% of the total hunt permit-tags, whichever is greater, for bighorn sheep or bison in any computer draw. The Department shall not make available more than 50% nor more than two bighorn sheep or bison hunt permit-tags of the total in any hunt number.
 2. For antlered deer, bull elk, pronghorn, Sandhill crane, or turkey, no more than 10%, rounded down to the next lowest number, of the total hunt permit-tags in any hunt number. If a hunt number for antlered deer, bull elk, pronghorn, Sandhill crane, or turkey has 10 or fewer hunt permit-tags, no more than one hunt permit-tag will be made available unless the hunt number has only one hunt permit-tag, then that tag shall only be available to a resident.
- F.** The Commission may, at a public meeting, increase the number of hunt permit-tags issued to nonresidents in a computer draw when necessary to meet management objectives.
- G.** The Department shall not issue under subsection (C)(2)(c), more than half of the hunt permit-tags made available to nonresidents under subsection (E).
- H.** A nonresident cap established under this Section applies to:
1. Hunt permit-tags issued by computer draw under subsections (C)(2)(c) and (d), and
 2. Archery deer nonpermit-tags.
 - a. The number of archery deer nonpermit-tags made available to nonresidents shall be set annually at 10% of the average total archery deer nonpermit-tag sales for the preceding five years, rounded down to the nearest increment of five.
 - b. The Commission, through the nonpermit-tag first-come schedule published by the Department, shall designate the manner and method of purchasing a nonresident archery deer nonpermit-tag, which may require an applicant to apply online only.
 - c. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure. The Director has the authority to

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extend the nonpermit-tag first-come schedule if a problem occurs that prevents the public from purchasing a nonpermit-tag within the deadlines set by the Commission.

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 1183, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

R12-4-115. Restricted Nonpermit-Tags; Supplemental Hunts and Hunter Pool

- A. For the purposes of this Section, the following definitions apply:

“Companion tag” means a restricted nonpermit-tag valid for a supplemental hunt prescribed by Commission Order that exactly matches the season dates and open areas of another big game hunt, for which a hunt number is assigned and hunt permit-tags are issued through the computer draw.

“Emergency season” means a season established for reasons constituting an immediate threat to the health, safety or management of wildlife or its habitat, or public health or safety.

“Management objectives” means goals, recommendations, or guidelines contained in Department or Commission-approved wildlife management plans, which include hunt guidelines, operational plans, or hunt recommendations.

“Hunter pool” means all persons who have submitted an application for a supplemental hunt.

“Restricted nonpermit-tag” means a permit limited to a season for a supplemental hunt established by the Commission for the following purposes:

Take of depredating wildlife as authorized under A.R.S. § 17-239;

Take of wildlife under an Emergency Season; or

Take of wildlife under a population management hunt if the Commission has prescribed nonpermit-tags by Commission Order for the purpose of meeting management objectives because regular seasons are not, have not been, or will not be sufficient or effective to achieve management objectives.

- B. The Commission shall, by Commission Order, open a season or seasons and prescribe a maximum number of restricted nonpermit-tags to be made available under this Section.

- C. The Department shall implement a population management hunt under the open season or seasons established under subsection (B) if the Department determines the:
1. Regular seasons have not met or will not meet management objectives;
 2. Take of wildlife is necessary to meet management objectives; and
 3. Issuance of a specific number of restricted nonpermit-tags is likely to meet management objectives.
- D. To implement a population management hunt established by Commission Order, the Department shall:
1. Select season dates, within the range of dates listed in the Commission Order;
 2. Select specific hunt areas, within the range of hunt areas listed in the Commission Order;
 3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
 4. Determine the number of restricted nonpermit-tags that will be issued from the maximum number of tags authorized in the Commission Order.
 - a. The Department shall not issue more restricted nonpermit-tags than the maximum number prescribed by Commission Order.
 - b. A restricted nonpermit-tag is valid only for the supplemental hunt for which it is issued.
- E. The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to a supplemental hunt.
- F. If the Department anticipates the normal fee structure will not generate adequate participation, then the Department may reduce restricted nonpermit-tag fees up to 75%, as authorized under A.R.S. § 17-239(D).
- G. An applicant for a supplemental hunt shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department’s website, or a license dealer. A supplemental hunt application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
1. The Department shall not accept a group application, as defined under R12-4-104, for a restricted nonpermit-tag.
 2. An applicant shall not apply for or obtain a restricted nonpermit-tag to take wildlife in excess of the bag limit established by Commission Order.
 3. The issuance of a restricted nonpermit-tag does not authorize a person to exceed the bag limit established by Commission Order.
- H. To participate in a supplemental hunt, a person shall:
1. Obtain a restricted nonpermit-tag as prescribed under this Section, and
 2. Possess a valid hunting license. If the applicant does not possess a valid license or the license will expire before the supplemental hunt, the applicant shall purchase an appropriate license.
- I. The Department or its authorized agent shall maintain a hunter pool for supplemental hunts other than companion tag hunts.
1. The Department shall purge and renew the hunter pool on an annual basis.
 2. An applicant for a restricted nonpermit-tag under this subsection shall submit a hunt permit-tag application to the Department for each desired species. The application is available at any Department office, an authorized agent, or on the Department’s website. The applicant

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shall provide all of the following information on the application:

- a. The applicant's:
 - i. Name;
 - ii. Department identification number, when applicable;
 - iii. Mailing address;
 - iv. Number of years of residency immediately preceding application;
 - v. Date of birth;
 - vi. Social Security Number, as required under A.R.S. §§ 25-320(P) and 25-502(K); and
 - vii. Daytime and evening telephone numbers,
 - b. The species that the applicant would like to hunt, if selected, and
 - c. The applicant's hunting license number.
3. In addition to the requirements established under subsection (I)(2), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee is required for each species the applicant submits an application for.
 4. When issuing a restricted nonpermit-tag, the Department or its authorized agent shall randomly select applicants from the hunter pool.
 - a. The Department or its authorized agent shall attempt to contact each randomly-selected applicant at least three times within a 24-hour period.
 - b. If an applicant cannot be contacted or is unable to participate in the supplemental hunt, the Department or its authorized agent shall return the application to the hunter pool and draw another application.
 - c. In compliance with subsection (D)(4), the Department or its authorized agent shall select no more applications after the number of restricted nonpermit-tags establish by Commission Order are issued.
 5. The Department shall reserve a restricted nonpermit-tag for an applicant only for the period specified by the Department when contact is made with the applicant. If an applicant fails to purchase the nonpermit-tag within the specified period, the Department or its authorized agent shall:
 - a. Remove the person's application from the hunter pool, and
 - b. Offer that restricted nonpermit-tag to another person whose application is drawn from the hunter pool as established under this Section.
 6. A person who participates in a supplemental hunt through the hunter pool shall be removed from the supplemental hunter pool for the genus for which the person participated. A hunter pool applicant who is selected and who wishes to participate in a supplemental hunt shall submit the following to the Department to obtain a restricted nonpermit-tag:
 - a. The fee for the tag as established under R12-4-102 or subsection (F) if the fee has been reduced, and
 - b. The applicant's hunting license number. The applicant shall possess an appropriate license that is valid at the time of the supplemental hunt. The applicant shall purchase a license at the time of application when:
 - i. The applicant does not possess a valid license, or
 - ii. The applicant's license will expire before the supplemental hunt.

7. A person who participates in a supplemental hunt shall not reapply for the hunter pool for that genus until the hunter pool is renewed.

- J. The Department shall only make a companion tag available to a person who possesses a matching hunt permit-tag and not a person from the hunter pool. Authorization to issue a companion tag occurs when the Commission establishes a hunt in Commission Order under subsection (B).
 1. The requirements of subsection (D) are not applicable to a companion tag issued under this subsection.
 2. To obtain a companion tag under this subsection, an applicant shall submit a hunt permit-tag application to the Department. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application, the applicant's:
 - a. Name,
 - b. Mailing address,
 - c. Department identification number, and
 - d. Hunt permit-tag number, to include the hunt number and permit number, corresponding with the season dates and open areas of the supplemental hunt.
 3. In addition to the requirements established under subsection (J)(2), at the time of application the applicant shall:
 - a. Provide verification that the applicant lawfully obtained the hunt permit-tag for the hunt described under this subsection by presenting the hunt permit-tag to a Department office for verification, and
 - b. Submit all applicable fees required under R12-4-102.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered as Section R12-4-607 without change effective December 22, 1987 (Supp. 87-4). New Section R12-4-115 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-116. Issuance of Limited-Entry Permit-tag

- A. For the purposes of this Section, limited-entry permit-tags may be for terrestrial or aquatic species, or specific areas for terrestrial or aquatic species.
- B. The Commission may, by Commission Order, open a limited-entry season or seasons and prescribe a maximum number of limited-entry permit-tags to be made available under this Section.
- C. The Department may implement limited-entry permit-tags under the open season or seasons established in subsection (B) if the Department determines:

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1. A season for a specific terrestrial or aquatic wildlife species, or specific area of the state, is in high demand;
 2. Issuance of a specific number of limited-entry permit-tags will not adversely affect management objectives for a species or area;
 3. Surrendered hunt permit-tags, already approved by Commission Order, are available from hunts with high demand.
- D.** To implement a limited-entry season established by Commission Order, the Department shall:
1. Select season dates, within the range of dates listed in the Commission Order;
 2. Select specific areas, within the range of areas listed in the Commission Order;
 3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
 4. Determine the number of limited-entry permit-tags that will be issued from the maximum number authorized in the Commission Order.
 - a. The Department shall not issue more limited-entry permit-tags than the maximum number prescribed by Commission Order.
 - b. A limited-entry permit-tag is valid only for the limited-entry season for which it is issued.
- E.** The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to limited-entry seasons.
- F.** A limited-entry permit-tag application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
- G.** The Department shall not accept a group application, as defined under R12-4-104, for a limited-entry season.
- H.** To participate in a limited-entry season, a person shall:
1. Obtain a limited-entry permit-tag as prescribed under this Section, and
 2. Possess a valid hunting, fishing or combination license at the time the limited-entry permit-tag is awarded. If the applicant does not possess a valid license or the license will expire before the limited-entry season, the applicant shall purchase an appropriate license. A valid hunting, fishing or combination license is not required at the time of application.
- I.** A limited-entry permit-tag is valid only for the person named on the permit-tag, for the season dates on the permit-tag, and the species for which the permit-tag is issued.
1. Possession of a limited-entry permit-tag shall not invalidate any other hunt permit-tag for that species.
 2. Big game taken under the authority of this limited-entry permit-tag shall not count towards the established bag limit for that species.
- J.** The Department shall maintain the applications submitted for limited-entry permit-tags.
1. An applicant for a limited-entry season under this subsection shall submit a limited-entry permit-tag application to the Department for each limited-entry season established. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
 - a. The applicant's personal information:
 - i. Name,
 - ii. Date of birth,
 - iii. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K), when applicable;
 - iv. Department identification number, when applicable;
 - v. Residency status and number of years of residency immediately preceding application, when applicable;
 - vi. Mailing address, when applicable;
 - vii. Physical address;
 - viii. Telephone number, when available; and
 - ix. Email address, when available;
 - b. The limited-entry season the applicant would like to participate in, and
 - c. Certify the information provided on the application is true and accurate.
2. In addition to the requirements established under subsection (J)(1), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee are required for each limited-entry season an applicant submits an application.
 3. When issuing a limited-entry permit-tag for a terrestrial or aquatic wildlife species, the Department shall randomly select applicants for each designated limited-entry season.
 4. When issuing a limited-entry permit-tag for a particular water, the Department shall randomly select applicants for each date limited-entry permit-tags are available until no more are available for that date.
 5. In compliance with subsection (D)(4), the Department shall select no more applications after the number of limited-entry permits established by Commission Order are issued.

Historical Note

Adopted effective January 10, 1979 (Supp. 79-1). Former Section R12-4-15 renumbered as Section R12-4-116 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 18, 1985 (Supp. 85-6). Section R12-4-116 repealed, new Section R12-4-116 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). R12-4-116 renumbered to R12-4-126; new Section R12-4-116 made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-117. Indian Reservations

A state license, permit, or tag is not required to hunt or fish on any Indian reservation in this State. Wildlife lawfully taken on an Indian reservation may be transported or processed anywhere in the State if it can be identified as to species and legality as provided in A.R.S. § 17-309(A)(19). All wildlife transported anywhere in this State is subject to inspection under the provisions of A.R.S. § 17-211(E)(4).

Historical Note

Former Section R12-4-02 renumbered as Section R12-4-117 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-117 repealed, new Section R12-4-117 adopted effective April 10, 1984 (Supp. 84-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

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R12-4-118. Hunt Permit-tag Surrender

- A.** The Commission authorizes the Department to implement a tag surrender program if the Director finds:
1. The Department has the administrative capacity to implement the program;
 2. There is public interest in such a program; or
 3. The tag surrender program is likely to meet the Department's revenue objectives.
- B.** The tag surrender program is limited to a person who has a valid and active membership in a Department membership program.
1. The Department may establish a membership program that offers a person various products and services.
 2. The Department may establish different membership levels based on the type of products and services offered and set prices for each level.
 - a. The lowest membership level may include the option to surrender one hunt permit-tag during the membership period.
 - b. A higher membership level may include the option to surrender more than one hunt permit-tag during the membership period.
 3. The Department may establish terms and conditions for the membership program in addition to the following:
 - a. Products and services to be included with each membership level.
 - b. Membership enrollment is available online only and requires a person to create a portal account.
 - c. Membership is not transferable.
 - d. No refund shall be made for the purchase of a membership, unless an internal processing error resulted in the collection of erroneous fees.
- C.** The tag surrender program is restricted to the surrender of an original, unused hunt permit-tag obtained through a computer draw.
1. A person must have a valid and active membership in the Department's membership program with at least one unredeemed tag surrender that was valid:
 - a. On the application deadline date for the computer draw in which the hunt permit-tag being surrendered was drawn, and
 - b. At the time of tag surrender.
 2. A person who chooses to surrender an original, unused hunt permit-tag shall do so prior to the close of business the day before the hunt begins for which the tag is valid.
 3. A person may surrender an unused hunt permit-tag for a specific species only once before any bonus points accrued for that species must be expended.
- D.** A person who wants to surrender an original, unused hunt permit-tag or an authorized nonprofit organization that wants to return a donated original, unused hunt permit-tag shall comply with all of the following conditions:
1. Submit a completed application form to any Department office. The application form is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application form:
 - a. The applicant's:
 - i. Name,
 - ii. Mailing address,
 - iii. Department identification number,
 - iv. Membership number,
 - b. Applicable hunt number,
 - c. Applicable hunt permit-tag number, and
 - d. Any other information required by the Department.
 2. A person shall surrender the original, unused hunt permit-tag as required under subsection (C) in the manner described by the Department as indicated on the application form.
- E.** Upon receipt of an original, unused hunt permit-tag surrendered in compliance with this Section, the Department shall:
1. Restore the person's bonus points that were expended for the surrendered tag, and
 2. Award the bonus point the person would have accrued had the person been unsuccessful in the computer draw for the surrendered tag.
 3. Not refund any fees the person paid for the surrendered tag, as prohibited under A.R.S. § 17-332(F).
- F.** The Department may, at its sole discretion, re-issue or destroy the surrendered original, unused hunt permit-tag. When re-issuing a tag, the Department may use any of the following methods in no order of preference:
1. Re-issuing the surrendered tag, beginning with the highest membership level in the Department's membership program, to a person who has a valid and active membership in that membership level and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
 2. Re-issuing the surrendered tag to a person who has a valid and active membership in any tier of the Department's membership program with a tag surrender option and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
 3. Re-issuing the surrendered tag to an eligible person who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process; or
 4. Offering the surrendered tag through the first-come, first-served process.
- G.** For subsections (F)(1), (2), and (3); if the Department cannot contact a person qualified to receive a tag or the person declines to purchase the surrendered tag, the Department shall make a reasonable attempt to contact and offer the surrendered tag to the next person qualified to receive a tag for that hunt number based on the assigned random number during the Department's computer draw process. This process will continue until the surrendered tag is either purchased or the number of persons qualified is exhausted. For the purposes of subsections (G) and (H), the term "qualified" means a person who satisfies the conditions for re-issuing a surrendered tag as provided under the selected re-issuing method.
- H.** When the re-issuance of a surrendered tag involves a group application and one or more members of the group is qualified under the particular method for re-issuing the surrendered tag, the Department shall offer the surrendered tag first to the applicant designated "A" if qualified to receive a surrendered tag.
1. If applicant "A" chooses not to purchase the surrendered tag or is not qualified, the Department shall offer the surrendered tag to the applicant designated "B" if qualified to receive a surrendered tag.
 2. This process shall continue with applicants "C" and then "D" until the surrendered tag is either purchased or all qualified members of the group application choose not to purchase the surrendered tag.

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- I.** A person who receives a surrendered tag shall submit the applicable tag fee as established under R12-4-102 and provide their valid hunting license number.
1. A person receiving the surrendered tag as established under subsections (F)(1), (2), and (3) shall expend all bonus points accrued for that genus, except any accrued Education and loyalty bonus points.
 2. The applicant shall possess a valid hunting license at the time of purchasing the surrendered tag and at the time of the hunt for which the surrendered tag is valid. If the person does not possess a valid license at the time the surrendered tag is offered, the applicant shall purchase a license in compliance with R12-4-104.
 3. The issuance of a surrendered tag does not authorize a person to exceed the bag limit established by Commission Order.
 4. It is unlawful for a person to purchase a surrendered tag when the person has reached the bag limit for that genus during the same calendar year.
- J.** A person is not eligible to petition the Commission under R12-4-611 for reinstatement of any expended bonus points, except as authorized under R12-4-102.02(E).
- K.** For the purposes of this Section and R12-4-121, "valid and active membership" means a paid and unexpired membership in any level of the Department's membership program.

Historical Note

Adopted effective April 8, 1983 (Supp. 83-2). Section R12-4-118 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

R12-4-119. Arizona Game and Fish Department Reserve

- A.** The Commission shall establish an Arizona Game and Fish Department Reserve under A.R.S. § 17-214, consisting of commissioned reserve officers and noncommissioned reserve volunteers.
- B.** Commissioned reserve officers shall:
1. Meet and maintain the minimum qualifications and training requirements necessary for peace officer certification by the Arizona Peace Officer Standards and Training Board as prescribed under 13 A.A.C. 4, and
 2. Assist with wildlife enforcement patrols, boating enforcement patrols, off-highway vehicle enforcement patrols, special investigations, and other enforcement and related non-enforcement duties as the Director designates.
- C.** Noncommissioned reserve volunteers shall:
1. Meet qualifications that the Director determines are related to the services to be performed by the volunteer and the success or safety of the program mission, and
 2. Perform any non-enforcement duties designated by the Director for the purposes of conservation and education to maximize paid staff time.

Historical Note

Adopted effective September 29, 1983 (Supp. 83-5). Section R12-4-119 repealed, new Section R12-4-119 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006

(Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-120. Issuance, Sale, and Transfer of Special Big Game Tags

- A.** An incorporated nonprofit organization that is tax exempt under section 501(c) seeking special big game tags as authorized under A.R.S. § 17-346 shall submit a proposal to the Director of the Arizona Game and Fish Department from March 1 through May 31 preceding the year when the tags may be legally used. The proposal shall include all of the following information for each member of the organization coordinating the proposal:
1. The name of the organization making the proposal and the:
 - a. Name;
 - b. Mailing address;
 - c. Email address, when available; and
 - d. Telephone number;
 2. Organization's previous involvement with wildlife management;
 3. Organization's conservation objectives;
 4. Number of special big game tags and the species requested;
 5. Purpose to be served by the issuance of these tags;
 6. Method or methods by which the tags will be marketed and sold;
 7. Proposed fund raising plan;
 8. Estimated amount of money to be raised and the rationale for that estimate;
 9. Any special needs or particulars relevant to the marketing of the tags;
 10. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
 11. Statement that the person or organization submitting the proposal agrees to the conditions established under A.R.S. § 17-346 and this Section;
 12. Printed name and signature of the president and secretary-treasurer of the organization or their equivalent; and
 13. Date of signing.
- B.** The Director shall return to the organization any proposal that does not comply with the requirements established under A.R.S. § 17-346 and this Section. Because proposals are reviewed for compliance after the May 31 deadline, an organization that receives a returned proposal cannot resubmit a corrected proposal, but may submit a proposal that complies with the requirements established under A.R.S. § 17-346 and this Section the following year.
- C.** The Director shall submit all timely and valid proposals to the Commission for consideration.
1. In selecting an organization, the Commission shall consider the:
 - a. Written proposal;
 - b. Proposed uses for tag proceeds;
 - c. Qualifications of the organization as a fund raiser;
 - d. Proposed fund raising plan;
 - e. Organization's previous involvement with wildlife management; and
 - f. Organization's conservation objectives.
 2. The Commission may accept any proposal in whole or in part and may reject any proposal if it is in the best interest of wildlife to do so.

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3. Commission approval and issuance of any special big game license-tag is contingent upon compliance with this Section.
- D.** A successful organization shall agree in writing to all of the following:
1. To underwrite all promotional and administrative costs to sell and transfer each special big game license-tag;
 2. To transfer all proceeds to the Department within 90 days of the date that the organization sells or awards the tag;
 3. To sell and transfer each special big game license-tag as described in the proposal; and
 4. To provide the Department with the name, address, and physical description of each person to whom a special big game license-tag is to be issued within 60 days of the sale.
- E.** The Department and the successful organization shall coordinate on:
1. The specific projects or purposes identified in the proposal;
 2. The arrangements for the deposit of the proceeds, the accounting procedures, and final audit; and
 3. The dates when the wildlife project or purpose will be accomplished.
- F.** The Department shall dedicate all proceeds generated by the sale or transfer of a special big game license-tag to the management of the species for which the tag was issued.
1. A special license-tag shall not be issued until the Department receives all proceeds from the sale of tags.
 2. The Department shall not refund proceeds.
- G.** A special big game license-tag is valid only for the person named on the tag, for the season dates on the tag, and for the species for which the tag was issued.
1. A hunting license is required for the tag to be valid.
 2. Possession of a special big game license-tag shall not invalidate any other big game tag or application for any other big game tag.
 3. Wildlife taken under the authority of a special big game license-tag shall not count towards the established bag limit for that species.
- H.** A person who wins the special big game license-tag through auction or raffle is prohibited from selling the special big game license-tag to another person.
- Historical Note**
- Adopted effective September 22, 1983 (Supp. 83-5). Amended effective April 7, 1987 (Supp. 87-2). Correction, balance of language in subsection (I) is deleted as certified effective April 7, 1987 (Supp. 87-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).
- R12-4-121. Tag Transfer**
- A.** For the purposes of this Section:
- “Authorized nonprofit organization” means a nonprofit organization approved by the Department to receive donated unused tags.
- “Unused tag” means a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag that has not been attached to any wildlife.
- B.** A parent, grandparent, or guardian issued a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag may transfer the unused tag to the parent’s, grandparent’s, or guardian’s minor child or grandchild.
1. A parent, grandparent, or guardian issued a tag may transfer the unused tag to a minor child or grandchild at any time prior to the end of the season for which the unused tag was issued.
 2. A parent, grandparent, or guardian may transfer the unused tag by providing all of the following documentation in person at any Department office:
 - a. Proof of ownership of the unused tag to be transferred,
 - b. The unused tag, and
 - c. The minor’s valid hunting license.
 3. If a parent, grandparent, or legal guardian is deceased, the personal representative of the person’s estate may transfer an unused tag to an eligible minor. The person acting as the personal representative shall present:
 - a. The deceased person’s death certificate, and
 - b. Proof of the person’s authority to act as the personal representative of the deceased person’s estate.
 4. To be eligible to receive an unused tag from a parent, grandparent, or legal guardian, the minor child shall meet the criteria established under subsection (D).
 5. A minor child or grandchild receiving an unused tag from a parent, grandparent, or legal guardian shall be accompanied into the field by any grandparent, parent, or legal guardian of the minor child.
- C.** A person issued a tag or the person’s legal representative may donate the unused tag to an authorized nonprofit organization for use by a minor child or a veteran of the Armed Forces of the United States as prescribed under A.R.S. § 17-332(D)(1).
1. The person or legal representative who donates the unused tag shall provide the authorized nonprofit organization with a written statement indicating the unused tag is voluntarily donated to the organization.
 2. An authorized nonprofit organization receiving a donated tag under this subsection may transfer the unused tag to an eligible minor child or veteran by contacting any Department office.
 - a. To obtain a transfer, the nonprofit organization shall:
 - i. Provide proof of donation of the unused tag to be transferred;
 - ii. Provide the unused tag;
 - iii. Provide proof of the minor child’s or veteran’s valid hunting license.
 - b. To be eligible to receive a donated unused tag from an authorized nonprofit organization, a minor child shall meet the criteria established under subsection (D).
 3. A person who donates an original, unused hunt permit-tag issued in a computer drawing to an authorized nonprofit organization may submit a request to the Department for the reinstatement of the bonus points expended for that unused tag, provided all of the following conditions are met:
 - a. The person has a valid and active membership in the Department’s membership program with at least one unredeemed tag surrender on the application deadline date, for the computer draw in which the hunt permit-tag being surrendered was drawn, and at the time of tag surrender.

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- b. The person submits a completed application form as described under R12-4-118;
- c. The person provides acceptable proof to the Department that the tag was transferred to an authorized nonprofit organization; and
- d. The person submits the request to the Department:
 - i. No later than 60 days after the date on which the tag was donated to an authorized nonprofit organization; and
 - ii. No less than 30 days prior to the computer draw application deadline for that genus, as specified in the hunt permit-tag application schedule.
- D. To receive an unused tag authorized under subsections (B) or (C), an eligible minor child shall meet the following criteria:
 - 1. Possess a valid hunting license,
 - 2. Has not reached the applicable annual or lifetime bag limit for that genus, and
 - 3. Is 10 to 17 years of age on the date of the transfer. A minor child under the age of 14 shall have satisfactorily completed a Department-sanctioned hunter education course before the beginning date of the hunt.
- E. To receive an unused tag authorized under subsection (C), an eligible veteran of the Armed Forces of the United States with a service-connected disability shall meet the following criteria:
 - 1. Possess a valid hunting license, and
 - 2. Has not reached the applicable annual or lifetime bag limit for that genus.
- F. A person who is eligible to receive an unused tag under this Section may receive any number of unused tags in a calendar year provided the person:
 - 1. Has not reached the applicable annual or lifetime bag limit for that genus; and
 - 2. Does not possess a valid permit tag for that genus.
- G. A nonprofit organization is eligible to apply for authorization to receive a donated unused tag, provided the nonprofit organization:
 - 1. Is qualified under section 501(c)(3) of the United States Internal Revenue Code, and
 - 2. Affords opportunities and experiences to:
 - a. Children with life-threatening medical conditions or physical disabilities;
 - b. Children whose parent was killed in action while serving in the U.S. Armed Forces, in the course and scope of employment as a peace officer; or in the course and scope of employment as a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department; or
 - c. Veterans with service-connected disabilities.
 - 3. This authorization shall remain in effect unless revoked by the Department for noncompliance with the requirements established under A.R.S. § 17-332 or this Section.
 - 4. A nonprofit organization shall apply for authorization by submitting an application to any Department office. The application form is furnished by the Department and is available at any Department office. A nonprofit organization shall provide all of the following information on the application:
 - a. Nonprofit organization's information:
 - i. Name,
 - ii. Physical address,
 - iii. Telephone number;
 - b. Contact information for the person responsible for ensuring compliance with this Section:
 - i. Name,
 - ii. Address,
 - iii. Telephone number;
 - c. Signature of the president and secretary-treasurer of the organization or their equivalents; and
 - d. Date of signing.
- 5. In addition to the application, a nonprofit organization shall provide all of the following:
 - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
 - b. Document identifying the organization's mission;
 - c. A letter stating how the organization will participate in the Big Game Tag Transfer program; and
 - d. A statement that the person or organization submitting the application agrees to the conditions established under A.R.S. § 17-332 and this Section.
- 6. An applicant who is denied authorization to receive donated tags under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective October 10, 1986, filed September 25, 1986 (Supp. 86-5). Rule expired one year from effective date of October 10, 1986. Rule readopted without change for one year effective January 22, 1988, filed January 7, 1988 (Supp. 88-1). Rule expired effective January 22, 1989 (Supp. 89-1). New Section R12-4-121 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Repealed effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1195, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

R12-4-122. Handling, Transporting, Processing, and Storing of Game Meat Given to Public Institutions and Charitable Organizations

- A. Under A.R.S. § 17-240 and this Section, the Department may donate the following wildlife, except that the Department shall not donate any portion of wildlife killed in a collision with a motor vehicle or wildlife that died subsequent to immobilization by any chemical agent:
 - 1. Big game;
 - 2. Upland game birds;
 - 3. Migratory game birds;
 - 4. Game fish.
- B. The Director shall not authorize an employee to handle game meat for the purpose of this Section until the employee has satisfactorily completed a course designed to give the employee the expertise necessary to protect game meat recipients from diseased or unwholesome meat products. A Department employee shall complete a course that is either conducted or

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approved by the State Veterinarian. The employee shall provide a copy of a certificate that demonstrates satisfactory completion of the course to the Director.

- C. Only an employee authorized by the Director shall determine if game meat is safe and appropriate for donation. An authorized Department employee shall inspect and field dress each donated carcass before transporting it. The Department shall not retain the game meat in storage for more than 48 continuous hours before transporting it, and shall reinspect the game meat for wholesomeness before final delivery to the recipient.
- D. Final processing and storage is the responsibility of the recipient.

Historical Note

Adopted effective August 6, 1991 (Supp. 91-3). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-123. Expenditure of Funds

- A. The Director may expend funds available through appropriations, licenses, gifts, or other sources, in compliance with applicable laws and rules, and:
 - 1. For purposes designated by lawful Commission agreements and Department guidelines;
 - 2. In agreement with budgets approved by the Commission;
 - 3. In agreement with budgets appropriated by the legislature;
 - 4. With regard to a gift, for purposes designated by the donor, the Director shall expend undesignated donations for a public purpose in furtherance of the Department's responsibilities and duties.
- B. The Director shall ensure that the Department implements internal management controls to comply with subsection (A) and to deter unlawful use or expenditure of funds.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1).

R12-4-124. Proof of Domicile

- A. An applicant may be required to present acceptable proof of domicile in Arizona to the Department upon request. For the purposes of this rule, "current address" means the address an applicant inhabits at the time of application for any license, permit, stamp, or tag offered by the Department.
- B. Acceptable proof of domicile establishes a person's true, fixed, and permanent home and principal residence. Acceptable proof to aid in establishing a person's domicile in Arizona may include, but is not limited to, one or more of the following lawfully obtained documents:
 - 1. Arizona Driver's License displaying a current address;
 - 2. Arizona Resident State Income Tax Return filing;
 - 3. Arizona school records containing satisfactory proof of identity and relationship of the parent or guardian to the minor child, when applicable;
 - 4. Arizona Voter Registration Card displaying a current address;
 - 5. Selective Service Registration Acknowledgement Card displaying a current address in Arizona;
 - 6. Social Security Administration document indicating an address in Arizona; or
 - 7. Current document or order issued by the U.S. military to an active-duty military service member identifying Arizona as state of legal residence or duty station.

- C. In the event one of the documents listed under subsection (B) alone is not sufficient proof of domicile, additional documents may be required.

Historical Note

New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

R12-4-125. Public Solicitation or Event on Department Property

- A. All Department buildings, properties, and wildlife areas are designated non-public forums and are closed to all solicitations and events unless permitted by the Department.
- B. A solicitation or event on Department property shall not:
 - 1. Conflict with the Department's mission; or
 - 2. Constitute partisan political activity, the activity of a political campaign, or influence in any way an election or the results thereof.
- C. A request for permission to conduct a solicitation or event on Department property shall be directed to the responsible Regional Supervisor or Branch Chief who shall initially determine whether an application is required for the solicitation or event.
- D. If it is determined that an application is required, the person may apply for a solicitation or event permit by submitting a completed solicitation or event application to any Department office or Department Headquarters, Director's Office, at 5000 W. Carefree Hwy, Phoenix, AZ 85086. The application form is furnished by the Department and available at all Department offices.
 - 1. An applicant shall submit an application:
 - a. Not more than six months prior to the solicitation or event; and
 - b. Not less than 14 days prior to the desired date of the solicitation or event for solicitations other than the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials; or
 - c. Not less than 10 days prior to the desired date of the solicitation or event for solicitations involving only the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials.
 - 2. An applicant shall provide all of the following information on the application:
 - a. Sponsor's name, address, and telephone number;
 - b. Sponsor's e-mail address, when available;
 - c. Contact person's name and telephone number, when the sponsor is an organization;
 - d. Proposed date of the solicitation or event;
 - e. Specific, proposed location for the solicitation or event;
 - f. Starting and approximate concluding times;
 - g. General description of the solicitation or event's purpose;
 - h. Anticipated number of attendees, when applicable;
 - i. Amount of fees to be charged to attendees, when applicable;
 - j. Detailed description of any activity that will occur at the solicitation or event, including a detailed map of the solicitation or event and any equipment that will be used, e.g., tents, tables, etc.;
 - k. Copies of any solicitation materials to be distributed to the public or to be posted on Department property;

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- l. Copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control, required when the applicant intends to sell alcohol at the solicitation or event; and
- m. The contact person's signature and date. The person's signature on the application certifies that the sponsor:
 - i. Assumes risk of injury to persons or property;
 - ii. Agrees to hold harmless the state of Arizona, its officials, Departments, employees, and agents against all claims arising from the use of Department facilities;
 - iii. Assumes responsibility for any damages or clean-up costs due to the solicitation or event, solicitation or event cleanup, or solicitation or event damage repair; and
 - iv. Agrees to surrender the premises in a clean and orderly condition.
- E. The Department may take any of the following actions to the extent necessary and in the best interest of the State:
 - 1. Require the sponsor to furnish all necessary labor, material, and equipment for the solicitation or event;
 - 2. Require the sponsor to post a deposit against damage and cleanup expense;
 - 3. Require indemnification of the state of Arizona, its Departments, agencies, officers, and employees;
 - 4. Require the sponsor to carry adequate insurance and provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
 - 5. Require the sponsor to enter into written agreements with any vendors and subcontractors and require vendors and subcontractors to provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
 - 6. Require the sponsor to provide medical support, security, and sanitary services, including public restrooms; and
 - 7. Impose additional conditions not otherwise specified under this Section on the conduct of the solicitation or event.
- F. The Department may consider the following criteria when determining whether any of the actions in subsection (E) are necessary and in the best interest of the state:
 - 1. Previous experience with similar solicitations or events;
 - 2. Deposits required for similar solicitations or events in Arizona;
 - 3. Risk data; and
 - 4. Medical, sanitary, and security services required for similar solicitations or events in Arizona and the cost of those services.
- G. The Department shall designate the hours of use for Department property.
- H. The Department shall inspect the solicitation or event site at the conclusion of activities and document any damage or cleanup costs incurred because of the solicitation or event. The sponsor shall be responsible for any cleanup or damage costs associated with the solicitation or event.
- I. The sponsor shall not allow, without the express written permission of the Department, the possession, use, or consumption of alcoholic beverages at the solicitation or event site. When the Department provides written permission for the possession, use, or consumption of alcoholic beverages at the solicitation or event site, the sponsor shall provide to the Department:
 - 1. A copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control to the sponsor and vendor, required when the applicant intends to sell alcohol at the solicitation or event; and
 - 2. A liquor liability rider, included with the insurance certificate required under subsection (E)(4).
- J. The sponsor shall not allow unlawful possession or use of drugs at the solicitation or event site.
- K. The Department shall deny an application for any of the following reasons:
 - 1. The solicitation or event interferes with the work of an employee or the daily business of the Department;
 - 2. The solicitation or event conflicts with the time, place, manner, or duration of other approved or pending solicitations or events;
 - 3. The content of the solicitation or event conflicts with or is unrelated to the Department's activities or its mission;
 - 4. The solicitation or event presents a risk of injury or illness to persons or risk of damage to property;
 - 5. The sponsor cannot demonstrate adequate compliance with applicable local, state, or federal laws, ordinances, codes, or regulations, or
 - 6. The sponsor has not complied with the requirements of the application process or this Section.
- L. At all times, the Department reserves the right to immediately remove or cause to be removed all obstructions or other hazards of the solicitation or event that could damage state property, inhibit egress, or poses a safety risk. The Department also reserves the right to immediately remove or cause to be removed any person damaging state property, inhibiting egress, or posing a threat to public health and safety.
- M. The Department may revoke approval of a solicitation or event due to emergency circumstances or for failure to comply with this Section.
- N. The Department shall send written notice of the denial or revocation of an approved permit. The notice shall contain the reason for the denial or revocation.
- O. A sponsor:
 - 1. Is liable to the Department for damage to Department property and any expense arising out of the sponsor's use of Department property.
 - 2. Shall post solicitation material only in designated posting areas.
 - 3. Shall ensure that a solicitation or event on Department property causes the minimum infringement of use to the public and government operation.
 - 4. Shall modify or terminate a solicitation or event, upon request by the Department, if the Department determines that the solicitation or event unacceptably infringes on the Department's operations or causes an unacceptable risk of liability exposure to the State.
- P. When conducting an event on Department property, a sponsor shall:
 - 1. Park or direct vehicles in designated parking areas.
 - 2. Obey all posted requirements and restrictions.
 - 3. Designate one person to act as a monitor for every 50 persons anticipated to attend the solicitation or event. The

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monitor shall act as a contact person for the Department for the purposes of the solicitation or event.

4. Ensure that all safety standards, guidelines, and requirements are followed.
 5. Implement additional safety requirements upon request by the Department.
 6. Ensure all obstructions and hazards are eliminated.
 7. Ensure trash and waste is properly disposed of throughout the solicitation or event.
- Q.** The Department shall revoke or terminate the solicitation or event if a sponsor fails to comply with a Department request or any one of the following minimum safety requirements:
1. All solicitation or event activities shall comply with all applicable federal, state, and local laws, ordinances, codes, statutes, rules, and regulations.
 2. The layout of the solicitation or event shall ensure that emergency vehicles will have access at all times.
 3. The Department may conduct periodic safety checks throughout the solicitation or event.
- R.** This Section does not apply to government agencies.

Historical Note

New Section made by emergency rulemaking at 10 A.A.R. 4777, effective November 4, 2004 for 180 days (Supp. 04-4). Emergency expired (Supp. 05-2). New Section renumbered from R12-4-804 and amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-126. Reward Payments

- A.** Subject to the restrictions prescribed under A.R.S. § 17-315, a person may claim a reward from the Department when the person provides information that leads to an arrest through the Operation Game Thief Program. The person who reports the unlawful activity will then become eligible to receive a reward as established under subsections (C) and (D), provided funds are available in the Wildlife Theft Prevention Fund and:
1. The person who reported the violation provides the Operation Game Thief control number issued by Department law enforcement personnel, as established under subsection (B);
 2. The information provided relates to a violation of any provisions of A.R.S. Title 17, A.A.C. Title 12, Chapter 4, or federal wildlife laws enforced by and under the jurisdiction of the Department, but not on Indian Reservations;
 3. The person did not first provide information during a criminal investigation or judicial proceeding; and
 4. The person who reports the violation is not:
 - a. The person who committed the violation;
 - b. A peace officer, including wildlife managers and game rangers;
 - c. A Department employee; or
 - d. An immediate family member of a Department employee.
- B.** The Department shall inform the person providing information regarding a wildlife violation of the procedure for claiming a reward if the information results in an arrest. The Department shall also provide the person with the control number assigned to the reported violation.
- C.** Reward payments for information that results in an arrest for the reported violation are as follows:
1. For cases that involve eagles, bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, pronghorn, turkey, or endangered or threatened wildlife as defined under R12-

4-401, \$500, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved;

2. For cases that involve wildlife that are not listed under subsection (C)(1), a minimum of \$50, not to exceed \$150, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved; and
 3. For cases that involve any wildlife and damage to wildlife habitat, an additional \$1,000 may be made available based on:
 - a. The value of the information;
 - b. The unusual value of the wildlife;
 - c. The number of individuals taken;
 - d. Whether or not the person who committed the unlawful act was arrested for commercialization of wildlife; and
 - e. Whether or not the person who committed the unlawful act is a repeat offender.
- D.** If more than one person independently provides information or evidence that leads to an arrest for a violation, the Department may divide the reward payment among the persons who provided the information if the total amount of the reward payment does not exceed the maximum amount of a monetary reward established under subsections (C) or (E);
- E.** Notwithstanding subsection (C), the Department may offer and pay a reward up to the minimum civil damage value of the wildlife unlawfully taken, wounded or killed, or unlawfully possessed as prescribed under A.R.S. § 17-314, if the Department believes that an enhanced reward offer is merited due to the specific circumstances of the case.

Historical Note

New Section R12-4-126 renumbered from R12-4-116 and amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1).

R12-4-127. Civil Liability for Loss of Wildlife

- A.** In order to compensate the state for the value of lost or injured wildlife, the Commission may, pursuant to A.R.S. § 17-314, impose a civil penalty against any person for unlawfully taking, wounding, killing or possessing wildlife. Any civil penalties so imposed shall be equal to or greater than the applicable statutory-minimum sums found in A.R.S. § 17-314(A). The Commission may impose a civil penalty above the statutory-minimum sums where it has determined that the value of the lost or injured wildlife exceeds the statutory-minimum sums.
- B.** The Commission shall annually establish the value of lost or injured wildlife using objective and measurable economic criteria. When doing so, the Commission may consider objective economic criteria recommended by the Department or any other person.
- C.** The Department shall recommend the value of lost or injured wildlife to the Commission by aggregating the following objective and measurable economic factors:
1. The average dollar amount spent by an individual hunter in pursuit of the same species. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures hunting and fishing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.

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2. The average dollar amount spent by an individual in an effort to view wildlife. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures wildlife viewing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.
 3. The average body weight in pounds of meat for the unlawfully taken or possessed species multiplied by the average price per pound of ground meat for that same species or a similar species. Average body weight in pounds of meat shall be calculated using the average body weight for the wildlife taken, minus 30% of the average weight to account for the weight of the head, hide, offal, and bone.
 4. When new data is not available, the Department may use Consumer Price Index (CPI) calculations to update the above factors in terms of U.S. dollars.
- D.** The Department shall recommend the value of lost aquatic wildlife to the Commission by aggregating the following objective and measurable economic factors:
1. The average dollar amount spent by an individual angler in pursuit of the same species. This amount shall be calculated using information from the most recent Arizona Anglers' Expenditures and the Economic Impact of Fishing in the State which measures fishing expenditures, in combination with angler harvest data gathered by the Department. This information shall be available on the Department's website.
 2. The average body weight in pounds of aquatic meat for the unlawfully taken or possessed species multiplied by the average price per pound of aquatic meat for that same species or a similar species. Average body weight in pounds of aquatic meat shall be calculated using the average body weight for the wildlife taken, minus 40% of the average weight to account for the weight of the head, entrails, and fins.
 3. Recommended values based on current market to cover hatchery expenses per fish, which includes the cost to purchase, raise, feed, transport and release wildlife.
- E.** The most recent wildlife values established by the Commission shall be available on the Department's website.

Historical Note

New Section made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

ARTICLE 2. LICENSES; PERMITS; STAMPS; TAGS**R12-4-201. Pioneer License**

- A.** A pioneer license grants all of the hunting and fishing privileges of a combination hunting and fishing license. The pioneer license is only available at a Department office.
- B.** The pioneer license is a complimentary license and is valid for the license holder's lifetime. The license remains valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
 2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a pioneer license holder.
- C.** A person who is age 70 or older and has been a resident of Arizona for at least 25 consecutive years immediately preceding application may apply for a pioneer license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A pioneer license applicant shall provide all of the following information on the application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. Affirmation that:
 - a. The applicant is 70 years of age or older and has been a resident of this state for 25 or more consecutive years immediately preceding application for the license; and
 - b. The information provided on the application is true and accurate.
 3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant for a pioneer license shall also submit a copy of any one of the following documents at the time of application:
1. Valid U.S. passport;
 2. Applicant's birth certificate;
 3. Valid government-issued driver's license; or
 4. Valid government-issued identification card.
- E.** All information and documentation provided by the applicant is subject to Department verification.
- F.** The Department shall deny a pioneer license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-336(A)(1),
 2. Fails to comply with this Section, or
 3. Provides false information on the application.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Ch 6, Article 10.
- H.** A pioneer license holder may request a no-fee duplicate of the paper license provided:
1. The license was lost or destroyed;
 2. The license holder submits a written request to the Department for a no-fee duplicate paper license; and
 3. The Department's records indicate a pioneer license was previously issued to that person.
- I.** A person issued a pioneer license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).

Historical Note

Former Section R12-4-31 renumbered as Section R12-4-201 without change effective August 13, 1981. New Section R12-4-201 amended effective August 31, 1981 (Supp. 81-4). Amended subsection (B) effective December 9, 1985 (Supp. 85-6). Amended subsections (D) and

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(E), and changed application for a Pioneer License effective September 24, 1986 (Supp. 86-5). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

R12-4-202. Complimentary and Reduced-fee Disabled Veteran's License; Reduced-fee Purple Heart Medal License

- A.** The complimentary and reduced-fee disabled veteran's licenses and Purple Heart Medal license grant all of the hunting and fishing privileges of a combination hunting and fishing license. The disabled veteran's and Purple Heart Medal license are only available at a Department office.
- B.** The Department offers three types of veteran's licenses:
1. A complimentary license to a disabled veteran who receives compensation from the U.S. government for a permanent service-connected disability rated as 100% disabling.
 - a. The complimentary license is valid for either a three-year period from the issue date or the license holder's lifetime.
 - b. If the certification or benefits letter required under subsection (D)(1) indicate the applicant's disability rating of 100% is permanent and:
 - i. Will not be reevaluated, the disabled veteran's license shall be valid for the license holder's lifetime.
 - ii. Will be reevaluated in three years, the disabled veteran's license will expire three years from the date of issuance.
 - c. Eligibility for the complimentary disabled veteran's license is based on the disability rating, not on the compensation received by the veteran.
 - d. An applicant for a complimentary disabled veteran's license shall have been a resident of Arizona for at least one year immediately preceding application.
 2. A reduced-fee license to a disabled veteran who is a resident as defined under A.R.S. § 17-101 and who is receiving compensation from the U.S. government for a service-connected disability.
 - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. The applicant shall pay the fee required under R12-4-102.
 3. A reduced-fee license to a person who submits satisfactory proof to the Department that the person is a bona fide Purple Heart Medal recipient.
 - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. An applicant for a reduced-fee Purple Heart Medal license shall have been a resident of Arizona for at least one year immediately preceding application.

- C.** A person applying for a disabled veteran's or Purple Heart Medal license shall submit an application to the Department. The application form is furnished by the Department and available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. Affirmation that:
 - a. The applicant meets the eligibility requirements prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
 - b. The applicant has been a resident of this state for at least one year immediately preceding application for the license, and
 - c. The information provided on the application is true and accurate.
 3. Applicant's signature and date.
- D.** In addition to the requirements established under subsection (B), an applicant for a veteran's license shall, at the time of application, certify eligibility for the license by submitting:
1. For a complimentary or reduced-fee disabled veterans license issued under A.R.S. § 17-333(C)(2) or (C)(3) respectively, an original or facsimile DD-214, certification form, or a benefits letter issued by the U.S. Department of Veteran's Affairs (DVA) or obtained from the DVA website that meets the requirements specified in subsections (B)(1) and (B)(2). The certification form is furnished by the Department and is available at any Department office and on the Department's website. The certification shall be completed and signed by an agent of the U.S. Department of Veteran's Affairs.
 2. For a Purple Heart Medal license issued under A.R.S. § 17-333(C)(4), an original or facsimile DD-214 or DD-215, service records showing the award, military orders of the award, or other military discharge document such as WD AGO Form. The actual Purple Heart Medal or a certificate of award will not suffice alone for verification purposes.
- E.** All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- F.** The Department shall deny a disabled veteran's or Purple Heart Medal license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
 2. Fails to comply with the requirements of this Section, or
 3. Provides false information during the application process.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

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- H. A complimentary disabled veteran's license holder may request a no-fee duplicate paper license provided:
 1. The license was lost or destroyed,
 2. The license holder submits a written request to the Department for a duplicate license, and
 3. The Department's records indicate a disabled veteran's license was previously issued to that person.
- I. A person issued a disabled veteran's license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).
- J. For the purposes of this Section:
 1. "Disabled veteran" means a veteran of the armed forces of the U.S. with a service connected disability.
 2. "Veteran" means a person who has served in the U.S. armed forces.
- 3. The youth combination hunting and fishing license includes the state migratory bird stamp privileges. A youth hunter who possesses a valid combination hunting and fishing license shall obtain:
 - a. A Federal waterfowl stamp when the youth hunter is 16 years of age or older and is taking ducks, geese, swans, coots, gallinules; or
 - b. A permit-tag when the youth hunter is taking sand-hill crane.
- C. A license dealer shall submit state migratory bird registration forms for all state migratory bird stamps sold with the monthly report required under A.R.S. § 17-338.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective April 22, 1980 (Supp. 80-2).
 Amended subsections (A), (C), (D), and (G) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-41 renumbered as Section R12-4-203 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (C), (E), (G) and added Form 7016 (Supp. 81-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section adopted effective July 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

Editor's Note

For similar subject matter, see Section R12-4-411.
 This editor's note does not apply to the new Section adopted effective July 1, 1997 (Supp. 96-4).

Historical Note

Former Section R12-4-66 renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-43 renumbered as Section R12-4-202 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 31, 1984 (Supp. 84-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-202 adopted effective December 22, 1989 (Supp. 89-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1199, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2550, effective January 5, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3).

R12-4-203. National Harvest Information Program (HIP); State Waterfowl and Migratory Bird Stamp

- A. All state fish and wildlife agencies are required to obtain data to assess the harvest of migratory game birds in compliance with the federally mandated National Harvest Information Program administered by the United States Fish and Wildlife Service in accordance with 50 C.F.R. Part 20.
- B. In compliance with the National Harvest Information Program, the Department requires a person to possess a migratory bird stamp or authorization number, which may be affixed to or written on the appropriate license, and a current, valid federal waterfowl stamp. The migratory bird stamp and authorization number are required to take band-tailed pigeons, moorhen, coots, doves, ducks, geese, snipe, or swans.
 1. The state migratory bird stamp expires on June 30 of each year. To obtain a state migratory bird stamp, a person shall submit:
 - a. The fee required under R12-4-102, and
 - b. A completed state migratory bird registration form to a license dealer or a Department office.
 2. The person shall provide on the state migratory bird registration form the person's:
 - a. Name,
 - b. Mailing address,
 - c. Date of birth, and

R12-4-204. Taxidermy Registration; Register

- A. A person shall register with the Department before engaging in the business of taxidermy for hire. A taxidermy registration authorizes a person to mount, refurbish, maintain, restore, or preserve wildlife as defined under A.R.S. § 17-101.
- B. A taxidermy registration expires on December 31 of each year.
- C. The Department shall deny a taxidermy registration when the applicant:
 1. Fails to meet the requirements established under this Section;
 2. Provides false information during the application process; or
 3. Provides false information in the register required under A.R.S. § 17-363(B).
- D. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- E. A person may apply for a taxidermy registration by paying the applicable fee and submitting an application to the Department. The application form is available on the Department's website. A taxidermy registration applicant shall provide all of the following information:
 1. The applicant's information:
 - a. Name;
 - b. Date of birth;

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- c. Department identification number, when applicable;
- d. Mailing address, when applicable;
- e. Physical address;
- f. Telephone number, when available;
- g. Email address, when available; and
- 2. The applicant's business information:
 - a. Name;
 - b. Mailing address;
 - c. Email address;
 - d. Website URL address, if available;
 - e. Business telephone number, when applicable;
 - f. Calendar year for which the application is made; and
 - g. Whether the applicant is seeking renewal of an existing taxidermy registration.
- 3. Affirmation that the information provided on the application is true and accurate; and
- 4. Applicant's signature and date.
- F. A registered taxidermist may submit an application for renewal of a taxidermy registration after December 1 of the year it was issued.
- G. A registered taxidermist shall maintain a register of all persons who furnish raw and unmounted wildlife specimens for taxidermy service using the form available on the Department's website.
 - 1. This register shall be:
 - a. Maintained for a period of five years after the date the raw and unmounted wildlife specimens were received;
 - b. Provided upon request to an employee of the Department; and
 - c. Filed with the Department on or before January 31 of each year.
 - 2. This register shall contain all of the following information, as applicable:
 - a. The registered taxidermist's information:
 - i. Name;
 - ii. Taxidermy registration number;
 - iii. Email address, when available; and
 - b. The customer's or potential customer's:
 - i. Name;
 - ii. Address;
 - iii. Taker's tag or license number;
 - iv. Species and number of wildlife received;
 - v. Date wildlife received; and
 - c. A signed affirmation from the registered taxidermist that the information provided in the register is true and accurate.
 - 3. The taxidermy renewal registration becomes invalid if the register is not submitted to the Department by January 31 of the year following registration.
- H. As authorized under A.R.S. § 17-363(C), the Commission may revoke or suspend the taxidermy registration of a person convicted of violating any provision of A.R.S. § 17-363 or requirement established under this Section.

Historical Note

Amended effective May 31, 1976 (Supp. 76-3). Correction, Historical Note Supp. 76-3 should read "Amended effective May 3, 1976" (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective March 20, 1981 (Supp. 81-2). Former Section R12-4-32 renumbered as Section R12-4-204 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 12 A.A.R. 212, effective March 11, 2006

(Supp. 06-1). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). New Section made by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

R12-4-205. High Achievement Scout License

- A. A high achievement scout license is offered to a resident who is:
 - 1. Eligible for a combination hunting and fishing license,
 - 2. Under 21 years of age, and
 - 3. A member of the Boy Scouts of the United States of America and has attained the rank of Eagle Scout, or
 - 4. A member of the Girl Scouts of the United States of America and has attained the Gold Award.
- B. The high achievement scout license grants all of the hunting and fishing privileges of the youth combination hunting and fishing license and is only available at Department offices.
 - 1. The license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - 2. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the high achievement scout license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C. An applicant for a high achievement scout license shall apply on an application form available from any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
 - 1. The applicant's:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Affirmation that the information provided on the application is true and accurate; and
 - 3. Applicant's signature and date.
- D. In addition to the application, an eligible applicant shall present with the application:
 - 1. For an applicant who is a member of the Boy Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Boy Scouts of the United States of America stating that the applicant has attained the rank of Eagle Scout,
 - b. A Boy Scouts of the United States of America Eagle Scout Award Certificate, or
 - c. A Boy Scouts of the United States of America Eagle Scout wallet card.
 - 2. For an applicant who is a member of the Girl Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Girl Scouts of the United States of America stating that the applicant has completed the award,
 - b. A Girl Scouts of the United States of America Gold Award Certificate, or

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- c. A Girl Scouts Gold Award Certificate from the local council.
- E. The Department shall deny a high achievement scout license to an applicant who:
 1. Is not eligible for the license;
 2. Fails to comply with the requirements of this Section; or
 3. Provides false information during the application process.
- F. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Editorial correction subsection (A) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective September 23, 1980 (Supp. 80-5). Former Section R12-4-33 renumbered as Section R12-4-205 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-206. General Hunting License; Exemption

- A. A general hunting license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the general hunting license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- B. The general hunting license is valid for one-year from:
 1. The date of purchase when a person purchases the hunting license from a License Dealer, as defined under R12-4-101;
 2. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 3. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 4. The selected start date when a person purchases the hunting license from a Department office or online. A person may select the start date for the hunting license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident may apply for a general hunting license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general hunting license applicant shall provide the following information on the application:
 1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;

- e. Residency status and number of years of residency immediately preceding application, when applicable;
- f. Mailing address, when applicable;
- g. Physical address;
- h. Telephone number, when available; and
- i. E-mail address, when available; and
- 2. Affirmation that the information provided on the application is true and accurate; and
- 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), at the time of application an applicant who is applying for a general hunting license:
 1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E. A person who is under 10 years of age may hunt wildlife other than big game without a hunting license when accompanied by a properly licensed person who is 18 years of age or older.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2). Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-34 renumbered as Section R12-4-206 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-207. General Fishing License; Exemption

- A. A general fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-301. The general fishing license is valid:
 1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a general fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- B. The general fishing license is valid for one-year from:
 1. The date of purchase when a person purchases the fishing license from a License Dealer, as defined under R12-4-101; or
 2. The selected start date when a person purchases the fishing license from a Department office or online. A person may select the start date for the fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident or nonresident may apply for a general fishing license by submitting an application to the Department, a

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License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general fishing license applicant shall provide the following information on the application:

1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant who is applying for a general fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E.** In addition to the exemption prescribed under A.R.S. § 17-335, a person who is under 10 years of age may fish without a fishing license.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-35 renumbered as Section R12-4-207 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-208. Guide License

- A.** A guide, as defined under A.R.S. § 17-101, is a person who does any one of the following:
1. Advertises for guiding services.
 2. Is presented to the public for hire as a guide.
 3. Is employed by a commercial enterprise as a guide.
 4. Accepts compensation in any form commensurate with the market value in this state for guiding services in exchange for aiding, assisting, directing, leading, or instructing a person in the field to locate and take wildlife.
 5. Is not a landowner or lessee who, without full fair market compensation, allows access to the landowner's or lessee's property and directs and advises a person in taking wildlife.
- B.** A person shall not act as a guide unless the person holds one of the following guide licenses:
1. A hunting guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife

other than aquatic wildlife as defined under A.R.S. § 17-101.

2. A fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of aquatic wildlife.
 3. A hunting and fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife.
- C.** A guide license shall expire on December 31 of each year.
- D.** A person is not eligible to apply for an original or renewal guide license when any one of the following conditions apply:
1. The applicant was convicted of a felony violation of any federal wildlife law, within five years immediately preceding the date of application;
 2. The applicant was convicted of a violation listed under A.R.S. § 17-309(D), within five years immediately preceding the date of application;
 3. The applicant was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended within five years immediately preceding the date of application; or
 4. The applicant's privilege to take or possess wildlife or to guide or act as a guide is currently suspended or revoked anywhere in the U.S. for violation of a federal or state wildlife law.
- E.** Notwithstanding subsection (D), a person who was convicted of a misdemeanor violation of any wildlife law within one year preceding the date of application may apply for a guide license provided the person immediately and voluntarily reported the violation to the Department after committing the violation.
- F.** An applicant for a guide license shall:
1. Be 18 years of age or older, and
 2. Possess the required Department-issued license, as applicable:
 - a. A current Arizona hunting license when applying for a hunting guide license;
 - b. A current Arizona fishing license when applying for a fishing guide license;
 - c. A current Arizona combination hunting and fishing license when applying for a hunting and fishing guide license;
- G.** The guide license does not exempt the license holder from any applicable method of take or licensing requirement. The guide license holder shall comply with all applicable Commission rules, including, but not limited to, rules governing:
1. Lawful methods of take,
 2. Lawful devices, and
 3. License requirements.
- H.** Unless otherwise provided under this Section, a person shall successfully complete the Department administered examination, and answer at least 80% of the questions correctly, prior to applying for a guide license. Guide examinations are:
1. Provided at a Department office.
 2. Valid until December 31 of the year in which it was taken.
 3. A person interested in taking the guide examination shall contact a Department office to obtain scheduling information.
- I.** The examination is based on the type of guide license the person is seeking.
1. Before taking the examination, the applicant shall provide their:
 - a. Name;
 - b. Date of birth; and

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- c. Driver license number and issuing state.
 2. The examination may include questions regarding any of the following topics:
 - a. A.R.S. Title 17 Game and Fish statutes and Commission rules regarding the taking and handling of terrestrial and aquatic wildlife;
 - b. A.R.S. Title 28, Ch 3, Article 20 Off-highway Vehicles statutes and rule regarding the use of off-highway vehicles;
 - c. A.R.S. Title 5, Ch 3, Boating and Water Sports statutes and Commission rules on boating;
 - d. Requirements for guiding on federal lands;
 - e. Identification of aquatic wildlife species;
 - f. Identification of wildlife;
 - g. Special state and federal laws regarding certain species;
 - h. General knowledge of fair chase, hunter ethics, and conservation in Arizona;
 - i. General knowledge of species habitat and wildlife that may occur in the same habitat;
 - j. General knowledge of the types of habitat within the State; and
 - k. General knowledge of special or concurrent jurisdictions within the State.
 3. An applicant who fails the examination may retake the examination as agreed upon by the applicant and the examination administrator.
- J. In addition to the guide examination requirement under subsection (H), a guide license holder shall take the Department administered examination when:
 1. The applicant currently holds a hunting or fishing guide license and is applying for a combination hunting and fishing guide license;
 2. The applicant for a hunting guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of terrestrial wildlife within one year preceding the date of application;
 3. The applicant for a fishing guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of aquatic wildlife within one year preceding the date of application;
 4. The applicant failed to submit a renewal application postmarked before the expiration date of the guide license; or
 5. The applicant failed to submit the annual report for the preceding license year by January 10 of the following license year.
- K. A person may apply for a guide license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A guide license applicant shall provide all of the following information on the application:
 1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number;
 - e. Current hunting, fishing, or combination hunting and fishing license number;
 - f. Residency status;
 - g. Mailing address, when applicable;
 - h. Physical address;
 - i. Telephone number, when available;
 - j. E-mail address, when available;
 - k. Type of guide license sought; and
 - l. Calendar year for which the application is made;
 2. The outfitting or guide:
 - a. Business name; and
 - b. Business address, as applicable;
 3. Responses to questions relating to criminal violations;
 4. Affirmation that:
 - a. The applicant meets the eligibility requirements prescribed under this Section; and
 - b. The information provided on the application is true and accurate;
 5. Applicant's signature and date.
- L. In addition to the requirements listed under subsection (K), an applicant for a guide license shall also submit a copy of any one of the following as proof of the applicant's identity:
 1. Valid U.S. passport;
 2. Applicant's birth certificate;
 3. Valid government-issued driver's license; or
 4. Valid government-issued identification card.
- M. All information and documentation provided by the guide license applicant is subject to Department verification.
- N. An applicant for a guide license shall pay all applicable fees required under R12-4-102 upon approval of an initial or renewal application for a guide license.
- O. The Department shall deny a guide license when the applicant:
 1. Fails to meet the criteria prescribed under A.R.S. § 17-362,
 2. Fails to comply with the requirements of this Section,
 3. Provides false information during the application process,
 4. Fails to provide the annual report required under subsection (R) by January 10, or
 5. Provides false information in the annual report required under subsection (R) within three years immediately preceding the date of application.
- P. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- Q. A guide license holder may submit an application for renewal of a guide license after December 1 of the year it was issued. The Department shall not start the substantive review, as defined under A.R.S. § 41-1072, before January 10 of the following license year, unless the Department receives the annual report prior to the date established under subsection (R). The current guide license shall remain valid pending a Department decision on the application for renewal, provided:
 1. The application for renewal is submitted to the Department by December 31, and
 2. The Department receives the annual report submitted in compliance with subsection (R).
- R. A guide license holder shall submit to the Department the annual report required under A.R.S. § 17-362(C) for the previous calendar year before January 10 of the following license year. The report form is furnished by the Department and is available at any Department office or on the Department's website.
 1. A report is required whether or not the license holder performed any guiding activities.
 2. The annual report shall include all of the following information, as applicable:
 - a. License holder's personal information:
 - i. Name;
 - ii. Guide license number; and

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- iii. E-mail address, when available; and
 - b. Client's personal information:
 - i. Name;
 - ii. Mailing address; and
 - iii. Arizona license, tag and permit numbers, and
 - c. Dates guiding activities were conducted;
 - d. Number and species of wildlife taken by the clients;
 - e. Game management unit or body of water where guiding activities took place;
 - f. Affirmation that the information provided in the annual report is true and accurate; and
 - g. License holder's signature and date.
- 3. The Department shall not renew a guide license if the annual report is not submitted to the Department by January 10 of the following license year.
- S. The date of receipt for the items required under subsections (K), (L), (Q), and (R) shall be as follows:
 - 1. The date a person presents the items to a Department office;
 - 2. The date a private express mail carrier receives the package containing the items as indicated on the shipping package; or
 - 3. The date of the United States Postal Service postmark stamped on the envelope containing the items.
- T. A guide license holder shall:
 - 1. Complete a Department-sanctioned continuing education course at least once every five-years.
 - 2. While performing guide activities or providing guide services:
 - a. Possess a valid guide license.
 - b. Possess a valid Arizona hunting, fishing, or combination hunting and fishing license, as applicable under subsection (F)(2).
 - c. Present the license for inspection upon the request of any peace officer, including wildlife managers and game rangers.
 - d. Report any violation of a federal or state wildlife regulation, law, or rule personally witnessed by the guide license holder.
- U. A guide license holder shall not:
 - 1. Use, or allow another person to use, any method or device prohibited under any federal or state wildlife regulation, law, or rule while taking wildlife.
 - 2. Aid, counsel, agree to aid, or attempt to aid another person in planning or engaging in conduct that results in a violation of any federal or state wildlife regulation, law, or rule while taking wildlife.
 - 3. Pursue any wildlife or hold at bay any wildlife for a person unless that person is present during the pursuit to take the wildlife.
 - a. The person shall be continuously present during the entire pursuit of that specific target animal.
 - b. If dogs are used, the person shall be present when the dogs are released on a specific target animal and shall be continuously present for the remainder of the pursuit.
 - 4. Hold wildlife at bay other than during daylight hours, unless a Commission Order authorizes the take of the species at night.
- V. As authorized under A.R.S. § 17-362(A), the Commission may revoke or suspend a guide license when any one or more of the following actions occur:

- 1. The guide license holder failed to comply with the requirements of A.R.S. Title 17 or was convicted of violating any provision of A.R.S. Title 17;
- 2. The guide license holder was convicted of a felony violation of any federal wildlife law;
- 3. The guide license holder was convicted of a violation listed under A.R.S. § 17-309(D);
- 4. The guide license holder was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended; or
- 5. The guide license holder's privilege to take or possess wildlife is suspended or revoked by any jurisdiction for violation of a federal or state wildlife law.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-40 renumbered as Section R12-4-208 without change effective August 13, 1981 (Supp. 81-4). Former rule repealed, new Section R12-4-208 adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-209. Repealed**Historical Note**

Adopted effective March 20, 1981 (Supp. 81-2). Former Section R12-4-42 renumbered as Section R12-4-209 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

R12-4-210. Combination Hunting and Fishing License; Exemption

- A. A combination hunting and fishing license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds.
- B. A combination hunting and fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-101. The combination hunting and fishing license is valid:
 - 1. State-wide including Mitty Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
 - 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a combination hunting and fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.

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- C. The Department offers three combination hunting and fishing licenses:
1. A short-term combination hunting and fishing license, valid for one 24-hour period from midnight to midnight.
 - a. The short-term combination hunting and fishing license is not valid for the take of big game animals.
 - b. The short-term combination hunting and fishing license is valid for the take of migratory game birds and waterfowl, provided the person possesses the applicable State Migratory Bird stamp and Federal Waterfowl stamp.
 - c. The Department does not limit the number of short-term combination hunting and fishing licenses a resident or nonresident may purchase.
 2. A combination hunting and fishing license for a person age 18 and over.
 - a. The combination hunting and fishing license is valid for one-year from:
 - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
 - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
 3. A youth combination hunting and fishing license for a person through age 17.
 - a. The combination hunting and fishing license is valid for one-year from:
 - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
 - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- D. A resident or nonresident may apply for a combination hunting and fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A combination hunting and fishing license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- E. In addition to the requirements listed under subsection (C), an applicant who is applying for a combination hunting and fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- F. Exemptions authorized under R12-4-206(E) and R12-4-207(E) also apply to this Section, as applicable.

Historical Note

Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective January 20, 1977 (Supp. 77-1). Editorial correction subsection (A), paragraph (2) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective March 17, 1981 (Supp. 81-2). Former Section R12-4-39 renumbered as Section R12-4-210 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 16, 1982 (Supp. 82-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

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R12-4-211. Lifetime License; Benefactor License

- A.** The Department offers the following lifetime licenses:
1. A lifetime hunting license includes the privileges established under R12-4-206(A).
 2. A lifetime fishing license includes the privileges established under R12-4-207(A).
 3. A lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
 4. A benefactor lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
- B.** A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate lifetime hunting or combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C.** The lifetime licenses identified under subsection (A) do not expire and remain valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
 2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a lifetime license holder.
- D.** A resident may apply for a lifetime license by submitting an application to the Department and paying the applicable fee required under subsection (E). The application is furnished by the Department and is available at any Department office and on the Department's website. A lifetime license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number, when required under A.R.S. §§ 25-320(P) and 25-502(K);
 - e. Department identification number, when applicable;
 - f. Residency status and number of years of residency immediately preceding application, when applicable;
 - g. Mailing address, when applicable;
 - h. Physical address;
 - i. Telephone number, when available; and
 - j. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- E.** The fees for resident lifetime licenses listed under (A)(1) through (A)(3) are determined by the age of the applicant as follows:
1. Age 0 through 13 years is 17 times the fee established under R12-4-102 for the equivalent one-year license.
 2. Age 14 through 29 years is 18 times the fee established under R12-4-102 for the equivalent one-year license.
 3. Age 30 through 44 years is 16 times the fee established under R12-4-102 for the equivalent one-year license.
 4. Age 45 through 61 years is 15 times the fee established under R12-4-102 for the equivalent one-year license.
 5. Age 62 and older is 8 times the fee established under R12-4-102 for the equivalent one-year license.

6. For the purposes of this subsection, when the applicant is under the age of 18, the fee for the lifetime license is based on the full priced license fee, not the youth license fee.

- F.** The fee for the benefactor license listed under (A)(4) is \$1,500. The difference between \$1,500 and the license fee for a resident lifetime combination hunting and fishing license established under subsection (E):
1. Is a donation to the State for continued management, protection, and conservation of the State's wildlife.
 2. Shall be credited to the wildlife endowment fund established under A.R.S. § 17-271.
 3. May be tax deductible to the extent allowed by federal and state income tax statutes for contributions to qualifying tax-exempt organizations.
- G.** A lifetime license may be denied or suspended pursuant to, and for the offenses described under, A.R.S. § 17-340.
- H.** A person issued a lifetime license prior to the effective date of this Section shall be entitled to the privileges established under subsection (A)(1), (A)(2), (A)(3), or (A)(4), as applicable, for the equivalent lifetime license.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective October 9, 1980 (Supp. 80-5). Former Section R12-4-36 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

R12-4-212. Repealed**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective January 1, 1977 (Supp. 76-5). Former Section R12-4-37 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-213. Hunt Permit-tags and Nonpermit-tags

- A.** A valid hunt permit-tag or nonpermit-tag is required to validate a license to take a big game animal or other wildlife requiring a valid tag. Before a person may take a big game animal or other wildlife requiring a tag, the person shall apply for and obtain the appropriate tag required for the take of that big game animal or other wildlife.
- B.** A person may apply for a hunt permit-tag in accordance with R12-4-104 and at the times, locations, and in the manner established by the hunt permit-tag application schedule that the Department publishes and is available at any Department office, on the Department's website, or a License Dealer as defined under R12-4-101.
- C.** A person applying for a nonpermit-tag shall apply in accordance with R12-4-114 and pay the required fee established under R12-4-102.
- D.** Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate tag to a person whose tag was

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not used and is lost, destroyed, mutilated, or otherwise unusable; or placed on a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). The person shall complete and sign the affidavit furnished by the Department. The affidavit is available at any Department office or License Dealer. The person shall provide the following information on the affidavit:

1. The applicant's personal information:
 - a. Name;
 - b. Department identification number, when applicable;
 - c. Residency status and number of years of residency immediately preceding application, when applicable;
2. The original license or tag information:
 - a. Type of license or tag;
 - b. Place of purchase;
 - c. Purchase date, when available;
3. Disposition of the original tag for which a duplicate is being purchased.
4. A person applying for a duplicate tag after a harvested animal that was subsequently condemned as described under subsection (D) shall also submit the condemned meat duplicate tag authorization form issued by the Department.

- E. The person shall pay the applicable duplicate fee prescribed under R12-4-102.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-38 renumbered as Section R12-4-213 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

R12-4-214. Repealed**Historical Note**

Former Section R12-4-67 renumbered as Section R12-4-214 without change effective August 13, 1981 (Supp. 81-4). Repealed effective December 22, 1989 (Supp. 89-4).
 New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

R12-4-215. Youth Group Two-day Fishing License

- A. A youth group two-day fishing license authorizes a nonprofit organization or governmental entity as defined under subsection (C) that sponsors adult supervised activities for youth to take up to 25 youths fishing. The youth group two-day fishing license is only available from a Department office. The youth group two-day fishing license is valid for:
1. Two consecutive days,
 2. The take of all aquatic wildlife, and
 3. All privileges established under R12-4-207(A).
- B. A nonprofit organization or governmental entity may apply for a youth group two-day fishing license at any Department office. An applicant for a youth group two-day fishing license shall be a resident. The applicant shall pay the fee required under R12-4-102 and provide the following information at the time of application:

1. The nonprofit organization's or governmental entity's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number, when available;
 2. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Mailing address, when applicable;
 - f. Physical address;
 - g. Telephone number, when available; and
 - h. E-mail address, when available;
 3. The dates on which the nonprofit organization intends to conduct the youth group fishing activity.
 4. The approximate number of youth participating in the group fishing activity.
- C. For the purpose of this Section, "governmental entity" means any town, city, county, municipality, or other political subdivision of this state or any department, agency, board, commission, authority, division, office, public school, public charter school, public corporation, or other public entity of this state or any department agency bureau, or office of the federal government that is physically located within this state.

Historical Note

Adopted effective December 9, 1982 (Supp. 82-6). Section repealed, new Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective December 31, 2003 (Supp. 05-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-216. Crossbow Permit

- A. For the purposes of this Section, "healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:
1. Medical Doctor,
 2. Doctor of Osteopathy,
 3. Doctor of Chiropractic,
 4. Nurse Practitioner, or
 5. Physician Assistant.
- B. When authorized under R12-4-304 as lawful for the species hunted:
1. A person who possesses a valid crossbow permit may use any of the following during an archery-only season as prescribed under R12-4-318:
 - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action; or
 - b. Any bow to be drawn and held with an assisting device.
 2. A person who possesses both a valid crossbow permit and CHAMP, issued under R12-4-217, may use any of the following during an archery-only season as prescribed under R12-4-318:
 - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action;

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- b. Any bow to be drawn and held with an assisting device; or
 - c. Pre-charged pneumatic weapon, as defined under R12-4-301, using arrows or bolts and capable of firing only a single arrow or bolt at a time.
- C. The crossbow permit does not exempt the permit holder from any other applicable method of take or licensing requirement. The permit holder shall be responsible for compliance with all applicable regulatory requirements.
- D. The crossbow permit does not expire, unless:
 - 1. The medical certification portion of the application indicates the person has a temporary physical disability; then the crossbow permit shall be valid for a period of one year from the date the medical certification portion of the application was signed by the healthcare provider,
 - 2. The permit holder no longer meets the criteria for obtaining the crossbow permit, or
 - 3. The Commission revokes the person's hunting privileges under A.R.S. § 17-340. A person whose crossbow permit is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E. An applicant for a crossbow permit shall apply by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A crossbow permit applicant shall provide all of the following information on the application:
 - 1. The applicant's:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Affirmation that:
 - a. The applicant meets the requirements of this Section, and
 - b. The information provided on the application is true and accurate, and
 - 3. Applicant's signature and date.
 - 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
 - a. Certify the applicant has one or more of the following physical limitations:
 - i. An amputation involving body extremities required for stable function to use conventional archery equipment;
 - ii. A spinal cord injury resulting in a disability to the lower extremities, leaving the applicant non ambulatory;
 - iii. A wheelchair restriction;
 - iv. A neuromuscular condition that prevents the applicant from drawing and holding a bow;
 - v. A failed manual muscle test involving the grading of shoulder and elbow flexion and extension or an impaired range-of-motion test involving the shoulder or elbow; or
 - vi. A combination of comparable physical disabilities resulting in the applicant's inability to draw and hold a bow;
 - vii. A failed functional draw test that equals 30 pounds of resistance and involves holding it for four seconds. The functional draw test may not be used to determine eligibility for the permit when it is not associated with a disability.
 - b. Indicate whether the disability is temporary or permanent and, when temporary, specify the expected duration of the physical limitation; and
 - c. Provide the healthcare provider's:
 - i. Typed or printed name,
 - ii. License number,
 - iii. Business address,
 - iv. Telephone number, and
 - v. Signature and date;
- 5. A person who holds a valid Challenged Hunter Access/Mobility Permit (CHAMP) and who is applying for a crossbow permit is exempt from the requirements of subsection (E)(4) and shall indicate "CHAMP" in the space provided for the medical certification on the crossbow permit application.
- F. In addition to the requirements listed above, at the time of application an applicant who is applying for a crossbow permit shall pay the applicable fee required under R12-4-102.
- G. All information and documentation provided by the applicant is subject to Department verification.
- H. The Department shall deny a crossbow permit when the applicant:
 - 1. Fails to meet the criteria prescribed under this Section,
 - 2. Fails to comply with the requirements of this Section, or
 - 3. Provides false information during the application process.
- I. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- J. The applicant claiming a temporary or permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
- K. When acting under the authority of a crossbow permit, the crossbow permit holder shall possess the permit, and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.
- L. A crossbow permit holder shall not:
 - 1. Transfer the permit to another person, or
 - 2. Allow another person to use or possess the permit.

Historical Note

Adopted effective April 7, 1983 (Supp. 83-2). Repealed effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). New Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-217. Challenged Hunter Access/Mobility Permit

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(CHAMP)

- A.** For the purposes of this Section, the following definitions apply:

“Healthcare provider” means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:

1. Medical Doctor,
2. Doctor of Osteopathy,
3. Doctor of Chiropractic,
4. Nurse Practitioner, or
5. Physician Assistant.

“Severe permanent disability” means one or more permanent physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, intellectual disability, muscular dystrophy, musculoskeletal disorders, neurological disorders, paraplegia, pulmonary disorders, quadriplegia and other spinal cord conditions, sickle cell anemia, and end stage renal disease or a combination of permanent disabilities resulting in comparable substantial functional limitations.

- B.** The Challenged Hunter Access/Mobility Permit (CHAMP) allows a person with a severe permanent disability to perform one or more of the following activities:

1. Discharge a firearm or other legal hunting device from a motor vehicle if, under existing conditions:
 - a. The discharge is otherwise lawful;
 - b. The motor vehicle is not in motion;
 - c. The motor vehicle is not on any road, as defined under A.R.S. § 17-101; and
 - d. The motor vehicle’s engine is turned off.
2. Discharge a firearm or other legal hunting device from a watercraft, as defined under R12-4-501; provided the motor is turned off, the sail furled, or both; and progress has ceased.
 - a. The watercraft may be drifting as a result of current or wind, beached, moored, resting at anchor, or propelled by paddle, oars, or pole.
 - b. A person may use a watercraft under power to retrieve dead or wounded wildlife.
 - c. For the purposes of this subsection, “watercraft” does not include a sinkbox.
3. Use off-road locations in a motor vehicle if use is not in conflict with federal or state statutes or regulations or local ordinances or regulations and the motor vehicle is used as a place to wait for game. A person shall not use a motor vehicle to chase or pursue game.
4. Designate an assistant to track and dispatch a wounded animal, and to retrieve the animal, in accordance with the requirements of this Section.

- C.** The CHAMP holder shall comply with all applicable regulatory requirements. A CHAMP does not exempt the permit holder from any other applicable method of take or licensing requirement.

- D.** The CHAMP does not expire, unless:

1. The permit holder no longer meets the criteria for obtaining the CHAMP, or
2. The Commission revokes the person’s hunting privileges under A.R.S. § 17-340. A person whose CHAMP is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.

- E.** An applicant for a CHAMP shall apply by submitting an application to the Department. The application form is furnished by the Department and is available from any Department office

and on the Department’s website. The CHAMP applicant shall provide all of the following information on the application:

1. The applicant’s:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant’s eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
2. Affirmation that:
 - a. The applicant meets the requirements of this Section, and
 - b. The information provided on the application is true and accurate, and
3. Applicant’s signature and date.
4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
 - a. Certify the applicant is a person with a severe permanent disability as defined under subsection (A), and
 - b. Provide the healthcare provider’s:
 - i. Typed or printed name,
 - ii. Business address,
 - iii. Telephone number, and
 - iv. Signature and date;

- F.** In addition to the requirements listed above, at the time of application an applicant who is applying for a CHAMP shall pay the applicable fee required under R12-4-102.

- G.** All information and documentation provided by the applicant is subject to Department verification.

- H.** The applicant claiming a severe permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.

- I.** The Department shall deny a CHAMP when the applicant:

1. Fails to meet the criteria prescribed under this Section,
2. Fails to comply with the requirements of this Section, or
3. Provides false information during the application process.

- J.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed in A.R.S. Title 41, Chapter 6, Article 10.

- K.** When acting under the authority of the CHAMP, the permit holder shall possess and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.

- L.** The CHAMP holder shall ensure the CHAMP vehicle placard, issued with the CHAMP, is visibly displayed on the motor vehicle or watercraft when in use.

- M.** The Department shall provide a CHAMP holder with a dispatch permit that allows the CHAMP holder to designate a licensed hunter as an assistant to:

1. Dispatch and retrieve an animal wounded by the CHAMP holder, or
2. Retrieve wildlife killed by the CHAMP holder.

- N.** The CHAMP holder shall:

1. Designate an assistant only after the animal is wounded or killed.
2. Ensure the designation on the dispatch permit is in ink and includes:

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- a. A description of the animal,
 - b. The assistant's name and valid Arizona hunting license number,
 - c. The date and time the animal was wounded or killed, and
3. Ensure compliance with all of the following requirements:
- a. The site where the animal is wounded and the location from which tracking begins are marked so they can be identified later.
 - b. The assistant possesses the dispatch permit and a valid hunting license while tracking and dispatching the wounded animal. When acting under the authority of the dispatch permit, the assistant shall possess and exhibit the dispatch permit and hunting license upon request to any peace officer, including wildlife managers and game rangers.
 - c. The CHAMP holder is in the field while the assistant is tracking and dispatching the wounded animal.
 - d. The assistant does not transfer the dispatch permit to anyone except that the dispatch permit may be transferred back to the CHAMP holder.
 - e. Dispatch is made by a method that is lawful for the take of the particular animal in the particular season in accordance with requirements established under R12-4-304 and R12-4-318.
 - f. The assistant attaches the dispatch permit to the carcass of the animal and returns the carcass to the CHAMP holder, and the tag of the CHAMP holder is affixed to the carcass.
 - g. If the assistant is unsuccessful in locating and dispatching the wounded animal, the assistant returns the dispatch permit to the CHAMP holder. The CHAMP holder shall strike the name and authorization of the assistant from the dispatch permit.
- O. A dispatch permit may not be reused when all spaces for designation of an assistant are filled or the dispatch permit is attached to a carcass. The CHAMP holder may request another dispatch permit from the Department if:
1. All spaces for assistants are filled,
 2. The dispatch permit is lost, or
 3. When the CHAMP holder needs another dispatch permit for another big game hunt.
- P. A CHAMP holder shall not:
1. Transfer the permit to another person, or
 2. Allow another person to use or possess the permit.

Historical Note

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

R12-4-218. Repealed**Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective November 7, 1996 (Supp. 96-4).

R12-4-219. Renumbered**Historical Note**

Adopted as an emergency effective July 5, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 24, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2).

R12-4-220. Repealed**Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).

ARTICLE 3. TAKING AND HANDLING OF WILDLIFE**R12-4-301. Definitions**

In addition to the definitions provided under A.R.S. § 17-101 and R12-4-101, the following definitions apply to this Article unless otherwise specified:

"Administer" means to apply a drug directly to wildlife by injection, inhalation, ingestion, or any other means.

"Aircraft" means any contrivance used for flight in the air or any lighter-than-air contrivance, including unmanned aircraft systems also known as drones.

"Artificial flies and lures" means man-made devices intended as visual attractants to catch fish. Artificial flies and lures does not include living or dead organisms or edible parts of those organisms, natural or prepared food stuffs, or chemicals or organic materials intended to create a scent, flavor, or chemical stimulant to the device regardless of whether it is added or applied during or after the manufacturing process.

"Atlatl" means a rod or narrow board-like device used to launch, through a throwing motion of the arm, a dart.

"Audio location device" means any device that captures broad spectrum, high definition sound and airwaves that is not held or manually operated by a person and is used to identify and locate wildlife.

"Barbless hook" means any fish hook manufactured without barbs or on which the barbs have been completely closed or removed.

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“Body-gripping trap” means a device designed to capture an animal by gripping the animal’s body.

“Confinement trap” means a device designed to capture wildlife alive and hold it without harm.

“Crayfish net” means a net that does not exceed 36 inches on a side or in diameter and is retrieved by means of a hand-held line.

“Deadly weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Device” has the same meaning as provided under A.R.S. § 17-101.

“Dip net” means any net, excluding the handle, that is no greater than three feet in the greatest dimension, that is hand-held, non-motorized, and the motion of the net is caused by the physical effort of the person.

“Drug” means any chemical substance, other than food or mineral supplements, that affects the structure or biological function of wildlife.

“Edible portions of game meat” means, for:

Upland game birds, migratory game birds and wild turkey: breast.

Bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, and pronghorn antelope: front quarters, hind quarters, loins (backstraps), neck meat, and tenderloins.

Game fish: fillets of the fish.

“Evidence of legality” means the wildlife is accompanied by the applicable license, tag, stamp, or permit required by law and is identifiable as the “legal wildlife” prescribed by Commission Order, which may include evidence of species, gender, antler or horn growth, maturity, and size.

“Foothold trap” means a device designed to capture an animal by the leg or foot.

“Handgun” means a firearm designed and intended to be held, gripped, and fired by one or more hands, not intended to be fired from the shoulder, and that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a barrel for each single pull of the trigger.

“Harvest limit” means an identified limit or threshold on the number of any one species permitted to be taken, during a specified time period, in a management unit or portion of a management unit, which when met closes the season for the remainder of the specified time period.

“Hybrid device” means a device with a combination of components from two or more lawful devices and is used for the take of wildlife, such as but not limited to a firearm, pneumatic weapon, or slingshot that shoots arrows or bolts.

“Instant kill trap” means a device designed to render an animal unconscious and insensitive to pain quickly with inevitable subsidence into death without recovery of consciousness.

“Land set” means any trap used on land rather than in water.

“Minnow trap” means a trap with dimensions that do not exceed 12 inches in depth, 12 inches in width, and 24 inches in length.

“Muzzleloading handgun” means a firearm intended to be fired from the hand, incapable of firing fixed ammunition, and loaded with black powder or synthetic black powder and a single projectile.

“Muzzleloading rifle” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single barrel, and using black powder or synthetic black powder, and loaded through the muzzle with a single projectile.

“Muzzleloading shotgun” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single or double smooth barrel and using black powder or synthetic black powder, and loaded through the muzzle with ball shot as a projectile.

“Paste-type bait” means a partially liquefied substance used as a lure for animals.

“Pneumatic weapon” means a device that fires a projectile by means of air pressure or compressed gas. This does not include tools that are common in the construction and art trade such as, but not limited to, nail and rivet guns.

“Pre-charged pneumatic weapon” means an air gun or pneumatic weapon that is charged from a high compression source such as an air compressor, air tank, or internal or external hand pump.

“Prohibited possessor” has the same meaning as provided under A.R.S. § 13-3101.

“Prohibited weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Rifle” means a firearm intended to be fired from the shoulder that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a rifled bore for each single pull of the trigger. This does not include a pre-charged pneumatic weapon.

“Shotgun” means a firearm intended to be fired from the shoulder and that uses the energy from an explosive in a fixed shotgun shell to fire either ball shot or a single projectile through a smooth bore or rifled barrel for each pull of the trigger.

“Sight-exposed bait” means a carcass, or parts of a carcass, lying openly on the ground or suspended in a manner so that it can be seen from above by a bird. This does not include a trap flag, dried or bleached bone with no attached tissue, or less than two ounces of paste-type bait.

“Simultaneous fishing” means taking fish by using only two lines at one time and not more than two hooks or two artificial flies or lures per line.

“Single-point barbless hook” means a fishhook with a single point, manufactured without barbs, or on which the barbs have been completely closed or removed. This does not include a treble fishhook.

“Sinkbox” means a low-floating device with a depression that affords a hunter a means of concealment beneath the surface of the water.

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“Smart device” means any device equipped with a target-tracking system or an electronically-controlled, electronically-assisted, or computer-linked trigger or release. This includes but is not limited to smart rifles.

“Trail Camera” means any device that is not held or manually operated by a person and is used to capture images, video, or location, time, or date data of wildlife.

“Trap flag” means an attractant made from materials other than animal parts that is suspended at least three feet above the ground.

“Water set” means any trap used and anchored in water rather than on land.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976, Amended effective June 7, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Editorial correction subsection (D) (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-50 renumbered as Section R12-4-301 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (A) effective May 12, 1982 (Supp. 82-3). Amended effective July 3, 1984 (Supp. 84-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Former R12-4-301 renumbered to R12-4-321; new Section made by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-302. Use of Tags

- A. In addition to meeting requirements prescribed under A.R.S. § 17-331, a person who takes wildlife shall have in possession any tag required for the particular season or hunt area.
- B. A tag obtained in violation of statute or rule is invalid and shall not be used to take, transport, or possess wildlife.
- C. A person who lawfully possesses both a nonpermit-tag and a hunt permit-tag shall not take a genus or species in excess of the bag limit established by Commission Order for that genus or species.
- D. A person shall:
 - 1. Take and tag only the wildlife identified on the tag.
 - 2. Use a tag only in the season and hunt for which the tag is valid as specified by Commission Order.
- E. Except as permitted under R12-4-217, a person shall not:
 - 1. Allow their tag to be attached to wildlife killed by another person,
 - 2. Allow their tag to be possessed by another person while taking wildlife,
 - 3. Allow wildlife killed by that person to be tagged with another person's tag,
 - 4. Attach their tag to wildlife killed by another person, or
 - 5. Possess a tag issued to another person while taking wildlife.

- 6. Subsections (E)(2) and (5) do not apply to a tag issued to a person under 18 years of age.

- F. Except as permitted under R12-4-217, immediately after a person kills wildlife, the person shall attach:
 - 1. The tag to the wildlife carcass in the manner indicated on the tag, or
 - 2. The validation code to the wildlife carcass in the manner indicated by the Department through the person's electronic device.
- G. A person who authorizes another person to possess, transport, or ship a portion of their lawfully taken animal shall complete the transportation and shipping portion of the tag in the manner indicated on the tag or by the Department through the person's electronic device, as applicable.
- H. A tag is no longer valid for the take of wildlife if:
 - 1. The tag is mutilated or the Transportation and Shipping Permit portion of the tag is signed or filled out, or
 - 2. The validation code is attached to a carcass.

Historical Note

Former Section R12-4-51 renumbered as Section R12-4-302 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (D), (E), and repealed subsection (G) effective May 12, 1982 (Supp. 82-3). Amended effective March 23, 1983 (Supp. 83-2). Amended subsection (F) effective October 31, 1984 (Supp. 84-5). Amended subsections (A), (D), (F) and (G) and added a new Section (H) effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Section R12-4-302 repealed, new Section R12-4-302 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4).

R12-4-303. Unlawful Activities, Ammunition, Devices, and Methods

- A. In addition to the prohibitions prescribed under A.R.S. §§ 17-301 and 17-309, the following activities, ammunition, devices, and methods are unlawful in this state:
 - 1. A person shall not use any of the following to take wildlife:
 - a. Fully automatic firearms, including firearms capable of selective automatic fire.
 - b. Tracer or armor-piercing ammunition designed for military use.
 - c. Any smart device as defined under R12-4-301.
 - d. Any self-guided projectiles.
 - 2. A person shall not take big game using full-jacketed or total-jacketed bullets that are not designed to expand upon impact,

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3. A person shall not use or possess any of the following while taking wildlife:
 - a. Poisoned projectiles or projectiles that contain explosives or a secondary propellant.
 - b. Pitfalls of greater than 5-gallon size, explosives, poisons, or stupefying substances, except as permitted under A.R.S. § 17-239 or as allowed by a scientific collecting permit issued under A.R.S. § 17-238.
 - c. Any lure, attractant, or cover scent containing any cervid urine.
 - d. Electronic night vision equipment, electronically enhanced light-gathering devices, thermal imaging devices or laser sights projecting a visible light; except for devices such as laser range finders projecting a non-visible light, scopes with self-illuminating reticles, and fiber optic sights with self-illuminating sights or pins that do not project a visible light onto an animal.
 4. A person shall not by any means:
 - a. Hold wildlife at bay other than during daylight hours, unless authorized by Commission Order.
 - b. Injure, confine, place, or use a tracking device in or on wildlife for the purpose of taking or aiding in the take of wildlife.
 - c. Place any substance, device, or object in, on, or by any water source to prevent wildlife from using that water source.
 - d. Place any substance in a manner intended to attract bears.
 - e. Use a manual or powered jacking or prying device to take reptiles or amphibians.
 - f. Use dogs to pursue, tree, corner or hold at bay any wildlife for a hunter, unless that hunter is present for the entire hunt.
 - g. Take migratory game birds, except Eurasian collared-doves:
 - i. Using a shotgun larger than 10 gauge, a shotgun of any description capable of holding more than three shells unless it is plugged with a one-piece filler that cannot be removed without disassembling the shotgun so that its total capacity does not exceed three shells.
 - ii. Using electronically amplified bird calls or baits.
 - iii. By means or aid of any motor driven land, water, or air conveyance, or any sailboat used for the purpose of or resulting in the concentrating, driving, rallying, or stirring up of any migratory bird.
 - iv. Activities described under subsections (A)(4)(g)(i) through (A)(4)(g)(iii) are prohibited under 50 C.F.R. 20.21, revised October 1, 2015. The material incorporated by reference in this Section does not include any later amendments or editions. The incorporated material is available at any Department office, online from the Government Printing Office website www.gpoaccess.gov, or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
 - h. Use or discharge any of the following devices while taking wildlife within one-fourth mile (440 yards) of an occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident:
 - i. Arrow or bolt;
 - ii. Atlatl throwing dart;
 - iii. Hybrid device; or
 - iv. Pneumatic weapon .35 caliber or larger.
 5. A person shall not place, maintain, or use a trail camera, or images, video, to include location, time, or data from a trail camera, for the purpose of taking or aiding in the take of wildlife or locating wildlife for the purpose of taking or aiding in the take of wildlife.
 6. A person shall not use images of wildlife produced or transmitted from a satellite or other device that orbits the earth for the purpose of:
 - a. Taking or aiding in the take of wildlife, or
 - b. Locating wildlife for the purpose of taking or aiding in the take of wildlife.
 - c. This subsection does not prohibit the use of mapping systems or programs.
 7. A person shall not use edible or ingestible substances to aid in taking big game. The use of edible or ingestible substances to aid in taking big game is unlawful when:
 - a. A person places edible or ingestible substances for the purpose of attracting or taking big game, or
 - b. A person knowingly takes big game with the aid of edible or ingestible substances placed for the purpose of attracting wildlife to a specific location.
 8. For the purposes of subsection (A)(7), edible or ingestible substances do not include any of the following:
 - a. Water.
 - b. Salt.
 - c. Salt-based materials produced and manufactured for the livestock industry.
 - d. Nutritional supplements produced and manufactured for the livestock industry and placed during the course of livestock or agricultural operations.
 9. A person shall not place, maintain, or use an audio location device for the purpose of taking or aiding in the take of terrestrial wildlife or locating wildlife for the purpose of taking or aiding in the take of terrestrial wildlife.
 10. A person shall not aid, assist, direct, lead or instruct a person in the field to locate or take wildlife, if the person's privilege to guide is currently revoked pursuant to A.R.S. §§ 17-340 or 17-362 and the original revocation period was for five or more years.
- B.** It is unlawful for a person who is a prohibited possessor to take wildlife with a deadly weapon or prohibited weapon.
- C.** Wildlife taken in violation of this Section is unlawfully taken.
- D.** This Section does not apply to any activity allowed under A.R.S. § 17-302, to a person acting within the scope of their official duties as an employee of the state or United States, or as authorized by the Department.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 29, 1977 (Supp. 77-2). Amended effective

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September 7, 1978 (Supp. 78-5). Former Section R12-4-52 renumbered as Section R12-4-303 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 28, 1983 (Supp. 83-2). Amended subsections (A) and (C) effective October 31, 1984 (Supp. 84-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 2473, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-304. Lawful Methods for Taking Wild Mammals, Birds, and Reptiles

A. A hybrid device is lawful for the take of wildlife provided all components of the device are authorized for the take of that species under this Section.

B. A person may only use the following methods to take big game when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318.

1. To take bear:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(1)(i) to be drawn and held with an assisting device; and
- k. Pursuit with dogs only between August 1 and December 31, provided the person shall immediately kill or release the bear after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the bear can escape on its own after it is treed, cornered, or held at bay.

2. To take bighorn sheep:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(2)(i) to be drawn and held with an assisting device.

3. To take bison:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Shotguns shooting slugs, only;
- e. Centerfire handguns no less than .41 Magnum or centerfire handguns with an overall cartridge length of no less than two inches;
- f. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
- g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
- h. Bows with a standard pull of 40 or more pounds, using arrows with broadheads of no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
- i. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(3)(h) to be drawn and held with an assisting device.

4. To take deer:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting

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- edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(4)(i) to be drawn and held with an assisting device.
5. To take elk:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(5)(i) to be drawn and held with an assisting device.
 6. To take javelina:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(6)(i) to be drawn and held with an assisting device;
 - k. .22 rimfire magnum rifles; and
 - l. 5 mm rimfire magnum rifles.
 - m. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
7. To take mountain lion:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs or shot;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(7)(i) to be drawn and held with an assisting device;
 - k. Artificial light, during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
 - l. Pursuit with dogs, provided the person shall immediately kill or release the mountain lion after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the mountain lion can escape on its own after it is treed, cornered, or held at bay.
 8. To take pronghorn antelope:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and

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- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(8)(i) to be drawn and held with an assisting device.
- 9. To take turkey:
 - a. Shotguns shooting shot;
 - b. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - c. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(9)(b) to be drawn and held with an assisting device;
 - d. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
 - e. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- C. A person may only use the following methods to take small game when authorized by Commission Order and subject to the restrictions under R12-4-303, R12-4-318, and R12-4-422.
 - 1. To take cottontail rabbits and tree squirrels:
 - a. Firearms,
 - b. Bow and arrow,
 - c. Crossbow,
 - d. Pneumatic weapons,
 - e. Slingshots,
 - f. Hand-held projectiles,
 - g. Falconry, and
 - h. Dogs.
 - 2. To take all upland game birds and Eurasian collared-dove:
 - a. Bow and arrow;
 - b. Falconry;
 - c. Pneumatic weapons;
 - d. Shotguns shooting shot, only;
 - e. Handguns shooting shot, only;
 - f. Crossbow;
 - g. Slingshot;
 - h. Hand-held projectiles; and
 - i. Dogs.
 - 3. To take migratory game birds, except Eurasian collared-dove:
 - a. Bow and arrow;
 - b. Crossbow;
 - c. Falconry;
 - d. Dogs;
 - e. Shotguns shooting shot:
 - i. Ten gauge or smaller, except that lead shot shall not be used or possessed while taking ducks, geese, swans, mergansers, gallinules, or coots; and
 - ii. Incapable of holding more than a total of three shells as prescribed under 50 C.F.R. 20.21, published October 1, 2015. The material incorporated by reference in this subsection does not include any later amendments or editions. The material is available at any Department office, online from the Government Printing Office website www.gpoaccess.gov, or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- D. A person may take waterfowl from any watercraft, except a sinkbox, subject to the following conditions:
 - 1. The motor is shut off, the sail is furled, as applicable, and any progress from a motor or sail has ceased;
 - 2. The watercraft may be:
 - a. Adrift as a result of current or wind action;
 - b. Beached;
 - c. Moored;
 - d. Resting at anchor; or
 - e. Propelled by paddle, oars, or pole; and
 - 3. The person may only use the watercraft under power to retrieve dead or crippled waterfowl; shooting is prohibited while the watercraft is under power.
- E. A person may only use the following methods to take predatory and fur-bearing animals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
 - 1. Firearms;
 - 2. Pre-charged pneumatic weapons .22 caliber or larger;
 - 3. Bow and arrow;
 - 4. Crossbow;
 - 5. Traps not prohibited under R12-4-307;
 - 6. Artificial light while taking raccoon provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail;
 - 7. Artificial light while taking coyote during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
 - 8. Dogs.
- F. A person may take nongame mammals and birds by any method authorized by Commission Order and not prohibited under R12-4-303, R12-4-318, and R12-4-422, subject to the following restrictions. A person:
 - 1. Shall not take nongame mammals and birds using foot-hold traps;
 - 2. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
 - 3. Shall not use firearms at night; and
 - 4. May use artificial light while taking nongame mammals and birds, if the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.
- G. A person may only use the following methods to take hooved nongame mammals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
 - 1. Centerfire rifles;

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2. Muzzleloading rifles;
 3. All other rifles using black powder or synthetic black powder;
 4. Centerfire handguns;
 5. Muzzleloading handguns;
 6. Shotguns shooting slugs, only;
 7. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
 8. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 9. Bows with a standard pull of 40 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 10. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (G)(9) to be drawn and held with an assisting device.
- H.** A person may take reptiles by any method not prohibited under R12-4-303 or R12-4-318 subject to the following restrictions. A person:
1. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
 2. Shall not use firearms at night; and
 3. May use artificial light while taking reptiles provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 11, 1978 (Supp. 78-1). Amended effective September 7, 1978 (Supp. 78-5). Amended effective November 14, 1979 (Supp. 79-6). Amended effective July 22, 1980 (Supp. 80-4). Former Section R12-4-53 renumbered as Section R12-4-304 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective April 7, 1983 (Supp. 83-2). Amended subsection (I) effective June 7, 1984 (Supp. 84-3). Amended effective February 28, 1985 (Supp. 85-1). Amended effective September 16, 1985 (Supp. 85-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by exempt rulemaking at 17 A.A.R. 2629, effective December 9, 2011 (Supp. 11-4). Amended by

final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife

- A.** A person shall ensure that evidence of legality remains with the carcass or parts of a carcass of any wildlife that the person possesses, transports, or imports until arrival at the person's permanent abode, a commercial processing plant, or the place where the wildlife is to be consumed.
- B.** In addition to the requirement under subsection (A), a person possessing or transporting the following wildlife shall ensure each:
1. Big game animal and sandhill crane has the required valid tag attached in the manner indicated on the tag, as indicated by the Department through the person's electronic device, or as permitted under R12-4-302(E)(6), as applicable;
 2. Migratory game bird, except sandhill cranes, has one fully feathered wing attached;
 3. Sandhill crane and Eurasian-collared dove has either the fully feathered head or one fully feathered wing attached;
 4. Quail has attached a fully feathered head, or a fully feathered wing, or a leg with foot attached; and
 5. Freshwater fish has the head, tail, or skin attached so the species can be identified and the total number and required length determined.
- C.** A person who has lawfully taken wildlife that requires a valid tag when prescribed by the Commission may authorize its transportation or shipment by completing and signing the Transportation and Shipping Permit portion of the valid tag or as indicated by the Department through the person's electronic device, as applicable, for that animal. A separate Transportation and Shipping Permit issued by the Department is necessary to transport or ship to another state or country any big game taken with a resident license. Under A.R.S. § 17-372(B), a person may ship other lawfully taken wildlife by common carrier after obtaining a valid Transportation and Shipping Permit issued by the Department. The person shall provide the following information:
1. Number and description of the wildlife to be transported or shipped;
 2. Name, address, license number, and license class of the person who took the wildlife;
 3. Tag number;
 4. Name and address of the person receiving a portion of the carcass of the wildlife as authorized under subsection (D), if applicable;
 5. Address of destination where the wildlife is to be transported or shipped; and
 6. Name and address of transporter or shipper.
- D.** A person who lawfully takes wildlife under a tag may authorize another individual to possess the head or carcass of the wildlife as prescribed under R12-4-302.
- E.** A person who receives a portion of the wildlife shall provide the identity of the person who took and gave the portion of the wildlife upon request to any peace officer, wildlife manager, or game ranger.
- F.** A person shall not possess the horns of a bighorn sheep, taken by a hunter in this state, unless the horns are marked or sealed as established under R12-4-308.

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- G.** Except as provided under R12-4-307, before a person may sell, offer for sale, or export the raw pelt or unskinned carcass of a bobcat taken in this State, the person shall:
1. Present the bobcat for inspection at any Department office, and
 2. Purchase a bobcat seal by paying the fee established under R12-4-102 at any Department office or other location as determined and published by the Department. Department personnel or an authorized agent shall attach and lock the bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag.
- H.** A person who takes bear or mountain lion under A.R.S. § 17-302 may retain the carcass of the wildlife if the person has a valid hunting license and the carcass is immediately tagged with a nonpermit-tag, valid hunt permit-tag, or electronic tag as required under R12-4-114 and R12-4-302, provided the person has not reached the applicable bag limit for that big game animal. An animal retained under this subsection shall count toward the applicable bag limit for bear or mountain lion as authorized by Commission Order. The person shall comply with inspection and reporting requirements established under R12-4-308.
- I.** A person may possess, transport, or import only the following portions of a cervid lawfully taken in another state, country, or designated CWD Management Zone:
1. Boneless portions of meat, or meat that has been cut and packaged either personally or commercially.
 2. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality provided the cervid quarters and portions are being transported directly to a licensed meat processor located within this State.
 3. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality.
 4. Clean skulls and skull plates with or without hard antlers with no brain tissue or spinal column attached. This includes antlers in the velvet stage, provided they are attached to a clean skull or skull plate with no brain or spinal tissue attached and are being transported directly to a licensed taxidermist located within this State.
 5. Finished taxidermy mounts or products.
 6. Upper canine teeth with no meat or tissue attached.
 7. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
 8. For the purposes of this Section, "CWD Management Zone" means the geographic area that surrounds the area where CWD is initially detected. A CWD Management Zone is established to control access to and from the designated area to ensure the appropriate sanitary disposal of cervid carcasses or parts.
- J.** For a cervid taken in another state or country, or in a designated CWD Management Zone, the cervid parts identified in subsection (I) may be transported in Arizona, however, a person is:
1. Prohibited from disposing of any remaining unused tissue that is a byproduct of processing on public or private property, and
 2. Shall ensure the unused tissue is placed in a domestic or commercial trash receptacle designated for disposal at a commercial landfill or incinerator.
- K.** A private game farm license holder may transport a cervid lawfully killed or slaughtered at the license holder's game farm to a licensed meat processor.
- L.** A person may possess or transport only the following portions of a cervid lawfully killed or slaughtered at a private game farm authorized under R12-4-413:
1. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality;
 2. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality;
 3. Clean skulls and skull plates with antlers with no brain tissue or spinal column attached, including antlers in the velvet stage;
 4. Finished taxidermy mounts or products;
 5. Upper canine teeth with no meat or tissue attached; and
 6. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
- M.** A person who obtains bison meat as authorized under R12-4-306 may sell the meat.
- N.** Except for cervids, which are subject to requirements established under subsections (I) through (L), a person may import into this state the carcasses or parts of wildlife, including aquatic wildlife, lawfully taken in another state or country if transported and exported in accordance with the laws of the state or country of origin.
- O.** A person shall not transport live crayfish from the site where taken, except as permitted under R12-4-314.
- P.** A person in possession of a common carp (*Cyprinus carpio*), buffalofish (*Ictiobus* spp.), or crayfish (families *Astacidae*, *Cambaridae*, and *Parastacidae*) carcass taken under Commission Order may sell the carcass.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Former Section R12-4-54 renumbered as Section R12-4-305 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective June 14, 1983 (Supp. 83-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective April 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-306. Bison Hunt Requirements

- A.** When authorized by Commission Order, the Department shall conduct a hunt to harvest bison from the state's bison herds.
- B.** A hunter with a bison permit-tag, valid nonpermit-tag, or electronic tag for the House Rock Wildlife Area or Raymond Wildlife Area herd shall:
1. Attend a hunter orientation meeting, which may include requiring the hunter to:
 - a. Hunt in the order scheduled.
 - b. Hunt in the assigned hunt area.
 2. Allow a Department employee to:

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- a. Designate the bison to be harvested to achieve management objectives, and
- b. Assist in taking the bison if the hunter fails to dispatch a wounded bison within a reasonable period of time.
- 3. Provide a signed written acknowledgment that the hunter received, read, understands, and agrees to comply with the requirements of this Section.
- C. Failure to comply with the requirements of subsection (B) shall result in the invalidation of the hunter's permit-tag, non-permit-tag, or electronic tag, consistent with the written acknowledgment signed and agreed to by the hunter.
- D. A hunter issued a bison permit-tag, valid nonpermit-tag, or electronic tag shall check out using the Department's online hunter questionnaire no more than three days after the end of the hunt, regardless of whether the hunter harvested a bison or did not participate in the bison hunt.
- E. A hunter who harvests a bison may be required to submit a biological sample, such as teeth, blood samples, or parts of the carcass when required by Commission Order.

Historical Note

Former Section R12-4-55 renumbered as Section R12-4-306 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) effective May 12, 1982 (Supp. 82-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). The spelling of Bison was corrected in the Section heading (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-307. Trapping Regulations, Licensing; Methods; Tagging of Bobcat Pelts

- A. An Arizona trapping license permits a person to trap predatory and fur-bearing animals.
- B. A trapping license is required for any person 10 years of age and older. A person under the age of 10 is not required to purchase a trapping license, but shall apply for and obtain a registration number. The trapper registration number is not transferable.
- C. A person born on or after January 1, 1967 shall successfully complete a Department-approved trapping education course before applying for a trapping license.
- D. A person applying for a trapping registration number or trapping license shall pay the applicable fees established under R12-4-102.
- E. A person applying for a trapping registration number or trapping license shall apply using a form furnished by the Department. The form is available at any Department office and online at www.azgfd.gov. The person shall provide all of the following information on the form:
 - 1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Category of license:
 - a. Resident,
 - b. Nonresident, or
 - c. Youth, and
 - 3. The applicant's signature and date.
- F. A trapper may only trap predatory and fur-bearing animals during trapping seasons established by Commission Order.
- G. A trapper shall:
 - 1. Inspect traps daily;
 - 2. Kill or release all predatory and fur-bearing animals;
 - 3. Possess a choke restraint device that enables the trapper to release a javelina from a trap when trapping in a javelina hunt unit as designated by Commission Order;
 - 4. Possess a device that is designed or manufactured to restrain a trapped animal while it is being removed from a trap when its release is required under this Section; and
 - 5. Release, without additional injury, all animals that cannot lawfully be taken by trap.
 - 6. Subsections (G)(3) and (G)(4) do not apply when the trapper is using a confinement trap.
- H. A trapper shall not:
 - 1. Bait a confinement trap with:
 - a. A live animal;
 - b. Any edible parts of small game, big game, or game fish; or
 - c. Any part of any game bird or nongame bird.
 - 2. Set any trap within:
 - a. One-half mile (880 yards) of any of the following areas developed for public use:
 - i. Boat ramp or launching area,
 - ii. Camping area,
 - iii. Picnic area,
 - iv. Roadside rest area, or
 - v. Developed wildlife viewing platform.
 - b. One-half mile of any occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident.
 - c. One-hundred yards of an interstate highway or any other highway maintained by the Arizona Department of Transportation.
 - d. Fifty feet of any trail maintained for public use by a government agency.
 - e. Seventy-five feet of any other road as defined under A.R.S. § 17-101.
 - f. Subsections (H)(2)(b), (H)(2)(c), (H)(2)(d), and (H)(2)(e) do not apply when the trapper is using a confinement trap.
 - 3. Set a foothold trap within 30 feet of sight-exposed bait.
 - 4. Use any:
 - a. Body-gripping or other instant kill trap with an open jaw spread that exceeds 5 inches for any land set or 10 inches for any water set;
 - b. Foothold trap with an open jaw spread that exceeds 7 1/2 inches for any water set;
 - c. Snare, unless authorized under subsection (I);
 - d. Trap with an open jaw spread that exceeds 6 1/2 inches for any land set; or

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- e. Trap with teeth.
- I. A trapper who uses a foothold trap to take wildlife with a land set shall use commercially manufactured traps that meet the following specifications:
1. A padded or rubber-jawed trap or an unpadded trap with jaws permanently offset to a minimum of 3/16 inch and a device that allows for pan tension adjustment;
 2. A foothold trap that captures wildlife by means of an enclosed bar or spring designed to prevent the capture of non-targeted wildlife or domestic animals; or
 3. A powered cable device with an inside frame hinge width no wider than 6 inches, a cable loop stop size of at least 2 inches in diameter to prevent capture of small non-target species, and a device that allows for a pan tension adjustment.
- J. A trapper who uses a foothold trap to take wildlife with a land set shall ensure that the trap has an anchor chain equipped with at least two swivels as follows:
1. An anchor chain 12 inches or less in length shall have a swivel attached at each end.
 2. An anchor chain greater than 12 inches in length shall have one swivel attached at the trap and one swivel attached within 12 inches of the trap. The anchor chain shall be equipped with a shock-absorbing spring that requires less than 40 pounds of force to extend or open the spring.
- K. A trapper shall ensure that each trap has either the name and address or the registration number of the trapper marked on a metal tag attached to the trap. The registration number assigned by the Department is the only acceptable registration number.
- L. A trapper shall immediately attach a valid bobcat transportation tag to the pelt or unskinned carcass of a bobcat taken in this state. The trapper shall validate the transportation tag by providing all of the following information on the bobcat transportation tag:
1. Current trapping license number,
 2. Management unit where the bobcat was taken,
 3. Sex of the bobcat, and
 4. Method by which the bobcat was taken.
- M. The Department shall provide transportation tags with each trapping license. Additional transportation tags are available at any Department office at no charge.
- N. A trapper shall ensure that all bobcats taken in this state have a bobcat seal attached and locked either through the mouth and an eye opening or through both eye openings no later than April 1 of each year.
1. When available, bobcat seals are issued on a first-come, first-served basis at Department offices and other locations at those times and places as determined and published by the Department.
 2. The trapper shall pay the bobcat seal fee established under R12-4-102.
 3. Department personnel or an authorized agent shall attach and lock a bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag and a complete lower jaw identified with labels provided with the transportation tag. Department personnel or authorized agents shall collect the transportation tags and jaws before attaching the bobcat seal.
- O. Department personnel shall attach a bobcat seal to a bobcat pelt seized under A.R.S. § 17-211(E)(4) before disposal by the Department to the public.
- P. A licensed trapper shall file the annual report prescribed under A.R.S. § 17-361(D). The report form is available at any Department office and online at www.azgfd.gov.
1. The trapper shall submit the report to Arizona Game and Fish Department, Terrestrial Wildlife Branch, 5000 W. Carefree Highway, Phoenix, AZ 85086 by April 1 of each year.
 2. A report is required even when trapping activities were not conducted.
 3. The Department shall deny a trapping license to any trapper who fails to submit an annual report until the trapper complies with reporting requirements.
- Q. Persons suffering property loss or damage due to wildlife and who take responsive measures as permitted under A.R.S. §§ 17-239 and 17-302 are exempt from this Section. This exemption does not authorize any form of trapping prohibited under A.R.S. § 17-301.

Historical Note

Repealed effective May 3, 1976 (Supp. 76-3). New Section R12-4-56 adopted effective September 2, 1977 (Supp. 77-5). Amended effective December 27, 1979 (Supp. 79-6). Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981. New Section R12-4-307 amended effective August 31, 1981 (Supp. 81-4). Amended effective August 4, 1982 (Supp. 82-4). Correction, Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981 should read "effective August 31, 1981." Amended as an emergency effective March 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-2). Amended subsections (B), (C)(6), (7), and (8) and added subsection (I)(5) as a permanent rule effective August 27, 1984 (Supp. 84-4). Amended subsection (C), paragraph (4), subsection (D), subsection (H), paragraph (1), subsection (I), paragraphs (3), (4) and (5) effective September 12, 1986 (Supp. 86-5). Amended effective March 1, 1994; filed in the Office of the Secretary of State November 23, 1993; Exhibit A - "Trapping Report" Form 2050, repealed from Section R12-4-307 (Supp. 93-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Corrected mislabeled subsection "C" to subsection "D" as per the Commission's request July 22, 1997 (Supp. 97-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-308. Wildlife Inspections; Check Stations; Road-blocks; Harvest Reporting; Hunt Surveys

- A. The Department has the authority to establish mandatory wildlife check stations.
1. The Department shall publish in the Commission Order establishing the season the:
 - a. Location,
 - b. Check in requirements, and
 - c. Check out requirements for that specific season.
 2. The Department shall ensure a wildlife check station with a published:
 - a. Check in requirement is open:

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- i. 8:00 a.m. the day before the season until 8:00 p.m. the first day of the season, and
 - ii. 8:00 a.m. to 8:00 p.m. during each day of the season.
 - b. Check out requirement is open:
 - i. 8:00 a.m. to 8:00 p.m. during each day of the season, and
 - ii. Until 12:00 p.m. on the day after the close of the season.
 - 3. A hunter shall:
 - a. Check in at a wildlife check station in person before hunting when the Department includes a check in requirement in the Commission Order for that season;
 - b. Check out at a wildlife check station in person after hunting when the Department includes a check out requirement in the Commission Order for that season and shall:
 - i. Present for inspection any wildlife taken; and
 - ii. Display any license, tag, or permit required for taking or transporting wildlife.
- B.** The Department may conduct inspections of lawfully taken wildlife at the Department's Phoenix and regional offices or designated locations during the posted business hours.
- 1. A bighorn sheep hunter shall check out either in person or by designee within three days after the close of the season. The hunter or designee shall submit the intact horns and skull for inspection and photographing. A Department representative shall affix a mark or seal to one horn of each bighorn sheep lawfully taken under Commission Order. It is unlawful for any person to remove, alter, or obliterate the mark or seal.
 - 2. A hunter who harvests a bear or mountain lion shall:
 - a. Report information about the kill to the Department either in person or by telephone within 48 hours of taking the wildlife. The report shall include the:
 - i. Name of the hunter;
 - ii. Hunter's hunting license number;
 - iii. Sex of the wildlife taken;
 - iv. Management unit where the wildlife was taken;
 - v. Hunter's email address, when available;
 - vi. Telephone number where the hunter can be reached for additional information; and
 - vii. Any additional information required by the Department.
 - b. Present either in person or by designee the skull, hide, and attached proof of sex for inspection within 10 days of taking the wildlife. If a hunter freezes the skull or hide before presenting it for inspection, the hunter shall prop the jaw open to allow access to the teeth and ensure that the attached proof of sex is identifiable and accessible.
- C.** For seasons other than bear, bighorn sheep, or mountain lion, a hunter who harvests wildlife for which a harvest limit is established shall report information about the kill either in person, by telephone, or through the person's electronic device, as applicable, within 48 hours of taking the wildlife. The report shall include the information required under subsection (B)(2)(a).
- D.** When required by Commission Order:
- 1. A hunter who is issued a permit-tag, nonpermit-tag, or electronic tag shall submit to the Department a completed hunter survey within 30 days following the close of the season.
- 2. A hunter who harvests wildlife may be required to submit a biological sample, such as teeth or parts of the carcass, within 10 days of taking the wildlife.
- E.** The Director may establish vehicle roadblocks at specific locations when necessary to ensure compliance with applicable wildlife laws. Any occupant of a vehicle at a roadblock shall, upon request, present for inspection all wildlife in possession, and provide evidence of legality as defined under R12-4-301.
- F.** It is unlawful for any person to submit a false report under this Section.
- G.** This Section does not limit the game ranger or wildlife manager's authority to conduct stops, searches, and inspections authorized under A.R.S. §§ 17-211(E), 17-250(A)(4), and 17-331, or to establish voluntary wildlife survey stations to gather biological information.

Historical Note

Amended effective June 29, 1978 (Supp. 78-3). Former Section R12-4-57 renumbered as Section R12-4-308 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective May 12, 1982 (Supp. 82-3). Amended subsections (B), (D), and (F), and added subsection (G) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective July 12, 1996 (Supp. 96-3). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-309. Authorization for Use of Drugs on Wildlife

- A.** A person shall not administer any drug to any wildlife under the jurisdiction of the state, including but not limited to drugs used for fertility control, disease prevention or treatment, immobilization, or growth stimulation without written authorization from the Department or as otherwise provided under subsection (E). This authorization does not:
- 1. Exempt a person from any state or federal statute, rule, or regulation, or any municipal or county code or ordinance; or
 - 2. Authorize a person to engage in any activity using federally protected wildlife.
- B.** A person requesting written authorization for the use of drugs on wildlife shall submit the request in writing to the Department at 5000 W. Carefree Highway, Phoenix, AZ 85086 and at least 120 days before the anticipated start date of the activity. The written request shall include all of the following:
- 1. A plan that includes:
 - a. The purpose and need for the proposed activity;
 - b. A clear statement of the objectives; for fertility control the statement shall include the target wildlife population goals or densities and the anticipated time-frame for meeting these objectives;

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- c. A description of the agent, drug, or method and any mandated labeling restrictions or limitations designed to reduce or minimize detrimental effects to wildlife and humans;
 - d. Citations of published scientific literature documenting field studies on the efficacy and safety for both target and non-target species, including predators, scavengers, and humans;
 - e. A description of the activity area;
 - f. A description of the target species population and current status;
 - g. A description of the field methodology for delivery that includes the following, as applicable:
 - i. Timing,
 - ii. Sex and number of animals to be treated,
 - iii. Percentage of the population to be treated,
 - iv. Calculated population effect, and
 - v. Short and long term monitoring and evaluation procedures.
 - 2. Documentation regarding the experience and credentials of the applicant or the applicant's agents as it applies to the requested activity;
 - 3. Written permission from landowners or lessees in all locations where the drug will be administered; and
 - 4. Written endorsement from the agency or institution; required when the applicant is a government agency, university, or other institution. The person signing the written endorsement shall have the authority to execute the written endorsement on behalf of the agency or institution.
- C.** The Department shall notify the applicant of the Department's decision to grant or deny the request within 90 days. The Department has the authority to place conditions on the written authorization regarding:
- 1. Locations and time-frames,
 - 2. Drugs and methodology,
 - 3. Limitations,
 - 4. Reporting requirements, and
 - 5. Any other conditions deemed necessary by the Department.
- D.** A person with authorization shall:
- 1. Carry written authorization while engaged in the activity and exhibit it upon request to any peace officer, wildlife manager, or game ranger;
 - 2. Allow Department personnel to be present to monitor activities for compliance, public safety, and proper treatment of animals;
 - 3. Adhere to all drug label restrictions and precautions;
 - 4. Provide an annual and final report:
 - a. The annual report shall include the number of animals treated, the level of treatment effect obtained to date, and any problems including mortalities or morbidities of target animals. The person shall submit the annual report to the Department by January 31 of each year or as otherwise specified in the written authorization.
 - b. The final report shall include the end results, including the number of wildlife treated and treatment effects on target and non-target wildlife, including mortalities, morbidities, and reproductive rate changes. The person shall submit the final report to the Department no later than 90 days after the completion of the project for which the permit was issued.
 - 5. Comply with all conditions and requirements set forth in the written authorization.
- E.** This Section does not prohibit the treatment of wildlife by a licensed veterinarian or holder of a special license in accordance with R12-4-407(B)(2) and (8), R12-4-413(K)(5), R12-4-420(J)(3), activities as authorized under R12-4-418, R12-4-420, R12-4-421, and R12-4-423, a person exempt from special licensing under R12-4-407(A)(4) and (5), or reasonable lethal removal activities for wildlife control as authorized under A.R.S. § 17-239(A).
- F.** This Section does not limit:
- 1. Department employees or Department agents in the performance of their official duties related to wildlife management,
 - 2. The practices of aquaculture facilities administered by the U.S. Fish and Wildlife Service, and commercial aquaculture facilities operating under a valid license from the Arizona Department of Agriculture, or
 - 3. The use of supplements or drugs as a part of conventional livestock operations where those supplements may incidentally be consumed by wildlife.
- G.** The Department shall take possession of and dispose of any remaining wildlife drugs administered in violation of this Section and any devices and paraphernalia used to administer those drugs as authorized under A.R.S. §§ 17-211(E), 17-231(A), and 17-240(B).
- H.** Require the person with authorization to indemnify the Department against any injury or damage resulting from the use of animal drugs.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-58 renumbered as Section R12-4-309 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended effective January 1, 1999; filed with the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). New Section made by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-310. Fishing Permits

- A.** The Department may issue a fishing permit to state, county, or municipal agencies or departments and to nonprofit organizations whose primary purpose is to provide treatment and care for persons with physical, developmental, or mental disabilities.

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- B.** The permit:
- Is valid for any two days within a 30 day period;
 - Authorizes persons with physical, developmental, or mental disabilities to fish without a fishing license upon any public waters except that fishing in the waters of the Colorado River is restricted to fishing from the Arizona shoreline only, unless the persons fishing under the authority of the permit also possess a valid Colorado River stamp from the adjacent state; and
 - Does not exempt persons fishing under the authority of the permit from compliance with other statutes, Commission Orders, and rules not contained in this Section.
- C.** An applicant for a fishing permit shall submit a properly completed application to the Department. The application is furnished by the Department and is available from any Department office and online at www.azgfd.gov.
- The applicant shall provide all of the following information:
 - The name, address, and telephone number of the agency, department, or nonprofit organization requesting the permit;
 - The name, position title, and telephone number of the persons responsible for supervising the persons fishing under the authority of the permit;
 - The total number of persons who will be fishing under the authority of the permit;
 - The dates for which the permit will be used; and
 - The location for which the permit will be valid.
 - In addition to the information required under subsection (C)(1), nonprofit organizations shall also submit:
 - A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department; and
 - Document identifying the organization's mission.
- D.** The Department shall either grant or deny the fishing permit within the applicable overall time-frame established under R12-4-106.
- E.** The fishing permit holder shall provide instruction on fish identification, fishing ethics, safety, and techniques to the persons who will be fishing under authority of the permit curriculum outline provided by the Department.
- F.** Each person fishing under the sole authority of the fishing permit may take only one-half the regular bag limit established by Commission Order for any species, unless the regular bag limit is one, in which case the permit authorizes the regular bag limit.
- G.** The permit holder shall submit a report to the Department no later than 30 days after the end of the authorized fishing dates. The report form is furnished by the Department and is available at any Department office. The permit holder shall report all of the following information on the form:
- The fishing permit number and the information contained in the permit;
 - The total number of persons who fished and total hours fished;
 - The total number of fish caught, kept, and released, by species.
- H.** The Department may deny future fishing permits to a permit holder who failed to submit the report required under subsection (G) until the permit holder complies with reporting requirements.

Historical Note

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section adopted November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-311. Exemptions from Requirement to Possess an Arizona Fishing License or Hunting License While Taking Wildlife

In addition to the exemptions prescribed under A.R.S. § 17-335, R12-4-206(E), and R12-4-207(E) and provided the person's fishing, hunting, or trapping license privileges are not currently revoked by the Commission:

- A fishing license is not required when a person is:
 - Fishing from artificial ponds, tanks, and lakes contained entirely on private lands that are not:
 - Open to the public, and
 - Managed by the Department.
 - Taking from private property crayfish and other non-native crustaceans and terrestrial mollusks considered to be garden pests, such as but not limited to brown garden snails (*Helix aspersa*) and decollate snails (*Rumina decollata*), pillbugs (*Armadillidium vulgare*), and woodlice (*Armadillidium nasatum*).
 - Fishing in Arizona on any designated Saturday occurring during National Fishing and Boating Week, except in waters of the Colorado River forming the common boundaries between Arizona and California, Nevada, or Utah where fishing without a license is limited to the shoreline, unless the state with concurrent jurisdiction removes licensing requirements on the same day.
 - Participating in an introductory fishing education program sanctioned by the Department, during scheduled program hours, only. A sanctioned program shall have a Department employee, or authorized volunteer instructor present during scheduled program hours. For the purposes of this subsection, "authorized volunteer instructor" means a person who has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and sport fishing education workshop.
- A hunting license is not required when a person is participating in an introductory hunting event organized, sanctioned, or sponsored by the Department. The person may hunt small game, fur-bearing, predator, and designated mammals during scheduled event hours, only. To hunt migratory game birds, the person shall have any stamps required by federal regulation. The introductory hunting event shall have a Department employee, certified hunter education instructor, or authorized volunteer present during scheduled hunting hours. For the purposes of this subsection, "authorized volunteer" means a person who

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has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and Department event best practices training. This subsection does not apply to any event that requires a participant to obtain a permit-tag or nonpermit-tag.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3).

Amended effective May 31, 1979. Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-60 renumbered as Section R12-4-311 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) and added subsections (F) and (G) effective December 17, 1981 (Supp. 81-6). Amended as an emergency effective May 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-3). Emergency certification expired. Amended subsections (A) through (E) effective December 7, 1982 (Supp. 82-6). Amended subsections (C) and (D) effective February 9, 1984 (Supp. 84-1). Amended effective December 13, 1985 (Supp. 85-6). Amended subsections (A) and (D) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-311 repealed, new Section R12-4-311 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-322 repealed, new Section R12-4-311 adopted effective January 1, 1989, filed effective December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-312. Repealed**Historical Note**

Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-61 renumbered as Section R12-4-312 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (E) and (F) effective December 17, 1981 (Supp. 81-6). Amended subsections (A), (C), (D), (E), and added subsection (G) effective December 9, 1982 (Supp. 82-6). Amended subsection (A), paragraph (1) effective November 27, 1984 (Supp. 84-6). Amended effective December 13, 1985 (Supp. 85-6). Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective January 1, 1989, filed December 30, 1988 (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-313. Lawful Methods of Take and Season for Aquatic Wildlife

- A. Subject to the restrictions of this Section, a person may take aquatic wildlife during the day or night using artificial light as prescribed under A.R.S. § 17-301. When a fish die-off is imminent or when otherwise deemed appropriate, the Commission may designate a special season by Commission Order to allow fish to be taken by hand or by any hand-held, non-motorized implement that does not discharge a projectile.
- B. A person who possesses a valid Arizona fishing license may take aquatic wildlife by angling or simultaneous fishing as defined under R12-4-301 with any bait, artificial fly, or lure subject to the following restrictions:
 1. Except for sunfish of the genus *Lepomis*, the flesh of game fish may not be used as bait.
 2. Live baitfish, as defined under R12-4-101, may only be used in designated areas prescribed by Commission Order and designated areas may subsequently be closed or restricted by Commission Order.
 3. Waterdogs may not be used as live bait in that portion of Santa Cruz County lying east and south of State Highway 82 or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
 4. Shall not use more than two lines at any one time.
 5. The Commission may further restrict the lawful methods of take on particular waters by designating one or more of the following special seasons by Commission Order:
 - a. An "artificial flies and lures" season in which only artificial flies and lures may be used in designated areas,
 - b. A "barbless hooks" season in which only the use of barbless or single-point barbless hooks may be used in designated areas,
 - c. An "immediate kill or release" season in which a person must kill and retain the designated species as part of the person's bag limit or immediately release the wildlife,
 - d. A "catch and immediate release" in which a person must immediately release the designated species,
 - e. An "immediate kill" season in which a person must immediately kill and retain the designated species as part of the person's bag limit, or
 - f. A "limited-entry" season in which a limited number of permits is made available to the public for a designated species, a particular water, or both.
- C. In addition to angling, a person who possesses a valid Arizona fishing license may also take the following aquatic wildlife using the following methods:
 1. A hybrid device is lawful for the take of aquatic wildlife provided all components of the device are authorized for the take of that species under this subsection.
 2. Carp (*Cyprinus carpio*), buffalofish, mullet, tilapia, goldfish, and shad may be taken by:
 - a. Bow and arrow,
 - b. Crossbow,
 - c. Snare,
 - d. Gig,
 - e. Spear or spear gun, or
 - f. Snagging.
 3. A person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of a designated swimming area as indicated by way of posted signs or notices.

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4. Except for snagging, a person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of any boat dock or fishing pier.
 5. Striped bass may be taken by spear or spear gun in waters designated by Commission Order.
 6. Catfish may be taken by bow and arrow or crossbow in waters designated by Commission Order.
 7. Amphibians, soft-shelled turtles, mollusks, and crustaceans may be taken by minnow trap, crayfish net, hand, or with any hand-held, non-motorized implement that does not discharge a projectile, unless otherwise permitted under this Section.
 8. In addition to the methods described under subsection (C)(7), bullfrogs may be taken by:
 - a. Bow and arrow,
 - b. Crossbow,
 - c. Pneumatic weapon, or
 - d. Slingshot.
 9. Live baitfish may be taken for personal use as bait by:
 - a. A cast net not to exceed a radius of 4 feet measured from the horn to the leadline;
 - b. A minnow trap, as defined under R12-4-301;
 - c. A seine net not to exceed 10 feet in length and 4 feet in width; or
 - d. A dip net.
 10. In addition to the methods described under subsection (C)(7), crayfish may be taken with the following devices:
 - a. A trap not more than 3 feet in the greatest dimension,
 - b. A dip net as defined under R12-4-301, or
 - c. A seine net not larger than 10 feet in length and 4 feet in width.
 11. The Commission may further specify the lawful methods of take on particular waters and for particular species by designating one or more of the following special seasons by Commission Order:
 - a. A “snagging” season in which a person may use this method only at times and locations designated by Commission Order, or
 - b. A “spear or spear gun” season in which a person may use this method only at times and locations designated by Commission Order.
- D.** Aquatic wildlife taken in violation of this Section is unlawfully taken.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 17, 1977 (Supp. 77-3). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-62 renumbered as Section R12-4-313 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 7, 1982 (Supp. 82-6). Amended subsection (A)(7) and added subsection (E)(3) effective November 27, 1984 (Supp. 84-6). Amended subsections (A) and (E) effective December 9, 1985 (Supp. 85-6). Amended subsections (A) and (E) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective October 14, 1993

(Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-314. Possession, Transportation, or Importation of Aquatic Wildlife

- A.** The Commission may prescribe legal sizes for possession of aquatic wildlife through Commission Order.
- B.** A person who possesses a valid Arizona fishing license may possess live aquatic wildlife lawfully taken on the waters where taken, but the person shall not transport the aquatic wildlife alive from the waters where taken except that:
1. A person may transport live baitfish listed in subsection (C)(1);
 2. A person may transport live waterdogs except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82; and
 3. Any crayfish taken on waters within Yuma or La Paz Counties may be transported alive for use as live bait in that portion of La Paz County west of Highway 95 and south of Interstate 10, Yuma County, and on the Colorado River from the Palo Verde Diversion Dam downstream to the Southern international boundary with Mexico.
- C.** A person who possesses a valid Arizona fishing license may import, transport, or possess live baitfish, crayfish, or waterdogs for personal use as live bait only as follows:
1. A person may possess or transport only the following live baitfish for personal use as live bait:
 - a. Fathead minnow (*Pimephales promelas*),
 - b. Golden shiners (*Notemigonus crysoleucas*),
 - c. Goldfish (*Carassius auratus*),
 - d. Longfin Dace (*Agosia chrysogaster*),
 - e. Sonora Sucker (*Catostomus insignis*),
 - f. Speckled Dace (*Rhynchichthys osculus*), and
 - g. Desert Sucker (*Catostomus clarki*).
 2. A person may import for personal use live baitfish listed in subsection (C)(1) from:
 - a. California or Nevada, or
 - b. From any other state with accompanying documentation certifying that the fish are free of Furunculosis.
 3. A person may import, transport, or possess live waterdogs for personal use as bait, except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
 4. A person shall not import, transport, or move live crayfish between waters for personal use as live bait except as allowed in 12 A.A.C. 4, Article 4, or except as allowed in subsection (B)(3).
- D.** A person shall attach water-resistant identification to any unattended live boxes or stringers holding fish and ensure the identification bears the person's:
1. Name,
 2. Address, and

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3. Fishing license number.
- E. A person who uses a crayfish net or a minnow trap shall raise and empty the trap daily and shall attach water-resistant identification to any unattended traps and ensure the identification bears the person's:
1. Name,
 2. Address, and
 3. Fishing license number.
- F. A person shall not knowingly disturb the crayfish net, live box, minnow trap, or stringer of another unless authorized to do so by the owner.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-63 renumbered as Section R12-4-314 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (B) effective December 31, 1984 (Supp. 84-6). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-315. Repealed**Historical Note**

Former Section R12-4-64 renumbered as Section R12-4-315 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-316. Repealed**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 4, 1979 (Supp. 79-3). Amended subsections (A), (B), (C), and (D) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-65 renumbered as Section R12-4-316 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (C) and (F) effective February 9, 1984 (Supp. 84-1). Amended effective December 31, 1984 (Supp. 84-6). Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2147, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-317. Repealed**Historical Note**

Renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-66 renumbered as Section R12-4-317 without change effective August 13, 1981 (Supp. 81-4). Correction, Section R12-4-317 formerly shown as repealed should have read reserved. Former Historical Note erroneous, see R12-4-202. Section R12-4-317 adopted effective June 20, 1984 (Supp. 84-3). Repealed effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Repealed effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-318. Seasons for Lawfully Taking Wild Mammals, Birds, and Reptiles

- A. Methods of lawfully taking wild mammals, birds, and reptiles during seasons designated by Commission Order as "general" seasons are designated under R12-4-304.
1. Lawful devices are defined under R12-4-101 and R12-4-301.
 2. Lawful devices are listed under this Section by the range of effectiveness, from greatest range to least range.
 3. A hybrid device may be used in a general season, provided:
 - a. All components of the hybrid device are designated as lawful for a given species under R12-4-304, and
 - b. No components are prohibited under R12-4-303.
- B. Methods of lawfully taking big game during seasons designated by Commission Order as "special" are designated under R12-4-304. "Special" seasons are open only to a person who possesses a special big game license tag authorized under A.R.S. § 17-346 and R12-4-120.
- C. When designated by Commission Order, the following seasons have specific requirements and lawful methods of take more restrictive than those for general and special seasons, as established under this Section. While taking the species authorized by the season, a person participating in:
1. A "CHAMP" season shall be a challenged hunter access/mobility permit holder as established under R12-4-217.
 2. A "pioneer one-horned ram" season shall be a pioneer license holder as established under R12-4-201 and the legal animal defined under R12-4-101.
 3. A "youth-only hunt" shall be under the age of 18. A youth hunter whose 18th birthday occurs during a "youth-only hunt" for which the youth hunter has a valid permit or tag may continue to participate for the duration of that "youth-only hunt."
 4. A "pursuit-only" season may use dogs to pursue bears, mountain lions, or raccoons as designated by Commission Order, but shall not kill or capture the quarry.
 - a. A person participating in a "pursuit-only" season shall possess and, at the request of Department personnel, produce an appropriate and valid hunting license and any required tag or pursuit-only permit for the wildlife pursued, even though there shall be no kill.

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- b. Pursuit is allowed regardless of whether a person has met the bag limit established under R12-4-104(J) for that genus.
- c. A person does not commit an offense under A.R.S. § 17-309 where the person causes or allows a dog to pursue a bear, mountain lion, or raccoon when all of the following apply:
 - i. A pursuit-only season for the wildlife pursued is authorized by Commission Order;
 - ii. The person possesses a valid hunting license and tag;
 - iii. The bear, mountain lion, or raccoon is not injured or killed in the course of the pursuit.
- 5. A "restricted season" may use any lawful method authorized for a specific species under R12-4-304, except dogs may not be used to pursue the wildlife for which the season was established.
- 6. An "archery-only" season shall not use any other weapons, including crossbows or bows with a device that holds the bow in a drawn position except as authorized under R12-4-216. A person participating in an "archery-only" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Bows and arrows;
 - b. Falconry; and
 - c. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- 7. A "handgun, archery, and muzzleloader (HAM)" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Muzzleloading rifles;
 - b. Handguns without a vertical foregrip or any form of fixed, detachable, or collapsible buttstock, or any apparatus or extension capable of being used to steady the handgun against the body while firing;
 - c. Muzzleloading handguns;
 - d. Bows and arrows;
 - e. Crossbows or bows to be drawn and held with an assisting device;
 - f. Pre-charged pneumatic weapons capable of holding and discharging a single projectile .35 caliber or larger;
 - g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
 - h. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- 8. A "muzzleloader" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Muzzleloading rifles or muzzleloading handguns
 - b. Bows and arrows, and
 - c. Crossbows or bows to be drawn and held with an assisting device.
- 9. A "limited weapon" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Bows and arrows,
 - b. Crossbows or bows to be drawn and held with an assisting device,
 - c. Pneumatic weapons capable of holding and discharging a single projectile .25 caliber or smaller,
 - d. Hand-propelled projectiles,
 - e. Any trap except foothold traps,
 - f. Slingshots,
 - g. Dogs,
 - h. Falconry,
 - i. Nets, or
 - j. Capture by hand.
- 10. A "limited weapon hand or hand-held implement" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Catch-pole,
 - b. Hand,
 - c. Snake hook, or
 - d. Snake tongs.
- 11. A "limited weapon-pneumatic" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Pneumatic weapons discharging a single projectile .25 caliber or smaller,
 - b. Hand-propelled projectiles,
 - c. Slingshots,
 - d. Dogs,
 - e. Falconry,
 - f. Nets, or
 - g. Capture by hand.
- 12. A "limited weapon-rimfire" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Rifled firearms using rimfire cartridges,
 - b. Shotgun shooting shot or slug,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
- 13. A "limited weapon-shotgun" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Shotgun shooting shot or slug,
 - b. Muzzleloading shotgun,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,

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- e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
14. A "limited weapon-shotgun shooting shot" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
- a. Shotgun shooting shot,
 - b. Muzzleloading shotgun shooting shot,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
15. A "falconry-only" season shall be a falconer licensed under R12-4-422 unless exempt under A.R.S. § 17-236(C) or R12-4-407. A falconer participating in a "falconry-only" season shall use no other method of take except falconry.
16. A "raptor capture" season shall be a falconer licensed under R12-4-422 unless exempt under R12-4-407.
17. A "limited-entry" season means any hunting opportunity for which a limited number of permits is made available to the public.

Historical Note

Adopted effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended effective January 1, 1998; filed in the Office of the Secretary of State November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by

final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-319. Use of Aircraft to Take or Locate Wildlife

- A. A person shall not take, or assist in taking wildlife from or with the aid of aircraft, including drones.
- B. Except in hunt units with Commission-ordered special seasons under R12-4-115 and R12-4-120 and hunt units with seasons only for mountain lion and no other concurrent big game season, a person shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, in a hunt unit with an open big game season. This restriction begins 48 hours before the opening of a big game season in a hunt unit and extends until the close of the big game season for that hunt unit.
- C. A person who possesses a special big game license tag for a special season under R12-4-115 or R12-4-120 or a person who assists or will assist such a licensee shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, within 48 hours before and during a Commission-ordered special season.
- D. This Section does not apply to any person acting within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.
- E. For the purposes of this Section, "locate" means any act or activity that does not take or harass wildlife and is directed at finding wildlife in a hunt area.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 12, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-68 renumbered as Section R12-4-319 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-319 adopted as an emergency effective October 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-320. Harassment of Wildlife

- A. In addition to the provisions established under A.R.S. § 17-301, it is unlawful to harass, molest, chase, rally, concentrate, herd, intercept, torment, or drive wildlife with or from any aircraft, including drones, as defined under R12-4-301, or with or from any motorized terrestrial or aquatic vehicle.
- B. This Section does not apply to person's acting:
 - 1. In accordance with the provisions established under A.R.S. § 17-239; or
 - 2. Within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.

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Historical Note

New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-321. Restrictions for Taking Wildlife in City, County, or Town Parks and Preserves

- A. All city, county, and town parks and preserves are closed to hunting and trapping, unless open by Commission Order.
- B. Unless otherwise provided under Commission Order or rule, a city, county, or town may:
 - 1. Limit or prohibit any person from hunting within one-fourth mile (440 yards) or trapping within one half mile (880 yards) of any:
 - a. Developed picnic area,
 - b. Developed campground,
 - c. Developed trailhead,
 - d. Developed wildlife viewing platform,
 - e. Boat ramp,
 - f. Shooting range,
 - g. Occupied structure, or
 - h. Golf course.
 - 2. Require a person entering a city, county, or town park or preserve, for the purpose of hunting, to declare the person's intent to hunt within the park or preserve, if the park or preserve has a check in process established.
 - 3. Allow a person to take wildlife in a city, county, or town park or preserve only during the posted park or preserve hours.
- C. The requirements of subsection (B)(1) do not apply to a reptile and amphibian limited weapon hand or hand-held implement season established by Commission Order.

Historical Note

New Section R12-4-321 renumbered from R12-4-301 and amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-322. Pickup and Possession of Wildlife Carcasses or Parts

- A. For the purposes of this Section, the following definitions apply:
 - 1. "Fresh" means the majority of the wildlife carcass or part is not exposed dry bone and is comprised mainly of hair, hide, or flesh.
 - 2. "Not fresh" means the majority of the wildlife carcass or part is exposed dry bone due to natural processes such as scavenging, decomposition, or weathering.
- B. If not contrary to federal law or regulation, a person may pick up and possess naturally shed antlers or horns or other wildlife parts that are not fresh without a permit or inspection by a Department law enforcement officer.
- C. Except for wildlife carcasses for which a big game salvage permit is issued under A.R.S. § 17-319, a person may only pick up and possess a fresh wildlife carcass or its parts under this Section if the person notifies the Department prior to pick up and possession and:
 - 1. The Department's first report or knowledge of the carcass or its parts is voluntarily provided by the person wanting to possess the carcass or its parts;
 - 2. A Department law enforcement officer or an authorized Department employee or agent is able to observe the car-

cass or its parts at the site where the animal was found in the same condition and location as when the animal was originally found by the person wanting to possess the carcass or its parts; and

- 3. A Department law enforcement officer, using the officer's education, training, and experience, determines the animal died from natural causes. The Department may require the person to take the officer to the site where the animal carcass or parts were found when an adequate description or location cannot be provided to the officer.
- D. If a Department law enforcement officer determines that the person wanting to possess the carcass or its parts is authorized to do so under subsection (C), the officer may authorize possession of the carcass or its parts.
- E. Wildlife parts picked up and possessed from areas under control of jurisdictions that prohibit such activity, such as other states, reservations, or national parks, are illegal to possess in this state.
- F. This Section does not authorize the pickup and possession of a threatened or endangered species carcass or its parts.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

ARTICLE 4. LIVE WILDLIFE**R12-4-401. Live Wildlife Definitions**

In addition to definitions provided under A.R.S. § 17-101, and for the purposes of this Article, the following definitions apply:

"Adoption" means the transfer of custody of live wildlife to a member of the public, initiated by either the Department or its authorized agent, when no special license is required.

"Agent" means the person identified on a special license and who assists a special license holder in performing activities authorized by the special license to achieve the objectives for which the license was issued. "Agent" has the same meaning as "sublicensee" and "subpermittee" as these terms are used for the purpose of federal permits.

"Aquarium trade" means the commercial industry and its customers who lawfully trade in aquatic live wildlife.

"Aversion training" means behavioral training in which an aversive stimulus is paired with an undesirable behavior in order to reduce or eliminate that behavior.

"Captive live wildlife" means live wildlife held in captivity, physically restrained, confined, impaired, or deterred to prevent it from escaping to the wild or moving freely in the wild.

"Captive-reared" means wildlife born, bred, raised, or held in captivity.

"Circus" means a scheduled event where a variety of entertainment is the principal business, primary purpose, and attraction. "Circus" does not include animal displays or exhibits held as an attraction for a secondary commercial endeavor.

"Commercial purpose" means the bartering, buying, leasing, loaning, offering to sell, selling, trading, exporting or importing of wildlife or their parts for monetary gain.

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“Domestic” means an animal species that does not exist in the wild, and includes animal species that have only become feral after they were released by humans who held them in captivity or individuals or populations that escaped from human captivity.

“Educational display” means a display of captive live wildlife to increase public understanding of wildlife biology, conservation, and management which may or may not include soliciting payment from an audience or an event sponsor with the intent to recover costs incurred in providing the educational display. For the purposes of this Article, “to display for educational purposes” refers to display as part of an educational display.

“Educational institution” means any entity that provides instructional services or education-related services to persons.

“Endangered or threatened wildlife” means wildlife listed under 50 CFR 17.11, revised October 1, 2019, which is incorporated by reference. A copy of the list is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

“Evidence of lawful possession” means any license or permit authorizing possession of a specific live wildlife species or individual, or other documentation establishing lawful possession. Other forms of documentation may include, but are not limited to, a statement issued by the country or state of origin verifying a license or permit for that specific live wildlife species or individual is not required.

“Exhibit” means to display captive live wildlife in public or to allow photography of captive live wildlife for any commercial purpose.

“Exotic” means wildlife or offspring of wildlife not native to North America.

“Fish farm” means a commercial operation designed and operated for propagating, rearing, or selling aquatic wildlife for any purpose.

“Game farm” means a commercial operation designed and operated for the purpose of propagating, rearing, or selling wildlife for any purpose stated under R12-4-413.

“Health certificate” means a certificate of an inspection completed by a licensed veterinarian or federal- or state-certified inspector verifying the animal examined appears to be healthy and free of infectious, contagious, and communicable diseases.

“Hybrid wildlife” means an offspring from two different wildlife species or genera. Offspring from a wildlife species and a domestic animal species are not considered wildlife. This definition does not apply to bird hybrids as defined under the Migratory Bird Treaty Act, under 50 CFR 21.3, revised October 1, 2019.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Live bait” means aquatic live wildlife used or intended for use in taking aquatic wildlife.

“Migratory birds” mean all species listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.

“Noncommercial purpose” means the use of products or services developed using wildlife for which no compensation or monetary value is received.

“Nonhuman primate” means any nonhuman member of the order Primate of mammals including prosimians, monkeys, and apes.

“Nonnative” means wildlife or its offspring that did not occur naturally within the present boundaries of Arizona before European settlement.

“Photography” means any process that creates durable images of wildlife or parts of wildlife by recording light or other electromagnetic radiation, either chemically by means of a light-sensitive material or electronically by means of an image sensor.

“Rehabilitated wildlife” means live wildlife that is injured, orphaned, sick, or otherwise debilitated and is provided care to restore it to a healthy condition suitable for release to the wild or for lawful captive use.

“Research facility” means any association, institution, organization, school, except an elementary or secondary school, or society that uses or intends to use live animals in research.

“Restricted live wildlife” means wildlife that cannot be imported, exported, or possessed without a special license or lawful exemption.

“Shooting preserve” means any operation where live wildlife is released for the purpose of hunting.

“Special license” means any license issued under this Article, including any additional stipulations placed on the license authorizing specific activities normally prohibited under A.R.S. § 17-306 and R12-4-402.

“Species of greatest conservation need” means any species listed in the Department’s Arizona’s State Wildlife Action Plan list Tier 1a and 1b published by the Arizona Game and Fish Department. The material is available for inspection at any Department office and on the Department’s website.

“Stock” and “stocking” means to release live aquatic wildlife into public or private waters other than the waters where taken.

“Taxa” means groups of animals within specific classes of wildlife occurring in the state with common characteristics that establish relatively similar requirements for habitat, food, and other ecological, genetic, or behavioral factors.

“Unique identifier” means a permanent marking made of alphanumeric characters that identifies an individual animal, which may include, but is not limited to, a tattoo or microchip.

“USFWS” means the United States Fish and Wildlife Service.

“Volunteer” means a person who:

Assists a special license holder in conducting activities authorized under the special license,

Is under the direct supervision of the license holder at the premises described on the license,

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Is not designated as an agent, and

Receives no compensation.

“Wildlife disease” means any disease that poses a health risk to wildlife in Arizona.

“Zoo” means any facility licensed by the Arizona Game and Fish Department under R12-4-420 or, for facilities located outside of Arizona, licensed or recognized by the applicable governing agency.

“Zoonotic” means a disease that can be transmitted from animals to humans or, more specifically, a disease that normally exists in animals but that can infect humans.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-402. Live Wildlife: Unlawful Acts

- A. A person shall not perform any of the following activities with live wildlife unless authorized by a federal license or permit, this Chapter, or A.R.S. Title 3, Chapter 16:
 1. Import any live wildlife into the state;
 2. Export any live wildlife from the state;
 3. Conduct any of the following activities with live wildlife within the state:
 - a. Display,
 - b. Exhibit,
 - c. Give away,
 - d. Lease,
 - e. Offer for sale,
 - f. Possess,
 - g. Propagate,
 - h. Purchase,
 - i. Release,
 - j. Rent,
 - k. Sell,
 - l. Sell as live bait,
 - m. Stock,
 - n. Trade,
 - o. Transport; or
 4. Kill any captive live wildlife.
- B. The Department may seize, quarantine, hold, or euthanize any lawfully possessed wildlife held in a manner that poses an actual or potential threat to the wildlife, other wildlife, or the safety, health, or welfare of the public. The Department shall make reasonable efforts to find suitable placement for any animal prior to euthanizing it.
- C. A person who does not lawfully possess wildlife in accordance with this Article shall be responsible for all costs associated with the care and keeping of the wildlife.
- D. Performing activities authorized under a federal license or permit does not exempt a federal agency or its employees from complying with state permit requirements.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 492, effective April 8, 2017 (Supp. 20-3).

R12-4-403. Escaped or Released Live Wildlife

- A. The Department may seize, quarantine, or euthanize any live wildlife that has been released, has escaped, or is likely to escape if the wildlife poses an actual or potential threat to:
 1. Native wildlife;
 2. Wildlife habitat; or
 3. Public health, safety, or welfare; or
 4. Property.
- B. A person shall not release live wildlife, unless specifically directed to do so by the Department or authorized under this Article.
- C. The person releasing or allowing the escape of wildlife shall be responsible for all costs incurred by the Department associated with seizing or quarantining the wildlife.
- D. All special license holders shall be subject to the requirements of this Section.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-404. Possession of Live Wildlife Taken Under an Arizona Hunting or Fishing License

- A. A person may take live wildlife from the wild under a valid Arizona hunting or fishing license provided the current Commission Order authorizes a live bag and possession limit for that wildlife and the individual possesses the appropriate hunting or fishing license and special license, when applicable.
- B. Except for live baitfish which may only be possessed and transported as established under R12-4-316, a person may conduct any of the following activities with wildlife taken under an Arizona hunting or fishing license provided the activity is for a noncommercial purpose:
 1. Export,
 2. Kill,
 3. Place on educational display,
 4. Possess,
 5. Propagate, and
 6. Transport.
- C. A person possessing wildlife or offspring of wildlife taken under this Section shall dispose of the wildlife or offspring of wildlife using any one or more of the following methods:
 1. Giving the wildlife as a gift,
 2. Exporting the wildlife to another state or jurisdiction, or
 3. Disposing of the wildlife as directed by the Department.
- D. A person shall not use wildlife or offspring of wildlife taken under this Section for commercial purposes.
- E. A person exporting live wildlife for a noncommercial purpose shall verify exported live wildlife and offspring of wildlife shall not be:
 1. Bartered,
 2. Leased,

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3. Offered for sale,
 4. Purchased,
 5. Rented,
 6. Sold, or
 7. Used for any commercial purpose.
- F.** A person may temporarily hold and release live wildlife possessed under this Section into the wild, provided the person did not remove the wildlife from the immediate area where it was taken.
- G.** A person shall not exceed the possession limit of live wildlife established by Commission Order for that species.
1. Offspring of wildlife possessed under this Section shall count towards the established possession limit.
 2. A person may possess offspring of amphibians or reptiles in excess of the possession limit for no more than 12 months from the date of birth or hatching.
 3. On or before the day the offspring reach 12 months of age, the person possessing them shall dispose of them as prescribed under subsection (C).
 4. A person is prohibited from releasing offspring of propagated wildlife into the wild.
- H.** A person may use reptiles and amphibians taken under a valid Arizona hunting license for the purpose of providing aversion or avoidance training when the current Commission Order authorizes a live bag and possession limit for that reptile or amphibian.
- I.** A person may sell photographs of wildlife taken under a valid hunting or fishing license.
- J.** A person who possesses live wildlife or offspring of wildlife taken under this Section shall comply with the requirements prescribed under R12-4-425 if the wildlife becomes listed as restricted wildlife under R12-4-406.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-405. Importing, Purchasing, and Transporting Live Wildlife Without an Arizona License or Permit

- A.** A person may import mammals, birds, amphibians, and reptiles not listed as restricted wildlife under R12-4-406 without a special license required under this Article, provided the animals are:
1. Lawfully possessed under a:
 - a. Lawful exemption; or
 - b. Valid license, permit, or other form of authorization from another state, the United States, or another country; and
 2. Accompanied by the health certificate required under 3 A.A.C. 2, Article 6, and this Article, when applicable.
- B.** A person may import live aquatic wildlife not listed as restricted wildlife under R12-4-406 without a special license under the following conditions:
1. The aquatic wildlife is lawfully possessed under a lawful exemption, valid license, permit, or other form of authorization from another state, the United States, or another country; and
 2. The aquatic wildlife is used only for restaurants or markets that are licensed to sell food to the public and the wildlife is killed before it is transported from the restaurant or market, or, if transported alive from the market, is

conveyed directly to its final destination for preparation as food; or

3. The aquatic wildlife is used only for the aquarium trade or a fish farm and is accompanied by a valid license or permit issued by another state or the United States that allows the wildlife to be transported into this state.
 - a. A person in the aquarium trade shall:
 - i. Only use aquatic wildlife used in the aquarium trade as a pet or in an educational display, and
 - ii. Keep aquatic wildlife used in the aquarium trade in an aquarium or enclosed pond that does not allow the wildlife to leave the aquarium or pond and does not allow other live aquatic wildlife to enter the aquarium or pond.
 - b. A person in the aquarium trade shall not use or possess aquatic wildlife listed as restricted live wildlife under R12-4-406.
- C.** A person shall obtain the appropriate special license listed under R12-4-409(A) before importing aquatic live wildlife for any purpose not stated under subsection (B), unless exempt under this Chapter.
- D.** A person may purchase, possess, exhibit, transport, propagate, trade, rent, lease, give away, sell, offer for sale, export, or kill wildlife or aquatic wildlife or its offspring without an Arizona license or permit if the wildlife is lawfully imported and possessed as prescribed under subsections (A) or (B).

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-406. Restricted Live Wildlife

- A.** In order to lawfully possess wildlife listed as restricted under this Section, for any activity prohibited under A.R.S. §§ 17-255.02, 17-306, R12-4-902, or this Article, a person shall possess:
1. All applicable federal licenses and permits; and
 2. The appropriate special license listed under R12-4-409(A); or
 3. Act under a lawful exemption authorized under A.R.S. § 17-255.04, R12-4-314, R12-4-404, R12-4-405, R12-4-407, R12-4-425, R12-4-427, and R12-4-430.
- B.** The Commission recognizes the online taxonomic classification from the Integrated Taxonomic Information System as the authority in determining the designations of restricted live mammals, birds, reptiles, amphibians, fish, crustaceans, and mollusks referenced under this Article. The Integrated Taxonomic Information System is available at any Department office and at www.itis.gov.
- C.** All of the following are considered restricted live wildlife and are subject to the requirements of this Article, unless otherwise specified:
1. Hybrid wildlife, as defined under R12-4-401, resulting from the interbreeding of at least one parent species of wildlife that is listed as restricted under this Section. Hybrid wildlife that is the progeny of a restricted wildlife species and a nonrestricted wildlife species is considered restricted wildlife.

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2. Transgenic species, unless otherwise specified under this Article. For the purposes of this Section, “transgenic species” means any organism that has had genes from another organism put into its genome through direct human manipulation of that genome. Transgenic species do not include natural hybrids or individuals that have had their chromosome number altered to induce sterility. A transgenic animal is considered wildlife if the genetic material originated from a restricted wildlife species.
- D. Domestic animals, as defined under R12-4-401, are not subject to restrictions under A.R.S. Title 17, 12 A.A.C. 4, or Commission Orders.
- E. For subsections (F) through (M), the common names are provided as examples only and are not all-inclusive of the order, family, or genus.
- F. Unless otherwise specified, all mammals listed below are considered restricted live wildlife:
 1. All species of the order *Afrosoricida*. Common names include: golden moles and tenrecs.
 2. All species of the following families of the order *Artiodactyla*. Common name: even-toed ungulates:
 - a. The family *Antilocapridae*. Common name: prong-horns.
 - b. The family *Bovidae*. Common names include: antelopes, bison, buffalo, cattle, duikers, gazelles, goats, oxen, and sheep. Except the following genera which are not restricted:
 - i. The genus *Bubalus*. Common name: water buffalo.
 - ii. The genus *Bison*. Common name: American bison, bison, or buffalo.
 - c. The family *Cervidae*. Common names include: cervid, deer, elk, moose, red deer, and wapiti.
 - d. The family *Tayassuidae*. Common name: peccaries.
 3. All species of the order *Carnivora*. Common names include: bears, foxes, ocelot, raccoons, servals, skunks, wolves, and weasels.
 4. All species of the order *Chiroptera*. Common name: bats.
 5. All species of the genus *Didelphis*. Common name: American opossums.
 6. All species of the order *Erinaceomorpha*. Common names include: European hedgehogs, gymnures, and moonrats. Except members of the genus *Atelerix*, which are not restricted. Common name: longeared and pygmy hedgehogs.
 7. All species of the order *Lagomorpha*. Common names include: hares, pikas, and rabbits. Except for members of the genus *Oryctolagus* containing domestic rabbits, which are not wildlife and are not restricted.
 8. All nonhuman primates. Common names include: chimpanzees, gorillas, macaques, orangutans, and spider monkeys.
 9. All species of the following families of the order *Rodentia*. Common name: rodents:
 - a. The family *Capromyidae*. Common name: hutias.
 - b. The family *Castoridae*. Common name: beavers.
 - c. The family *Dipodidae*. Common name: jumping mouse.
 - d. The family *Echimyidae*. Common names include: coypus and nutrias.
 - e. The family *Erethizontidae*. Common name: new world porcupines.
 - f. The family *Geomyidae*. Common name: pocket gophers.
 - g. The family *Sciuridae*. Common names include: chipmunks, marmots, prairie dogs, squirrels, and woodchucks.
 10. All species of the order *Soricomorpha*. Common names include: desmans, moles, shrews, and shrew-moles.
 11. All species of the order *Xenarthra*. Common names include: anteaters, armadillos, and edentates, or sloths.
- G. Birds listed below are considered restricted live wildlife:
 1. The following species within the family *Phasianidae*. Common names: grouse, pheasants, partridges, quail, and turkeys:
 - a. *Alectoris chukar*. Common name: chukar.
 - b. *Callipepla gambelii*. Common name: Gambel’s quail.
 - c. *Callipepla squamata*. Common name: scaled quail.
 - d. *Colinus virginianus*. Common name: northern bobwhite. Restricted only in game management units 36A, 36B, and 36C as prescribed under R12-4-108.
 - e. *Cyrtonyx montezumae*. Common name: harlequin, Mearns’s, or Montezuma quail.
 - f. *Dendragapus obscurus*. Common name: dusky grouse.
 - g. *Meagris gallopavo gallopavo*, *M. g. intermedia*, *M. g. merriami*, *M. g. mexicana*, *M. g. osceola*, *B. g. silvestris*, and *M. ocellata*. Common name: wild turkey.
 2. All species listed under the Migratory Bird Treaty Act listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- H. Reptiles listed below are considered restricted live wildlife:
 1. All species of the order *Crocodylia*. Common names include: alligators, caimans, crocodiles, and gavials.
 2. All species of the following families or genera of the order *Squamata*:
 - a. The family *Atractaspididae*. Common name: burrowing asps.
 - b. The following species and genera of the family *Colubridae*:
 - i. *Boiga irregularis*. Common name: brown tree snake.
 - ii. *Dispholidus typus*. Common name: boomslang.
 - iii. *Rhabdophis*. Common name: keelback.
 - iv. *Thelotornis kirtlandii*. Common names include: bird snake or twig snake.
 - c. The family *Elapidae*. Common names include: Australian elapids, cobras, coral snakes, kraits, mambas, and sea snakes.
 - d. The family *Helodermatidae*. Common names include: Gila monster and Mexican beaded lizard.
 - e. The family *Viperidae*. Common names include: pit and true vipers, including rattlesnakes.
 3. The following species of the order *Testudines*:
 - a. All species of the family *Chelydridae*. Common name: snapping turtles.
 - b. All species of the genus *Gopherus*. Common names include: gopher tortoises, including the desert tortoise.
- I. Amphibians listed below are considered restricted live wildlife. The following species within the order *Anura*, common names frogs and toads:

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1. The species *Bufo horribilis*, *Bufo marinus*, *Bufo schneideri*. Common names include: giant or marine toads.
 2. All species of the genus *Rana*. Common names include: bullfrogs and leopard frogs. Except bullfrogs possessed under A.R.S. § 17-102.
 3. All species of the genus *Xenopus*. Common name: clawed frogs.
- J.** Fish listed below are considered restricted live wildlife:
1. All species of the family *Acipenseridae*. Common name: sturgeon.
 2. The species *Amia calva*. Common name: bowfin.
 3. The species *Aplodinotus grunniens*. Common name: freshwater drum.
 4. The species *Arapaima gigas*. Common name: bony tongue.
 5. All species of the genus *Astyanax*. Common name: tetra.
 6. The species *Belonesox belizanus*. Common name: pike topminnow.
 7. All species, both marine and freshwater, of the orders *Carcharhiniformes*, *Heterodontiformes*, *Hexanchiformes*, *Lamniformes*, *Orectolobiformes*, *Pristiophoriformes*, *Squaliformes*, *Squatiformes*, and except for all species of the families *Brachaeluridae*, *Hemiscylliidae*, *Orectolobidae*, and *Triakidae*; genera of the family *Scyliorhinidae*, including *Aulohalaelurus*, *Halaehurus*, *Haploblepharus*, *Poroderma*, and *Scyliorhinus*; and genera of the family *Parascylliidae*, including *Cirrhoscyllium* and *Parascyllium*. Common name: sharks.
 8. All species of the family *Centrarchidae*. Common name: sunfish.
 9. All species of the family *Cetopsidae* and *Trichomycteridae*. Common name: South American catfish.
 10. All species of the family *Channidae*. Common name: snakehead.
 11. All of the species *Cirrhinus mrigala*, *Gibelion catla*, and *Labeo rohita*. Common name: Indian carp.
 12. All species of the family *Clariidae*. Common names include: airbreathing catfish or labyrinth.
 13. All species of the family *Chupeidae* except threadfin shad, species *Dorosoma petenense*. Common names include: herring and shad.
 14. The species *Ctenopharyngodon idella*. Common names include: white amur or grass carp.
 15. The species *Cyprinella lutrensis*. Common name: red shiner.
 16. The species *Electrophorus electricus*. Common name: electric eel.
 17. All species of the family *Esocidae*. Common names include: pickerels and pike.
 18. All species of the family *Hiodontidae*. Common names include: goldeye and mooneye.
 19. The species *Hoplias malabaricus*. Common name: tiger fish.
 20. The species *Hypophthalmichthys molitrix*. Common name: silver carp.
 21. The species *Hypophthalmichthys nobilis*. Common name: bighead carp.
 22. All species of the family *Ictaluridae*. Common name: catfish.
 23. All species of the genus *Lates* and *Luciolates*. Common name: Nile perch.
 24. All species of the family *Lepisosteidae*. Common name: gar.
 25. The species *Leuciscus idus*. Common names include: ide and whitefish.
 26. The species *Malapterurus electricus*. Common name: electric catfish.
 27. All species of the family *Moronidae*. Common name: temperate bass.
 28. The species *Mylopharyngodon piceus*. Common name: black carp.
 29. All species of the family *Percidae*. Common names include: pike and walleye perches.
 30. All species of the family *Petromyzontidae*. Common name: lamprey.
 31. The species *Polyodon spathula*. Common name: American Paddlefish.
 32. All species of the family *Potamotrygonidae*. Common name: stingray.
 33. All species of the genera *Pygocentrus*, *Pygopristis*, and *Serrasalmus*. Common name: piranha.
 34. All species of the family *Salmonidae*. Common names include: salmon and trout.
 35. The species *Scardinius erythrophthalmus*. Common name: rudd.
 36. All species of the family *Serranidae*. Common name: bass.
 37. The following species, and hybrid forms, of the Genus *Tilapia*: *O. aureus*, *O. mossambica*; *O. niloticus*, *O. urolepis hornorum* and *T. zilli*. Common name: tilapia.
 38. The species *Thymallus arcticus*. Common name: Arctic grayling.
- K.** Crustaceans listed below are considered restricted live wildlife:
1. All freshwater species within the families *Astacidae*, *Cambaridae*, and *Parastacidae*. Common name: crayfish.
 2. The species *Eriocheir sinensis*. Common name: Chinese mitten crab.
- L.** Mollusks listed below are considered restricted live wildlife:
1. The species *Corbicula fluminea*. Common name: Asian clam.
 2. All species of the family *Dreissenidae*. Common names include: quagga and zebra mussel.
 3. The species *Euglandina rosea*. Common name: rosy wolfsnail.
 4. The species *Mytilopsis leucophaea*. Common names include: Conrad's false dark mussel or false mussel.
 5. All species of the genus *Pomacea*. Common names include: apple snail or Chinese mystery snail.
 6. The species *Potamopyrgus antipodarum*. Common name: New Zealand mud snail.
- M.** All wildlife listed within Aquatic Invasive Species Director's Order #1.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by

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final rulemaking at 27 A.A.R. 321, effective July 1, 2021
(Supp. 21-1).

R12-4-407. Exemptions from Special License Requirements for Restricted Live Wildlife

- A. All live cervids may only be imported, possessed, or transported as authorized under R12-4-430.
- B. A person is not required to possess a special license to lawfully possess restricted live wildlife under the following circumstances:
 1. A person may possess, transport, or give away a desert tortoise (*Gopherus morafkai*) or the progeny of a desert tortoise provided the person lawfully possessed the desert tortoise prior to April 28, 1989 or obtained the tortoise through a Department authorized adoption program. A person who receives a desert tortoise that is given away under this Section is also exempt from special license requirements.
 - a. A person shall not:
 - i. Export a live desert tortoise from this state unless authorized in writing by the Department's special license administrator. A person may only export a live desert tortoise to an education or research institution or zoo located in another state.
 - ii. Possess desert tortoise in excess of the possession limit established under Commission Order 43.
 - iii. Propagate lawfully possessed desert tortoises or their progeny unless authorized in writing by the Department's special license administrator.
 - vi. Release a desert tortoise into the wild.
 - b. A person who possesses a desert tortoise and is moving out-of-state shall gift the desert tortoise to an Arizona resident or to the Department's Tortoise Adoption Program.
 2. A licensed veterinarian may possess restricted wildlife while providing medical care to the wildlife and may release rehabilitated wildlife as directed in writing by the Department, provided:
 - a. The veterinarian keeps records of restricted live wildlife as required by the Veterinary Medical Examining Board, and makes the records available for inspection by the Department.
 - b. The Department assumes no financial responsibility for any care the veterinarian provides, except care that is specifically authorized by the Department.
 3. A person may transport restricted live wildlife through this state provided the person:
 - a. Transports the wildlife through the state within 72 continuous and consecutive hours;
 - b. Ensures at least one person is continually present with, and accountable for, the wildlife while in this state;
 - c. Ensures the wildlife is neither transferred nor sold to another person;
 - d. Ensures the wildlife is accompanied by evidence of lawful possession, as defined under R12-4-401;
 - e. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable; and
 - f. Ensures the carcasses of any wildlife that die while in transport through this state are disposed of only as directed by the Department.
 4. A person may exhibit, export, import, possess, and transport restricted live wildlife for a circus, temporary animal exhibit, or government-authorized state or county fair, provided the person:
 - a. Possesses evidence of lawful possession as defined under R12-4-401, for the wildlife;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Ensures the wildlife does not come into physical contact with the public;
 - e. Keeps the wildlife under complete control by safe and humane means; and
 - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
 5. A person may export, import, possess, and transport restricted live wildlife for the purpose of commercial photography, provided the person:
 - a. Possesses evidence of lawful possession as defined under R12-4-401 for the wildlife;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Ensures the wildlife does not come into physical contact with the public;
 - e. Keeps the wildlife under complete control by safe and humane means; and
 - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
 6. A person may exhibit, import, possess, and transport restricted live wildlife for advertising purposes other than photography, provided the person:
 - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Maintains the wildlife under complete control by safe and humane means;
 - e. Prevents the wildlife from coming into contact with the public or being photographed with the public;
 - f. Does not charge the public a fee to view the wildlife; and
 - g. Exports the wildlife from the state within 10 days of importation.
 7. A person may export restricted live wildlife, provided the person:
 - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Maintains the wildlife under complete control by safe and humane means;
 - d. Prevents the wildlife from coming into contact with the public or being photographed with the public;
 - e. Does not charge the public a fee to view the wildlife; and

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- f. Exports the wildlife from the state within 10 days of importation.
- 8. A person may possess restricted live wildlife taken alive under R12-4-404, R12-4-405, and R12-4-427, provided the person possesses the wildlife in compliance with those Sections.
- 9. A person who holds a falconry license issued by another state or country is exempt from obtaining an Arizona Sport Falconry License under R12-4-422, unless remaining in this state for more than 180 consecutive days.
 - a. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
 - b. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry License in order to continue practicing sport falconry in this state.
- 10. A person may export, give away, import, kill, possess, propagate, purchase, trade, and transport restricted live wildlife provided the person is doing so for a medical or scientific research facility registered with the United States Department of Agriculture under 9 CFR Subpart C 2.30 revised January 1, 2019, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference contains no future editions or amendments.
- 11. A person may import and transport restricted live game fish, crayfish, and the following species, and hybrid forms, of the Genus *Tilapia*, *O. aureus* *O. mossambica*; *O. niloticus*, *O. urolepis hornorum* and *T. zilli* directly to restaurants or markets licensed to sell food to the public, when accompanied by a current valid transporter license issued under A.A.C. R3-2-1007.
- 12. A person operating a restaurant or market licensed to sell food to the public may exhibit, offer for sale, possess, and sell restricted live game fish or crayfish, provided the live game fish and crayfish are killed before being transported from the restaurant or market.
- 13. A person may export, giveaway, import, kill, possess, propagate, purchase, and trade transgenic animals provided the person is doing so for a medical or scientific research facility.
- C. An exemption granted under this Section is not valid for any wildlife protected by federal law nor does it allow the take of wildlife from the wild.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). The Commission requested an error be corrected in subsection R12-4-

407(B)(1)(a)(ii) which was amended by final rulemaking in Supp. 21-1. Under Commission Order 43 *possession limits*, of a desert tortoise are established, not *bag limits* as submitted and published. Documentation of the Commission's intent to use the term *possession limits* is published at 21 A.A.R. 324; see also Commission Order 43, Note #4 (Supp. 21-2).

R12-4-408. Holding Wildlife for the Department

- A. A game ranger may authorize a person to possess or transport live wildlife on behalf of the Department if the wildlife is needed as evidence in a pending civil or criminal proceeding.
- B. With the exception of live cervids, the Department has the authority to allow a person to possess and transport captive live wildlife for up to 72 hours or as otherwise directed by the Department.
- C. The Director has the authority to allow a person to hold a live cervid on behalf of the Department.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-409. General Provisions and Penalties for Special Licenses

- A. A special license is required when a person intends to conduct any activity using restricted live wildlife. Special licenses are listed as follows:
 - 1. Aquatic Animal Aquaculture License;
 - 2. Aquatic wildlife stocking license, established under R12-4-410;
 - 3. Game bird license, established under R12-4-414;
 - 4. Live bait dealer's license, established under R12-4-411;
 - 5. Private game farm license, established under R12-4-413;
 - 6. Scientific activity license, established under R12-4-418;
 - 7. Sport falconry license, established under R12-4-422;
 - 8. White amur stocking and restocking license, established under R12-4-424;
 - 9. Wildlife holding license, established under R12-4-417;
 - 10. Wildlife rehabilitation license, established under R12-4-423;
 - 11. Wildlife service license, established under R12-4-421; and
 - 12. Zoo license, established under R12-4-420.
- B. An applicant for a special license listed under subsection (A) shall:
 - 1. Submit an application to the Department meeting the specific application requirements established under the applicable governing Section.
 - a. Applications for special licenses are furnished by the Department and are available at any Department office and on the Department's website.
 - b. An application is required upon initial application for a special license and when renewing a special license. A renewal application is appropriate where there are no changes to the:
 - i. Licensed facility location,
 - ii. Species of wildlife held under the special license, or
 - iii. Staff conducting the wildlife activities under the license.

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2. Be at least 18 years of age, unless applying for a Game Bird Field Training or Sport Falconry license.
3. Pay all applicable fees required under R12-4-412.
- C. At the time of application, the person shall certify:
 1. The information provided on the application is true and correct to the applicant's knowledge;
 2. The applicant shall comply with any municipal, county, state or federal code, ordinance, statute, regulation, or rule applicable to the license held; and
 3. The applicant's live wildlife privileges are not currently suspended or revoked in this state, any other state or territory, or by the United States.
- D. A special license obtained by fraud or misrepresentation is invalid from the date of issuance.
- E. The Department shall either grant or deny a special license within the applicable overall time-frame established for that special license under R12-4-106.
- F. In addition to the criteria prescribed under the applicable governing Section, the Department shall deny a special license when:
 1. When it is in the best interest of public health or safety or the welfare of the wildlife;
 2. The applicant's live wildlife privileges are revoked or suspended in this state, any other state, or by the United States;
 3. The applicant was convicted of illegally holding or possessing live wildlife within five years preceding the date of application for the special license;
 4. The applicant knowingly provides false information on an application;
 5. The person fails to meet the requirements established under the applicable governing Section or this Section. The Department shall provide a written notice to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G. A special license holder may only engage in activities using federally-protected wildlife when the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license. A special license issued by the Department does not:
 1. Exempt the license holder from any municipal, county, state or federal code, ordinance, statute, regulation, or rule; or
 2. Authorize the license holder to engage in any activity using wildlife that is protected by federal regulation.
- H. The Department may place additional stipulations on a special license whenever it is determined necessary to:
 1. Conserve wildlife populations,
 2. Prevent the introduction and proliferation of wildlife diseases,
 3. Prevent wildlife from escaping,
 4. Protect public health or safety, or
 5. Ensure humane care and treatment of wildlife.
- I. A special license holder shall keep live wildlife in a facility according to the captivity standards prescribed under R12-4-428 and as otherwise required under this Article. The captivity standards prescribed under R12-4-428 are not applicable to a special license holder licensed under R12-4-410, R12-4-411, R12-4-422, and R12-4-424.
- J. A special license holder shall keep records in compliance with the requirements established under the governing Section for a period of at least five years and shall make the records available for inspection to the Department upon request.
- K. The Department may conduct an inspection of an applicant's or license holder's facility at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- L. Upon determining a disease or other emergency condition exists that poses an immediate threat to the public or the welfare of any wildlife, the Department may immediately order a cessation of operations under the special license and, if necessary, order the humane disposition or quarantine of any exposed, contaminated or affected wildlife.
 1. When directed by the Department, a special license holder shall:
 - a. Perform disease testing,
 - b. Submit biological samples to the Department or its designee,
 - c. Surrender the wildlife to the Department,
 - d. Quarantine the wildlife, or
 - e. Humanely euthanize the wildlife.
 2. The license holder shall:
 - a. Ensure any disease or other emergency condition under this subsection is diagnosed by a person professionally certified to make the diagnosis.
 - b. Be responsible for all costs associated with the testing and treatment of the contaminated and affected wildlife.
- M. If a condition exists, including disease or any violation of this Article, that poses a threat to the public or the welfare of any wildlife, but the threat does not constitute an emergency, the Department may issue a written notice of the condition to the special license holder specifying a reasonable period of time for the license holder to remedy the noticed condition. The notice of condition shall be delivered to the special license holder by certified mail or personal service. Failure of the license holder to remedy the noticed condition within the time specified by the Department is a violation under subsection (N).
- N. A special license holder shall not:
 1. Violate any provision of the governing Section or this Section;
 2. Violate any provision of the special license that the person possesses, including any stipulations specified on the special license;
 3. Violate A.R.S. § 13-2908, relating to criminal nuisance;
 4. Violate A.R.S. § 13-2910, relating to cruelty to animals; or
 5. Refuse to allow the inspection of facilities, wildlife, or required records.
- O. The Department may take one or more of the following actions when a special license holder is convicted of a criminal offense involving cruelty to animals, violates subsection (N), or fails to comply with any requirement established under the governing Section or this Section:
 1. File criminal charges,
 2. Suspend or revoke a special license,
 3. Humanely dispose of the wildlife,
 4. Seize or seize in place any wildlife held under a special license.
 5. A person may appeal to the Commission any Department action listed under this subsection as prescribed under

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A.R.S. Title 41, Chapter 6, Article 10, except the filing of criminal charges.

- P.** A special license holder who wishes to continue conducting activities authorized under the special license shall submit a renewal application to the Department on or before the special license expiration date.
1. The current license will remain valid until the Department grants or denies the new special license.
 2. If the Department denies the renewal application and the license holder appeals the denial to the Commission as prescribed under subsection (F)(4), the license holder may continue to hold the wildlife until:
 - a. The date on which the Commission makes its final decision on the appeal, or
 - b. The final date on which a person may request judicial review of the decision.
 3. A special license holder who fails to submit a renewal application to the Department before the date the license expires, cannot lawfully possess any live wildlife currently possessed under the license.
- Q.** A special license holder who no longer wishes to continue conducting activities authorized under the special license shall notify the Department in writing of this decision no less than 30 days prior to ceasing wildlife related activities. This notice shall include the proposed disposition of all wildlife held under the special license.
- R.** If required by the governing Section, a special license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The special license becomes invalid if the special license holder fails to submit the annual report by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. When the license holder is acting as a representative of an institution, organization, or agency for the purposes of the special license, the license holder shall submit the report required under subsection this Section:
 - a. By January 31 of each year the license holder is affiliated with the institution, organization, or agency; or
 - b. Within 30 days of the date of termination of the license holder's affiliation with the institution, organization, or agency.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). Amended by exempt rulemaking at 31 A.A.R. 2836 (September 5, 2025), effective October 14, 2025 (Supp. 25-3).

R12-4-410. Aquatic Wildlife Stocking License; Restocking**License**

- A.** An aquatic wildlife stocking or restocking license allows a person to import, possess, purchase, stock, and transport any restricted species designated on the license at the location specified on the license.
- B.** The aquatic wildlife stocking or restocking license is valid for no more than 20 consecutive days, except that an aquatic wildlife stocking or restocking license is valid for one calendar year when issued to a political subdivision of the state for the purpose of vector control.
- C.** In addition to the requirements established under this Section, an aquatic wildlife stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
- D.** The aquatic wildlife stocking and restocking license holder shall be responsible for compliance with all applicable regulatory requirements. The licenses do not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- E.** The Department shall deny an aquatic wildlife stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny an aquatic wildlife stocking license when:
1. The Department determines that issuance of the license will result in a negative impact to native wildlife; or
 2. The applicant proposes to use aquatic wildlife that is not compatible with, or poses a threat to, any wildlife within the river drainage or the area where the stocking is to occur.
- F.** An applicant for an aquatic wildlife stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address; and
 - c. Department ID number, when applicable;
 2. When the applicant proposes to use the aquatic wildlife for a commercial purpose the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 3. Aquatic wildlife species information:
 - a. Common name of the aquatic wildlife species;
 - b. Number of animals for each species; and
 - c. Approximate size of the aquatic wildlife that will be used under the license;
 4. The purpose for introducing the aquatic wildlife species;

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5. For each location where the aquatic wildlife will be stocked, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location of the stocking site, to include river drainage and the Global Positioning System location;
 6. A detailed description or diagram of the facilities where the applicant will stock the aquatic wildlife, which includes:
 - a. Size of waterbody proposed for stocking aquatic wildlife;
 - b. Nearest river, stream, or other freshwater system;
 - c. Points where water enters each waterbody, when applicable;
 - d. Points where water leaves each waterbody, when applicable; and
 - e. Location of fish containment barriers;
 7. For each supplier from whom the applicant will obtain aquatic wildlife, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 8. The dates on which the person will stock aquatic wildlife;
 9. Any other information required by the Department; and
 10. The certification required under R12-4-409(C).
- G.** In addition to the requirements listed under subsection (F), when an applicant wishes to stock an aquatic species in an area where that species has not yet been introduced, is not currently established, or there is potential for conflict with Department efforts to conserve wildlife, the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following information:
1. Anticipated benefits resulting from the introduction of the aquatic live wildlife species;
 2. Potential adverse economic impacts;
 3. Potential dangers the introduced aquatic species may possibly create for native aquatic species and game fish, to include all of the following:
 - a. Determination of whether or not the introduced aquatic species is compatible with native aquatic species or game fish;
 - b. Potential ecological problems created by the introduced aquatic species;
 - c. Anticipated hybridization concerns with introducing the aquatic species; and,
 - d. Future plans designed to evaluate the status and impact of the species after it is introduced.
 4. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- H.** An application for an aquatic restocking license is considered to be a renewal of the license when there are no changes to the:
1. Aquatic wildlife species,
 2. The purpose for introducing the aquatic wildlife species, and
 3. The facilities where the applicant stocked the aquatic wildlife.
- I.** An applicant for an aquatic wildlife stocking or restocking license shall pay all applicable fees required under R12-4-412.
- J.** An aquatic wildlife stocking or restocking license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified to be free of diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
 3. Maintain records associated with the license for a period of five years following the date of disposition.
 4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 5. Possess the license or legible copy of the license while conducting any activities authorized under the aquatic stocking license and presents it for inspection upon the request of any Department employee or agent.
 6. Dispose of wildlife only as authorized under this Section or as directed in writing by the Department.
- K.** An aquatic wildlife stocking or restocking license holder shall comply with the requirements established under R12-4-409.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-411. Live Bait Dealer's License

- A.** A live bait dealer's license allows a person to perform any of the following activities using the aquatic live wildlife listed under subsection (B): exhibit for sale, export, import, kill, offer for sale, possess, purchase, sell, trade, or transport.
- B.** A live bait dealer's license allows a person to perform any of the activities listed under subsection (A) with any or all of the following aquatic live wildlife:
1. Desert Sucker, *Catostomus clarkii*;
 2. Fathead minnow, *Pimephales promelas*;
 3. Golden shiner, *Notemigonus crysoleucas*;
 4. Goldfish, *Carassius auratus*;
 5. Longfin Dace, *Agosia chrysogaster*;
 6. Speckled Dace, *Rhynchithys osculus*; and
 7. Waterdogs, *Ambystoma tigrinum*, except in that portion of Santa Cruz County lying east and south of State High-

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way 82, or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.

- C. A live bait dealer's license expires on the last day of the third December from the date of issuance.
- D. In addition to the requirements established under this Section, a live bait dealer license holder shall comply with the special license requirements established under R12-4-409.
- E. The live bait dealer's license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
 - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a live bait dealer's license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G. An applicant for a live bait dealer's license shall submit an application to the Department. The application is available from any Department office and on the Department's website. An applicant shall provide the following information on the application:
 - 1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 - 2. The applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number of the applicant's business;
 - 3. Wildlife species information:
 - a. Common name of all wildlife species; and
 - b. The number of animals for each species that will be sold under the license.
 - 4. For each location where the wildlife will be used, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - 5. A detailed description or diagram of the facilities where the applicant will hold the wildlife;
 - 6. For each supplier from whom the applicant will obtain wildlife, the supplier's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 - 7. Any other information required by the Department; and
 - 8. The certification required under R12-4-409(C).
- H. An applicant for a live bait dealer's license shall pay all applicable fees required under R12-4-412.
- I. A live bait dealer's license holder shall:
 - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).

- 2. Obtain live baitfish from a facility certified free of the diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the facility where the wildlife is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to shipping.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any activities authorized under the license.
 - d. The live bait dealer's license holder shall include a copy of the certification in each shipment.
- 3. Maintain records associated with the license for a period of five years following the date of disposition.
- 4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- 5. Possess the license or legible copy of the license while conducting activities authorized under the live bait dealer's license and presents it for inspection upon the request of any Department employee or agent.
- 6. Dispose of aquatic wildlife only as authorized under this Section or as directed by the Department.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-412. Special License Fees

- A. A person who applies for a special license authorized under this Article shall pay all applicable fees at the time of application. The fees listed below include a \$20 application processing fee.
- B. An initial license fee is required upon initial application or when an applicant fails to renew a special license before the license expires.
- C. A renewal license fee is required when an applicant submits an application to renew the special license before the license expires and provided there are no changes to any of the following:
 - 1. Licensed facility location,
 - 2. Species of wildlife held under the special license, and
 - 3. Staff conducting the wildlife activities under the license.

Short-term Special License Fees	Initial License	Valid For
Aquatic Wildlife Stocking License	\$100	20-days
Aquatic Wildlife Restocking License	\$20	20-days
Aquatic Wildlife Stocking License issued to a political subdivision of the state	no fee	365-days
Aquatic Wildlife Restocking License issued to a political subdivision of the state	no fee	365-days

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Game Bird Field Trial License	\$45	10-days
White Amur Stocking License	\$270	20-days
White Amur Restocking License	\$120	20-days

Three-year Special License Fees	Initial License	Renewal License
Aquatic Animal Aquaculture License	\$500	\$500
Game Bird Field Training License	\$95	\$45
Game Bird Hobby License	\$80	\$40
Game Bird Shooting Preserve License	\$425	\$155
Live Bait Dealer's License	\$125	\$35
Private Game Farm License	\$395	\$145
Scientific Activity License	\$70	\$70
Sport Falconry License validates an Arizona hunting or combination hunting and fishing license for hunting or taking quarry with a trained raptor.	\$145	\$145
Wildlife Holding License	\$20	\$20
Wildlife Rehabilitation License	\$20	\$20
Wildlife Service License	\$245	\$95
Zoo License	\$425	\$155

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). New Section adopted effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section repealed by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1). Amended by exempt rulemaking at 31 A.A.R. 2836 (September 5, 2025), effective October 14, 2025 (Supp. 25-3).

R12-4-413. Private Game Farm License

- A.** A private game farm license authorizes a person to commercially farm and sell captive pen-reared game birds as specified on the license at the location designated on the license.
1. A private game farm license allows the license holder to display for sale, give away, import, offer for sale, possess, propagate and rear, purchase, rent or lease, sell, trade, or transport captive pen-reared game birds carcasses or parts.
 2. The Private Game Farm License expires on the last day of the third December from the date of issuance.
- B.** Private game farm captive pen-reared game birds may be killed or slaughtered, but a person shall not kill or allow the captive pen-reared game birds to be killed by hunting or in a manner that could be perceived as hunting or recreational sport harvest while under the care and control of the private game farm license holder.
- C.** Private game farm captive pen-reared game birds shall not be killed by a person who pays a fee to the owner of the private game farm for killing the captive pen-reared game birds, nor shall the game farm owner accept a fee for killing the captive pen-reared game birds, except as authorized under R12-4-414.

- D.** A private game farm licenses authorizes the use of only the following captive-reared game birds:
1. *Alectoris chukar*, Chukar;
 2. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 3. *Callipepla californica*, California or valley quail;
 4. *Callipepla gambelii*, Gambel's quail;
 5. *Callipepla squamata*, Scaled quail;
 6. *Colinus virginianus*, Northern bobwhite;
 7. *Cyrtonyx montezumae*, Montezuma or Mearns' quail;
 8. *Dendragapus obscurus*, Dusky grouse;
 9. *Oreortyx pictus*, Mountain Quail; and
 10. *Phasianus colchicus*, Ringneck and whitewing pheasant;
 11. For subsection (D)(2), the incorporated by material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- E.** The Department shall deny an application for:
1. A new private game farm license for mammals. The Department may accept a renewal application for a private game farm license holder currently permitted to possess mammals, provided the license holder is in compliance with all applicable requirements under R12-4-409, R12-4-428, R12-4-430, and this Section.
 2. A private game farm license for Northern bobwhite, *Colinus virginianus*, in game management units 36A, 36B, and 36C, as prescribed under R12-4-108.
- F.** In addition to the requirements established under this Section, a private game farm holder shall comply with the special license requirements established under R12-4-409.
- G.** The private game farm license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a private game farm license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission. An applicant applying for a private game farm license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use captive pen-reared game birds. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and

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- d. Department ID number, when applicable;
2. The applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
3. For captive pen-reared game birds to be used under the license:
 - a. Common name of the captive pen-reared game birds species;
 - b. Number of birds for each species; and
 - c. When the applicant is renewing the private game farm license, the species and number of captive pen-reared game birds for each species currently held in captivity under the license;
4. For each location where the applicant proposes to use the captive pen-reared game birds will be used, the land owner's:
 - a. Name;
 - b. Mailing address;
 - d. Telephone number; and
 - e. Physical address or general location description and Global Positioning System location;
5. A detailed description or diagram of the facilities where the applicant will hold the captive pen-reared game birds, and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
6. For each wildlife supplier from whom the special license applicant will obtain wildlife, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
7. Any other information required by the Department; and
8. The certification required under R12-4-409(C).
- J.** An applicant for a private game farm license shall pay all applicable fees required under R12-4-412.
- K.** A private game farm license holder shall:
 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Ensure each shipment of live captive pen-reared game birds imported into the state is accompanied by a health certificate or other similar form that indicates the captive pen-reared game birds identified on the form appears to be healthy and free of infectious, contagious, and communicable diseases.
 - a. The certificate or other similar form shall be issued no more than 30 days prior to the date on which the captive pen-reared game birds shipped.
 - b. A copy of the certificate shall be submitted to the Department prior to importation.
 3. Ensure the following documentation accompanies each shipment of captive pen-reared game birds made by the game farm:
 - a. Name of the private game farm license holder,
 - b. Private game farm license number,
 - c. Date captive pen-reared game birds were shipped,
 - d. Number of captive pen-reared game birds, by species, included in the shipment,
 - e. Name of the person or common carrier transporting the shipment, and
 - f. Name of the person receiving the shipment.
4. Provide each person who transports a captive pen-reared game birds carcass from the site of the game farm with a receipt that includes all of the following:
 - a. Date the captive pen-reared game birds were purchased, traded, or given as a gift;
 - b. Name of the game farm; and
 - c. Number of captive pen-reared game birds carcasses, by species, being transported.
5. Ensure each facility is inspected by the attending veterinarian at least once every year.
6. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
7. Maintain records of all captive pen-reared game birds possessed under the license for a period of three years. In addition to the information required under subsections (M)(4)(a) through (M)(4)(e), the records shall also include:
 - a. The private game farm license holder's:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number; and
 - iv. Special license number;
 - b. Copies of all federal, state, and local licenses, permits, and authorizations required for the lawful operation of the private game farm;
 - c. Copies of the annual report required under subsection (M);
 - d. Number of all captive pen-reared game birds, by species and the date it was obtained;
 - e. Source of all captive pen-reared game birds and the date it was obtained;
 - f. Number of offspring propagated by all captive pen-reared game birds; and
 - g. For all captive pen-reared game birds disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Manner of disposition to include the names and addresses of persons to whom the captive pen-reared game birds were bartered, given, or sold, when authorized.
8. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult captive pen-reared game birds held on the facility within any seven day period and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
- L.** A private game farm license holder shall not:
 1. Propagate hybrid wildlife or domestic birds with captive pen-reared game birds; or
 2. Possess domestic species under the special license.
- M.** A private game farm license holder shall submit an annual report to the Department before January 31 of each year for activities performed under the license for the previous calendar year. The report form is furnished by the Department.
 1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The private game farm license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.

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3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. Number of captive pen-reared game birds, by species;
 - b. Source of all captive pen-reared game birds that the license holder obtained or propagated;
 - c. Date on which the captive pen-reared game birds was obtained or propagated;
 - d. Date on which the captive pen-reared game birds was disposed of and the manner of disposition; and
 - e. Name of person who received captive pen-reared game birds disposed of by barter, given as a gift, or sale.
 - N. Except for cervids which shall be disposed of only as established under R12-4-430, a private game farm license holder who no longer uses the captive pen-reared game birds for a commercial purpose shall dispose of the captive pen-reared game birds as follows:
 1. Export,
 2. Transfer to another private game farm licensed under this Section,
 3. Transfer to a zoo licensed under R12-4-420,
 4. Transfer to a medical or scientific research facility exempt under R12-4-407,
 5. As directed by the Department, or
 6. As otherwise authorized under this Section.
 - O. A private game farm license holder shall comply with the requirements established under R12-4-428 and R12-4-430.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).
- R12-4-414. Game Bird License**
- A. A game bird license authorizes a person to conduct certain activities with the captive pen-reared game birds specified on the license and only at the location or locations specified on the license, as described below:
 1. Game Bird Hobby:
 - a. Authorizes a license holder to:
 - i. Possess no more than 50 captive pen-reared game birds at any one time;
 - ii. Export, import, kill, possess, propagate, purchase, and transport the captive pen-reared game birds specified on the license for personal, noncommercial purposes only; and
 - iii. Gift a captive pen-reared game bird to another special license holder who is authorized to possess the game bird species.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Hobby license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Callipepla californica*, California or valley quail;
 - iii. *Callipepla gambelii*, Gambel's quail;
 - iv. *Callipepla squamata*, Scaled quail;
 - v. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
 - vi. *Cyrtonyx montezumae*, Montezuma or Mearn's quail; and
 - vii. *Dendragapus obscurus*, Dusky grouse.
 - c. The license holder shall immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
 - d. The Game Bird Hobby license expires on the last day of the third December from the date of issuance.
 2. Game Bird Shooting Preserve:
 - a. Authorizes a license holder to:
 - i. Release captive pen-reared game birds for the purpose of hunting or shooting.
 - ii. Export, display, gift, import, kill, offer for sale, possess, propagate, purchase, trade, and transport the captive pen-reared game birds specified on the license.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Shooting Preserve license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D); and
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. The license holder shall:
 - i. Restrict the release and take of the live captive pen-reared game birds on private lands to an area not more than 1,000 acres.
 - ii. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
 - d. The license holder may charge a fee to allow persons to take captive pen-reared game birds on the shooting preserve.
 - e. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
 - f. A captive pen-reared game bird released under a Game Bird Shooting Preserve license may be taken with any method designated under R12-4-304.
 - g. The Game Bird Shooting Preserve license expires on the last day of the third December from the date of issuance.
 3. Game Bird Field Trial:
 - a. Authorizes a license holder to:

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- i. Release and take captive pen-reared game birds for the purpose of conducting a competition to test the performance of hunting dogs in one field trial event;
 - ii. Import, kill, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license for one field trial event; and
 - iii. Export, gift, kill, or transport any captive pen-reared game bird held after the field trial event.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Trial license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. A person is not required to possess a hunting license in order to participate in a field trial event held under the provisions of this Section.
 - d. A captive pen-reared game bird released under a Game Bird Field Trial license may be taken with any method designated under R12-4-304.
 - e. The Game Bird Field Trial license is valid for no more than ten consecutive days.
- 4. Game Bird Field Training:
 - a. Authorizes a license holder to:
 - i. Release and take released live captive pen-reared game birds specified on the license for the purpose of training a dog or raptor to hunt game birds; and
 - ii. Import, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license; and
 - iii. Export, gift, kill, or transport any captive pen-reared game bird possessed under the license.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Training license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D)(2)(b);
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
 - d. A captive pen-reared game bird released under a Game Bird Field Training license may be taken with any method designated under R12-4-304.
 - e. The Game Bird Field Training license expires on the last day of the third December from the date of issuance.
- 5. For subsections (A)(2)(b)(ii), (A)(3)(b)(ii), and (A)(4)(b)(ii), the incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- B.** In addition to the requirements established under this Section, a game bird license holder shall comply with the special license requirements established under R12-4-409.
- C.** The game bird license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
 - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- D.** The Department shall deny a game bird license to a person who fails to meet the requirements under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department may deny a game bird license when:
 - 1. The applicant proposes to release captive pen-reared game birds:
 - a. At a location where an established wild population of the same species exists.
 - b. During nesting periods of upland game birds or waterfowl that nest in the area.
 - 2. The applicant requests a license:
 - a. For the sole purpose described under subsection (A)(1) and proposes to possess more than 50 captive pen-reared game birds at any one time.
 - b. To possess Northern bobwhites, *Colinus virginianus*, in any one of the following game management units, as described under R12-4-108; 36A, 36B, and 36C.
 - 3. The Department determines the:
 - a. Authorized activity listed under this Section may pose a threat to native wildlife, wildlife habitat, or public health or safety.
 - b. Escape of any species listed on the application may pose a threat to native wildlife or public health or safety.
 - c. Release of captive pen-reared game birds may interfere with a wildlife or habitat restoration program.
- E.** An applicant for a game bird license shall submit an application to the Department. A person applying for multiple Game Bird Field Trial licenses shall submit a separate application for each date and location where a competition will occur. The application is furnished by the Department and is available at any Department office and on the Department's website. An

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applicant shall provide the following information on the application:

1. The applicant's information:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Physical address;
 - d. Telephone number; and
 - e. Department ID number, when applicable;
 2. For captive pen-reared game birds to be used under the license:
 - a. Common name of game bird species;
 - b. Number of animals for each species; and
 - c. When the applicant is renewing a Game Bird Hobby or Shooting Preserve license, the species and number of animals for each species currently held in captivity under the license;
 3. The type of game bird license:
 - a. Game Bird Hobby;
 - b. Game Bird Shooting Preserve;
 - c. Game Bird Field Trial; or
 - d. Game Bird Field Training;
 4. For each location where captive pen-reared game birds will be held, the owner's:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location, when available;
 5. For each location where captive pen-reared game birds will be released, the land owner's or agency's:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location, when available; and
 6. For each captive pen-reared game bird supplier from whom the applicant will obtain game birds, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 7. An applicant who is applying for a Game Bird Shooting Preserve or Field Trial license and intends to use the captive pen-reared game birds for a commercial purpose shall also provide the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 8. An applicant who intends to use the captive pen-reared game birds for an activity affiliated with a sponsoring organization shall also provide the organization's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number of the organization chair or local chapter;
 9. An applicant who is applying for a Game Bird Field Trial license shall also specify the range of dates within which the field trial event will take place, not to exceed a 10-day period;
 10. An applicant who is applying for a Game Bird Hobby or Game Bird Shooting Preserve license shall also provide a detailed description or diagram of the facilities where the applicant will hold captive pen-reared game birds and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
 11. Any other information required by the Department; and
 12. The certification required under R12-4-409(B).
- F.** An applicant for a game bird license shall pay all applicable fees required under R12-4-412.
- G.** A game bird license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 3. Possess the license or legible copy of the license while conducting any activity authorized under the game bird license and present it for inspection upon the request of any Department employee or agent.
 4. Ensure each shipment of captive pen-reared game birds imported into the state is accompanied by a health certificate.
 - a. The certificate shall be issued no more than 30 days prior to the date on which the game birds are shipped.
 - b. A copy of the certificate shall be submitted to the Department prior to importation.
 5. Provide each person who transports captive pen-reared game birds taken under the game bird license with documentation that includes all of the following:
 - a. Name of the game bird license holder;
 - b. Game bird license number;
 - c. Date the captive pen-reared game bird was obtained;
 - d. Number of captive pen-reared game birds, by species; and
 - e. When the captive pen-reared game birds are being shipped:
 - i. Name of the person or common carrier transporting the shipment, and
 - ii. Name of the person receiving the shipment.
 6. Maintain records of all captive pen-reared game birds possessed under the license for a period of five years. In addition to the information required under subsections (G)(5)(a) through (G)(5)(b), the records shall also include:
 - a. The game bird license holder's:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number; and
 - iv. Special license number;
 - b. Copies of the annual report required under subsection (H);
 7. Dispose of captive pen-reared game birds only as authorized under this Section or as directed by the Department.
 8. Conduct license activities solely at the locations and within the timeframes approved by the Department. A Game Bird License holder may request permission to amend the license to conduct activities authorized under the license at an additional location by submitting the application required under subsection (E) to the Department.

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- H.** A game bird license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The game bird license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department shall not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. Number of all captive pen-reared game birds, by species and the date obtained;
 - b. Source of all captive pen-reared game birds and the date obtained;
 - c. Number of offspring propagated by all captive pen-reared game birds; and
 - d. For all captive pen-reared game birds disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Manner of disposition to include the names and addresses of persons to whom the wildlife was bartered, given, or sold, when authorized.
- I.** A game bird license holder shall comply with the requirements established under R12-4-428.
- J.** A game bird released under a game bird license and found outside of the location specified on the license shall become property of the state and is subject to the requirements prescribed under A.R.S. Title 17 and 12 A.A.C. 4, Article 3.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 2557, effective September 6, 2017 (Supp. 17-3). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-415. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-416. Aquatic Animal Aquaculture License

- A.** An aquatic animal aquaculture license authorizes a person or company to import an approved live fish, amphibian, shellfish, mollusk, and crustacean species classified as restricted live wildlife per R12-4-406 for the purposes of an aquaculture operation at the location and facility specified on the license.
- B.** The aquatic animal aquaculture license further authorizes the licensee to grow and process the approved aquatic animal species at the designated aquaculture facility and to sell the slaughtered species on ice to seafood processors and to wholesale and retail outlets for sale or consumption.
- C.** The aquatic animal aquaculture license authorizes the sale and transport of the approved species from the Licensee's aquaculture facility to locations outside of the State of Arizona.
- D.** The sale, transport or export of the approved species from the licensed aquaculture facility to any location within the State of

Arizona is not permitted unless specifically authorized by the Department by stipulation to the aquatic animal aquaculture license and the identified receiving location is separately licensed by the Department to receive, grow, process or sell the restricted live wildlife species.

- E.** This Section does not apply to the importation and transportation of restricted live game fish, crayfish or tilapia directly to restaurants or markets licensed to sell food to the public per R12-4-407(B)(11).
- F.** An aquatic animal aquaculture license is good for a three-year term, expiring on the last day of the third December from the date of issuance.
- G.** In addition to the requirements established under this Section, an aquatic animal aquaculture licensee shall comply with the special license requirements established under R12-4-403, R12-4-409, and with all stipulations of the license. Aquatic animal aquaculture licensees are not required to obtain individual aquatic stocking licenses under R12-4-410.
- H.** The aquatic animal aquaculture licensee shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the licensee from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the licensee to engage in authorized activities using federally-protected wildlife, unless the licensee possesses a valid license, permit, or other form of documentation issued by the United States authorizing the licensee to use that wildlife in a manner consistent with the special license.
- I.** An applicant for an aquatic animal aquaculture license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to import, possess or process the restricted live wildlife species. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address; and
 - c. Department ID number, when applicable.
 2. The name of the applicant's business:
 - a. Mailing address; and
 - b. Telephone number;
 3. The name of the aquatic species, the approximate size, length and weight.
 4. For each aquaculture facility where the approved live species will be held, the applicant's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number; and
 - d. Physical address and general location of the aquaculture site, to include the nearest river, stream, or other freshwater system and the Global Positioning System location;
 - e. The owner of the real property where the aquaculture facility will be located.
 5. A detailed description and diagram of the aquaculture facility, including site security protocols;
 6. For each supplier from whom the applicant will obtain live aquatic species, the supplier's:
 - a. Name;
 - b. Mailing address; and

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- c. Telephone number; and
 - d. Any other information required by the Department.
- 7. The certification required under R12-4-409(C).
- J. Each application for an aquatic animal aquaculture license shall be evaluated by the Arizona Game and Fish Department to determine the risk to Arizona waterways based on aquaculture management, escapement potential, and the potential for risks to native aquatic wildlife or game fish.
- K. The Department shall deny an application for an aquatic animal aquaculture license when:
 - 1. The applicant has failed to meet the criteria prescribed under R12-4-409(F) or this Section;
 - 2. The applicant has not complied with the requirements of the application process of this Section;
 - 3. The applicant cannot demonstrate adequate compliance with applicable local, state or federal laws, ordinances, codes or regulations;
 - 4. The Department determines that the proposed aquaculture facility, its site security or its proposed business operation poses a risk of escapement potential or risks to native aquatic wildlife and game fish.
 - 5. The Department determines that issuance of the license will pose a threat to any native aquatic wildlife or game fish within a river drainage or water body adjacent to an aquaculture facility.
- L. The Department shall provide written notice stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- M. The Licensee must notify the Department in writing of the importation and out-of-state exportation of the approved live species for each transport event, to include: Date, purpose, source of the approved live species, number of species, and average length and weight of imported species not less than 30 days prior to each transport event.
- N. Importation of each shipment of the live approved species to licensed facility must be certified free of diseases and causative agents and free of aquatic invasive organisms.
- O. To prevent the spread of diseases and causative agents listed in A.A.C. R3-2-1009, the Department may inspect and take samples from any facility or shipment being transported. A licensee shall notify the Department within 72 hours of becoming aware of the presence of any disease or causative agent listed in A.A.C. R3-2-1009. Aquatic animals found to be infected with a disease or causative agent listed in A.A.C. R3-2-1009 are prohibited from interstate or intrastate movement without prior written Department approval.
- P. The Department shall quarantine or seize aquatic animals, alive or dead, plants, or products for examination or diagnostic study when there is a potential for spread of a disease or causative agent listed in R3-2-1009, or any other disease or causative agent that could constitute a threat to aquatic animals or plants of the state. The Department shall issue a written notice to the licensee specifying:
 - 1. The reason for the Department's action; and
 - 2. The licensee's right to request a hearing as prescribed in A.R.S. § 3-2906.
- Q. The licensee shall submit an annual report to the Department summarizing all shipments conducted in the prior calendar year before January 31 of each year for the previous calendar year. The summary will include the number of annual shipments, shipment destinations, number of live approved species shipped, and the average size of species shipped. The summary shall also include a description of any disease outbreaks experienced at the licensed facility during the year.
- R. An applicant for an aquatic animal aquaculture license shall pay all applicable fees required under R12-4-412.
- S. A licensee shall:
 - 1. Comply with all stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 - 2. Allow Arizona Game and Fish Department staff access to the aquaculture facility before and during the license period during normal business hours to examine equipment, water filtration systems, and business records to determine compliance with license requirements in accordance with A.R.S. § 41-1009 and R12-4-410(J). The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a licensee's facility.
 - 3. Comply with all site security requirements set forth in stipulations to the license.
- T. The licensee shall not import or possess any other live aquatic species at the licensed aquaculture facility not identified on the license as an approved live species for the aquaculture facility.
- U. A licensee is responsible for all costs incurred by the Department associated with the seizing or quarantining of any approved live species that escape from the licensed aquaculture facility in accordance with R12-4-403.
- V. The Department may require the licensee to procure and maintain insurance naming the State of Arizona as an additional insured as a stipulation to the license.
- W. In the event the primary purpose for which the license was issued no longer exists, the licensee shall immediately submit the annual report to the Department and provide the Department with written notice of licensee's intent to cancel the license. The Parties shall promptly meet and confer regarding the licensee's plans for the disposal of any approved live species remaining at the licensed aquaculture facility.
- X. The Department may suspend or revoke an aquatic animal aquaculture license for non-compliance with R12-4-403, R12-4-409, or for non-compliance with any license requirement or this Article. Any such action by the Department may be appealed pursuant to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). New Section made by exempt rulemaking at 31 A.A.R. 2836 (September 5, 2025), effective October 14, 2025 (Supp. 25-3).

R12-4-417. Wildlife Holding License

- A. A wildlife holding license authorizes a person to display for educational purposes, euthanize, export, give away, import, photograph for commercial purposes, possess, propagate, purchase, or transport, restricted and nonrestricted live wildlife lawfully:
 - 1. Held under a valid hunting or fishing license for a purpose listed under subsection (C),
 - 2. Collected under a valid scientific activity license issued under R12-4-418,
 - 3. Obtained under a valid wildlife rehabilitation license issued under R12-4-423,
 - 4. Or as otherwise authorized by the Department.

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- B.** A wildlife holding license expires on the last day of the third December from the date of issuance, or, if the license holder is a representative of an institution, organization, or agency described under subsection (C)(4), upon termination of the license holder's affiliation with that entity, whichever comes first.
- C.** A wildlife holding license is valid for the following purposes, only:
1. Advancement of science;
 2. Lawfully possess restricted or nonrestricted live wildlife when it is:
 - a. Necessary to give humane treatment to live wildlife that is declared unsuitable for release by a licensed veterinarian, and is therefore unable to meet its own needs in the wild; or
 - b. Previously possessed under another special license and the primary purpose for that special license no longer exists;
 3. Promotion of public health or welfare;
 4. Provide education under the following conditions:
 - a. The applicant is an educator affiliated or partnered with an educational institution; and
 - b. The educational institution permits the use of live wildlife.
 5. Photograph for a commercial purpose live wildlife provided:
 - a. The wildlife will be photographed without posing a threat to other wildlife or the public, and
 - b. The photography will not adversely impact other affected wildlife in this state, or
 6. Wildlife management.
- D.** The Department shall deny an application for a wildlife holding license for the possession of cervids.
- E.** In addition to the requirements established under this Section, a wildlife holding license holder shall comply with the special license requirements established under R12-4-409.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The wildlife holding license does not:
1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department shall deny a wildlife holding license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's wildlife holding privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a wildlife holding when:
1. It is in the best interest of public health or safety or the welfare of the wildlife; or
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state.
- H.** An applicant for a wildlife holding license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. If the applicant will use the wildlife for a commercial purpose, the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 3. If the applicant will use wildlife for activities authorized by a scientific institution that employs, contracts, or is similarly affiliated with the applicant, the institution's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 4. For wildlife to be used under the license:
 - a. Common name of the wildlife species;
 - b. Number of animals for each species;
 - c. When the application is for the use of multiple species, the applicant shall list each species and the number of animals for each species; and
 - d. When the applicant is renewing the wildlife holding license, the species and number of animals for each species currently held in captivity under the license;
 5. For wildlife to be used for educational purposes:
 - a. The affiliated educational institution's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number of the educational institution;
 - b. A copy of the established curriculum utilizing sound educational objectives; and
 - c. A plan for how the applicant will address any safety concerns associated with the use of live wildlife in a public setting.
 6. For each location where the applicant proposes to hold the wildlife, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 7. A detailed description and diagram, or photographs, of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
 8. The dates that the applicant will begin and end holding wildlife;
 9. A clear description of how the applicant intends to dispose of the wildlife once the proposed activity for which the license was issued ends;
 10. Any other information required by the Department; and
 11. The certification required under R12-4-409(C).

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12. For subsection (H)(7), the Department may, at its discretion, accept documented current certification or approval by the applicant's institutional animal care and use committee or similar committee in lieu of the description, diagram, and photographs of the facilities.
- I.** In addition to the requirements listed under subsection (H), at the time of application, an applicant for a wildlife holding license shall also submit:
 1. Evidence of lawful possession, as defined under R12-4-401;
 2. A statement of the applicant's experience in handling and providing care for the wildlife to be held or experience relevant to handling or providing care for wildlife;
 3. A written proposal that contains all of the following information:
 - a. A detailed description of the activity the applicant intends to perform under the license;
 - b. Purpose for the proposed activity;
 - c. The contribution the proposed activity will make to one or more of the primary purposes listed under subsection (C).
 - d. For an applicant who wishes to possess restricted or nonrestricted live wildlife for the purpose of providing humane treatment, a written explanation stating why the wildlife is unable to meet its own needs in the wild and the following information for the licensed veterinarian who will provide care for the wildlife:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
- J.** An applicant for a wildlife holding license shall pay all applicable fees required under R12-4-412.
- K.** A wildlife holding license holder shall:
 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Maintain records associated with the license for a period of five years following the date of disposition.
 3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 4. Possess the license or legible copy of the license while conducting any activity authorized under the wildlife holding license and presents it for inspection upon the request of any Department employee or agent.
 5. Permanently mark any restricted live wildlife used for lawful activities under the authority of the license, when required by the Department.
 6. Ensure that a copy of the license accompanies any transportation or shipment of wildlife made under the authority of the license.
 7. Surrender wildlife held under the license to the Department upon request.
- L.** A wildlife holding license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year or as indicated under subsection (O). The report form is furnished by the Department.
 1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife holding license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. A list of animals held during the year, the list shall be by species and include the source and date on which the wildlife was acquired.
 - b. The permanent mark or identifier of the wildlife, such as name, number, or another identifier for each animal held during the year, when required by the Department. This designation or identifier shall be provided with other relevant reported details for the holding or disposition of the individual animal;
 - c. Whether the wildlife is alive or dead.
 - d. The current location of the wildlife.
 - e. A list of all educational displays where the wildlife was utilized to include the date, location, institution or audience, approximate attendance, and wildlife used.
- M.** A wildlife holding license holder may authorize an agent to assist the license holder in conducting activities authorized under the wildlife holding license, provided the agent's wildlife privileges are not suspended or revoked in any state.
 1. The license holder shall obtain written authorization from the Department before allowing a person to act as an agent.
 2. The license holder shall notify the Department in writing within 10 calendar days of terminating any agent.
 3. The Department may suspend or revoke the license holder's license if an agent violates any requirement of this Section or Article or any stipulations placed upon the license.
 4. An agent may possess wildlife for the purposes outlined under subsection (C), under the following conditions:
 - a. The agent shall possess evidence of lawful possession, as defined under R12-4-401, for all wildlife possessed by the agent;
 - b. The agent shall return the wildlife to the primary license holder's facility within two days of receiving the wildlife.
- N.** A wildlife holding license holder or their agent shall not barter, give as a gift, loan for commercial activities, offer for sale, sell, trade, or dispose of any restricted or nonrestricted live wildlife, offspring of restricted or nonrestricted live wildlife, or their parts except as stipulated on the wildlife holding license or as directed in writing by the Department.
- O.** A wildlife holding license is no longer valid once the primary purpose for which the license was issued, as prescribed in subsection (C), no longer exists. When this occurs, the wildlife holding license holder shall immediately submit the annual report required under (L) to the Department.
- P.** A wildlife license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006

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(Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-418. Scientific Activity License

- A.** A scientific activity license allows a person to conduct any of the following activities with wildlife when specified on the license:
1. Capture, hold, and release wildlife as directed by the Department,
 2. Collection of dead wildlife,
 3. Display,
 4. Photograph for noncommercial purposes,
 5. Possess,
 6. Propagate,
 7. Take of live wildlife,
 8. Transport, and
 9. Use for educational purposes.
- B.** The Department issues five types of scientific collecting licenses:
1. Academic institution,
 2. Government agency,
 3. Non-governmental organization,
 4. Nonprofit organization, and
 5. Personal.
- C.** A person may apply for a scientific activity license only when the license is requested for:
1. The purpose of wildlife management, gathering information valuable to the maintenance of wild populations, education, the advancement of science, or promotion of the public health or welfare;
 2. A purpose that is in the best interest of the wildlife or the species, will not adversely impact other affected wildlife in this state, and may be authorized without posing a threat to wildlife or public safety; and
 3. A purpose that does not unnecessarily duplicate previously documented projects.
- D.** A scientific activity license expires on December 31 of each year.
- E.** For the protection of wildlife or public safety, the Department has the authority to take any one or more of the following actions:
1. Rescind or modify any method of take authorized by the license;
 2. Restrict the number of animals for each species or other taxa the license holder may take under the license;
 3. Restrict the age, condition, or location of wildlife the license holder may take under the license; or
 4. Deny or substitute the number of specimens and taxa requested on an application.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The scientific activity license does not:
1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department may deny a scientific activity license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's scientific activity privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a scientific activity license when:
1. It is in the best interest of the wildlife.
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state; or
 3. It is in the best interest of public health or safety.
- H.** An applicant for a scientific activity license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. A person applying for a scientific activity license shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number; when applicable;
 2. If the applicant will use wildlife for activities supported by a scientific, educational, or government institution, nonprofit organization, or agency that employs, contracts, or is similarly affiliated with the applicant, the applicant shall provide the institution's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number of the institution; and
 - d. The applicant's title or a description of the nature of affiliation with the institution or nonprofit organization;
 3. When the applicant is renewing the scientific activity license, the species and number of animals for each species currently held in captivity;
 4. For each location where the live wildlife will be held, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 5. A detailed description and diagram, photographs, or documented current certification or approval by the applicant's institutional animal care and use committee or similar committee of the facilities of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
 6. List of activities the applicant intends to perform under the license;
 7. Purpose and justification for the use of wildlife as established under subsection (B);
 8. When the applicant intends to use wildlife for educational purposes, the proposal shall also include the:
 - a. Minimum number of presentations the applicant anticipates to provide under the license;
 - b. Name, title, address, and telephone number of persons whom the applicant has contacted to offer educational presentations; and

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- c. Number of specimens the applicant already possesses for any species requested on the application;
- 9. Applicant's relevant qualifications and experience in handling and, when applicable, providing care for the wildlife to be held under the license;
- 10. Methods of take that the applicant will use, to include:
 - a. Justification for using the method, and
 - b. Proposed method of disposing wildlife taken under the license and any subsequent offspring, when applicable;
- 11. Any other information required by the Department; and
- 12. The certification required under R12-4-409(C).
- J.** An applicant for a scientific activity license shall pay all applicable fees required under R12-4-412.
- K.** A scientific activity license holder shall:
 - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 - 2. Possess the license or legible copy of the license while conducting any activity authorized under the scientific activity license and presents it for inspection upon the request of any Department employee or agent.
 - 3. Notify the Department in writing within 10 calendar days of terminating any agent.
 - 4. Use the most humane and practical method possible prescribed under R12-4-304, R12-4-313, or as directed by the Department in writing.
 - 5. Conduct activities authorized under the scientific activity license only at the locations and time periods specified on the scientific activity license.
 - 6. Dispose of wildlife, wildlife parts, or offspring, only as directed by the Department.
 - 7. Maintain records associated with the license for a period of five years following the date of disposition.
- L.** A scientific activity license holder shall not:
 - 1. Exhibit any wildlife held under the license, unless the person also possesses a zoo license authorized under R12-4-420.
 - 2. Administer any drug to any wildlife during the term of the scientific activity license without advance written authorization from the Department, unless the drug is administered in the course of treatment by a licensed veterinarian.
- M.** A scientific activity license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the scientific activity license by submitting a written request to the Department.
 - 1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
 - a. An employment or supervisory relationship exists between the applicant and the agent, and
 - b. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
 - 2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
 - 3. The license holder is liable for all acts the agent performs under the authority of this Section.
 - 4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
 - 5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the scientific activity license and presents it for inspection upon the request of any Department employee or agent.
- N.** A scientific activity license holder may submit to the Department a written request to amend the license to add or delete an agent, location, project, or other component documented on the license at any time during the license period.
- O.** A scientific activity license holder shall submit an annual report to the Department before January 31 of each year. The report form is furnished by the Department.
 - 1. A report is required regardless of whether or not activities were performed during the previous year.
 - 2. The scientific activity license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 - 4. The Department may stipulate submission of additional interim reports upon license application or renewal.
- P.** A scientific activity license holder who wishes to permanently hold wildlife species collected under the license in Arizona that will no longer be used for activities authorized under the license shall apply for and obtain a wildlife holding license in compliance with R12-4-417 or another appropriate special license.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-419. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-420. Zoo License

- A.** A zoo license allows a person to exhibit, export, euthanize, display for educational purposes, give away, import, offer for sale, possess, propagate, purchase, sell, or transport any lawfully possessed restricted and nonrestricted live wildlife.
- B.** A person may apply for a zoo license only for a commercial facility open to the public where the principal business is holding wildlife in captivity for exhibition purposes and for one or more of the following purposes:
 - 1. Advancement of science or wildlife management;
 - 2. Promotion of public health or welfare;
 - 3. Public education; or
 - 4. Wildlife conservation.
- C.** A zoo license expires on the last day of the third December from the date of issuance.
- D.** In addition to the requirements established under this Section, a zoo license holder shall comply with the special license requirements established under R12-4-409.

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- E. The zoo license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a zoo license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a zoo license when:
1. It is in the best interest of the wildlife; or
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state;
- G. An applicant for a zoo license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. If the applicant is employed by, contracted with, or affiliated with an educational or scientific institution, the applicant shall provide the institution's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 3. Wildlife species to be held under the license:
 - a. Common and current scientific name of the wildlife species; and
 - b. Number of individuals for each species;
 4. If the applicant is renewing the zoo license, the number of animals of each species that are currently in captivity, and evidence of lawful possession as defined under R12-4-401;
 5. For each location where the wildlife will be exhibited, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 6. A detailed description and diagram of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428;
 7. A description of how the facility or operation meets the definition of a zoo, as defined under A.R.S. § 17-101(A)(26);
 8. The purpose of the license, as described under subsection (B);
 9. Any other information required by the Department; and
 10. The certification required under R12-4-409(C).
- H. In addition to the requirements listed under subsection (G), an applicant for a zoo license shall also submit at the time of application:
1. Proof of current licensing by the United States Department of Agriculture under 9 CFR Subpart A, Animal Welfare;
 2. Photographs of the facility when the zoo is not accredited by the Association of Zoos and Aquariums or Zoological Association of America.
 3. For subsection, (H)(1), 9 CFR Subpart A, Animal Welfare revised January 1, 2019, and no later amendments or editions, which is incorporated by reference. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- I. An applicant for a zoo license shall pay all applicable fees required under R12-4-412.
- J. A zoo license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 3. Ensure each facility is inspected by the attending veterinarian at least once every year.
 4. Hold all wildlife in such a manner designed to prevent wildlife from escaping from the facility specified on the license.
 5. Hold all wildlife in a manner designed to prevent the entry of unauthorized persons or other wildlife.
 6. Hold all wildlife lawfully possessed under the zoo license in the facility specified on the license, except when transporting the wildlife:
 - a. To or from a temporary exhibit;
 - b. For medical treatment; or
 - c. Other activities approved by the Department in writing.
 7. Ensure a temporary exhibit shall not exceed 60 consecutive days at any one location, unless approved by the Department in writing.
 8. Clearly display a sign at the facility's main entrance that states the days of the week and hours when the facility is open for viewing by the general public.
 9. Ensure all wildlife held under the license that has the potential to come into contact with the public is tested for zoonotic diseases appropriate to the species no more than 12 months prior to importation or display. Any wildlife that tests positive for a zoonotic disease shall not be imported into this state without review and approval by the Department in writing.
 10. Dispose of the following wildlife only as directed by the Department:
 - a. Wildlife obtained under a scientific activity license; or
 - b. Wildlife loaned to the zoo by the Department.
 11. Maintain records of all wildlife possessed under the license for a period of five years following the date of dis-

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position. In addition to the information required under subsections (H)(1) through (H)(3), the records shall also include:

- a. Number of all restricted live wildlife, by species and the date it was obtained;
- b. Source of all restricted live wildlife and the date it was obtained;
- c. Number of offspring propagated by all restricted live wildlife; and
- d. For all restricted live wildlife disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Method of disposition.

K. A zoo license holder shall not:

1. Accept any wildlife that is donated, purchased, or otherwise obtained without accompanying evidence of lawful possession.
2. Import into this state any wildlife that may come into contact with the public and tests positive for zoonotic disease, as established under subsection (J)(9).

L. A zoo license holder shall dispose of restricted live wildlife in this state by:

1. Giving, selling, or trading the wildlife to:
 - a. Another zoo licensed under this Section;
 - b. An appropriate special license holder or appropriately licensed or permitted facility in another state or country authorized to possess the wildlife being disposed;
2. Giving selling, or donating the wildlife to a medical or scientific research facility exempt from special license requirements under R12-4-407;
3. Exporting the wildlife to a zoo certified by the Association of Zoos and Aquariums or Zoological Association of America; or
4. As otherwise directed by the Department.

M. A zoo license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.

1. A report is required regardless of whether or not activities were performed during the previous year.
2. The zoo license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
4. The report shall summarize the current species inventory, and acquisition and disposition of all wildlife held under the license.

N. A zoo license holder shall request the authority to possess a new species of restricted live wildlife by submitting a written request to the Department prior to acquisition, unless the wildlife was:

1. Held under the previous year's zoo license and included in the previous annual report, or
2. Authorized in advance by the Department in writing.

O. A zoo license holder shall comply with the requirements established under R12-4-409, R12-4-426, R12-4-428, and R12-4-430, as applicable.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1,

2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Subsections (J) through (O) omitted in supplement 15-4; errors corrected at the request of the Commission at R18-91 (Supp. 18-1). Subsections (A) through (I) amendments omitted in supplement 15-4; full text has been included as submitted at 21 A.A.R. 2813, File No. R15-155, effective December 5, 2015 (Supp. 19-1). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-421. Wildlife Service License

A. A wildlife service license authorizes a person to provide, advertise, or offer assistance in removing the live wildlife listed below to the general public. For the purposes of this Section, the following wildlife, as defined under A.R.S. § 17-101(B), are designated live wildlife:

1. Furbearing animals;
2. Javelina (*Pecari tajacu*);
3. Nongame animals;
4. Predatory animals; and
5. Small game.

B. A wildlife service license is not required when conducting pest control removal services authorized under A.R.S. § Title 3, Chapter 20 for the following wildlife not protected under federal regulation:

1. Rodents, except those in the family Sciuridae;
2. European starlings (*Sturnus vulgaris*);
3. Rosy-faced lovebirds (*Agapornis roseicollis*);
4. House sparrows (*Passer domesticus*);
5. Eurasian collared-doves (*Streptopelia decaocto*);
6. Rock pigeons (*Columba livia*); and
7. Any other non-native wildlife species.

C. A wildlife service license allows a person to conduct activities that facilitate the removal and relocation of live wildlife listed under subsection (A) when the wildlife causes property damage, poses a threat to public health or safety, or if the health or well-being of the wildlife is threatened by its immediate environment. Authorized activities include, but are not limited to, capture, removal, transportation, and relocation.

D. The wildlife service license expires on the last day of the third December from the date of issuance.

E. An employee of a governmental public safety agency is not required to possess a wildlife service license when the employee is acting within the scope of the employee's official duties.

F. In addition to the requirements established under this Section, a wildlife service license holder shall comply with the special license requirements established under R12-4-409.

G. The wildlife service license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:

1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.

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- H.** The Department shall deny a wildlife service license to a person who fails to meet the requirements established under R12-4-409 or this Section or when the person's wildlife service privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** An applicant for a wildlife service license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 - d. Physical description, to include the applicant's eye color, hair color, height, and weight; and
 - e. Department ID number, when applicable;
 2. If the applicant will perform license activities for a commercial purpose, the applicant's business:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Hours and days of the week the applicant will be available for service;
 3. The designated wildlife species or groups of species listed under subsection (A) that will be removed under the license;
 4. The methods that the wildlife license holder will use to perform authorized activities;
 5. The general geographic area where services will be performed;
 6. Any other information required by the Department; and
 7. The certification required under R12-4-409(C).
- J.** In addition to the requirements listed under subsection (I), at the time of application, an applicant for a wildlife service license shall also submit:
1. Proof the applicant has a minimum of six months full-time employment or volunteer experience handling wildlife of the species or groups designated on the application; and
 2. A written proposal that contains all of the following information:
 - a. Applicant's experience in the capture, handling, and removal of wildlife;
 - b. Specific species the applicant has experience capturing, handling, or removing;
 - c. General location and dates when the activities were performed;
 - d. Methods used to carry out the activities;
 - e. The methods used to dispose of the wildlife.
- K.** When renewing a license without change to the species or species groups authorized under the current license, the wildlife service license holder may reference supporting materials previously submitted in compliance with subsection (J).
- L.** An applicant for a wildlife service license shall pay all applicable fees required under R12-4-412.
- M.** A wildlife service license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Facilitate the removal and relocation of designated wildlife in a manner that:
 - a. Is least likely to cause injury to the wildlife; and
 - b. Will prevent the wildlife from coming into contact with the general public.
 3. Obtain special authorization from the Department regional office that has jurisdiction over the area where the activities will be conducted when performing any activities involving javelina.
 4. Release captured designated wildlife only as follows:
 - a. Without immediate threat to the animal or potentially injurious contact with humans;
 - b. During an ecologically appropriate time of year;
 - c. Into a suitable habitat;
 - d. In the same geographic area as the animal was originally captured, except that birds may be released at any location statewide within the normal range of that species in an ecological suitable habitat; and
 - e. In an area designated by the Department regional office that has jurisdiction over the area where it was captured.
 5. Euthanize the wildlife using the safest, quickest, and most humane method available.
 6. Dispose of all wildlife that is euthanized or that otherwise dies while possessed under the license by burial or incineration within 30 days of death, unless otherwise directed by the Department.
 7. Possess the license or legible copy of the license while conducting any wildlife service activity and presents it for inspection upon the request of any Department employee or agent.
 8. Inform the Department in writing within five working days of any change in telephone number, area of service, or business hours or days.
 9. Maintain records associated with the license for a period of five years following the date of disposition.
- N.** A wildlife service license holder may submit to the Department a written request to amend the license to add or delete authority to control and release designated species of wildlife, provided the request meets the requirements of this Section.
- O.** A wildlife service license holder shall not:
1. Exhibit wildlife or parts of wildlife possessed under the license.
 2. Possess designated wildlife beyond the period necessary to transport and relocate or euthanize the wildlife.
 3. Retain any parts of wildlife.
- P.** A wildlife service license holder may:
1. Euthanize designated wildlife only when authorized by the Department.
 2. Give injured or orphaned wildlife to a wildlife rehabilitation license holder.
- Q.** A wildlife service license holder shall submit an annual report to the Department before January 31 of each year on activities performed under the license for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife service license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.

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4. The annual report shall provide a list of all services performed under the license to include:
 - a. The date and location of service;
 - b. The number and species of wildlife removed, and
 - c. The method of disposition for each animal removed, including the location and date of release.
- R. A wildlife service license holder shall comply with the requirements established under R12-4-409 and R12-4-428.

Historical Note

Adopted effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-422. Sport Falconry License

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-101, and R12-4-401, and for the purposes of this Section, the following definitions apply:

“Abatement” means the use of a trained raptor to scare, flush, or haze wildlife to manage depredation or other damage, including threats to human health and safety, caused by the wildlife.

“Captive-bred raptor” means a raptor hatched in captivity.

“Hack” means the temporary release of a raptor into the wild to condition the raptor for use in falconry.

“Hybrid” has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2019. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

“Imping” means using a molted feather to replace or repair a damaged or broken feather.

“Imprint” has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2019. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

“Retrices” means a raptor’s tail feathers.

“Sponsor” means a licensed General or Master falconer with a valid Arizona Sport Falconry license who has committed to mentoring an Apprentice falconer.

“Suitable perch” means a perch that is of the appropriate size and texture for the species of raptor using the perch.

“Wild raptor” means a raptor taken from the wild, regardless of how long the raptor is held in captivity or whether the raptor is transferred to another licensed falconer or other permit type.

- B. An Arizona Sport Falconry license permits a person to capture, possess, train, and transport a raptor for the purpose of sport falconry in compliance with the Migratory Bird Treaty Act and the Endangered Species Act of 1973.

1. The sport falconry license validates the appropriate license for hunting or taking quarry with a trained raptor. When taking quarry using a raptor, a person must possess a valid:
 - a. Sport falconry license, and
 - b. Appropriate hunting license.
2. The sport falconry license is valid until the third December from the date of issuance.
3. A licensed falconer may capture, possess, train, or transport wild, captive-bred, or hybrid raptors, subject to the limitations established under subsections (H)(1), (H)(2), and (H)(3), as applicable.
- C. The Department shall comply with the licensing time-frame established under R12-4-106.
- D. A resident who possesses or intends to possess a raptor for the purpose of sport falconry shall hold an Arizona Sport Falconry license, unless the person is exempt under A.R.S. § 17-236(C) or possesses only raptors not listed under 50 CFR Part 10.13, revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- E. In addition to the requirements established under this Section, a licensed falconer shall also comply with special license requirements established under R12-4-409.
- F. The sport falconry license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
 3. Authorize a licensed falconer to capture or release a raptor or practice falconry on public lands where prohibited or on private property without permission from the land owner or land management agency.
- G. The Department shall deny a sport falconry license to a person who fails to meet the requirements established under R12-4-409, or this Section. The Department shall provide a written notice to an applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- H. The Department may issue a Sport Falconry license for the following levels to an eligible person:
 1. Apprentice level license:
 - a. An Apprentice falconer shall:
 - i. Be at least 12 years of age; and
 - ii. Have a written statement from a sponsor who is a licensed Master Falconer or a General Falconer while practicing falconry as an apprentice. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi). When a sponsorship is terminated, the apprentice is prohibited from practicing falconry until a new sponsor is acquired. After acquiring a new sponsor, an apprentice shall submit a written statement from the new sponsor to the Department within 30 days. The

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- written statement shall meet the requirements established under subsection (K)(3)(a)(vi).
- b. An Apprentice falconer may possess only one raptor at a time for use in falconry.
 - c. An Apprentice falconer is prohibited from possessing any:
 - i. Species listed under 50 CFR 17.11, revised October 1, 2019, and subspecies,
 - ii. Raptor taken from the wild as a nestling,
 - iii. Raptor that has imprinted on humans,
 - iv. Bald eagle (*Haliaeetus leucocephalus*),
 - v. White-tailed eagle (*Haliaeetus albicilla*),
 - vi. Steller's sea-eagle (*Haliaeetus pelagicus*), or
 - vii. Golden eagle (*Aquila chrysaetos*).
 - viii. For the purposes of subsection (H)(1)(c)(i), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
2. General level license:
 - a. A General falconer shall:
 - i. Be at least 16 years of age; and
 - ii. Have submit a written statement provided by the Apprentice Falconer's sponsor, stating that the General falconer practiced falconry as an apprentice falconer for at least two years, including maintaining, training, flying, and hunting with a raptor for at least four months in each year. An applicant cannot substitute any falconry school program or education to shorten the two-year Apprentice period.
 - b. A General falconer may possess:
 - i. Up to three raptors at a time for use in falconry; and
 - ii. Up to the total number of federally permitted or sub-permitted raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
 - c. A General falconer is prohibited from possessing a:
 - i. Bald eagle,
 - ii. White-tailed eagle,
 - iii. Steller's sea-eagle, or
 - iv. Golden eagle.
 3. Master level license:
 - a. A Master falconer shall have practiced falconry as a General falconer for at least five years using raptors possessed by that falconer.
 - b. A Master falconer may possess:
 - i. Any species of wild, captive-bred, or hybrid raptor;
 - ii. Any number of captive-bred raptors provided they are trained and used in the pursuit of wild game;
 - iii. Up to three of the following species, provided the requirements established under subsection (H)(3)(d) are met: Golden eagle, White-tailed eagle, or Steller's Sea eagle; and
 - iv. Up to the total number of federally permitted abatement or propagation raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
 - c. A Master falconer is prohibited from possessing:
 - i. More than three eagles,
 - ii. A bald eagle, or
 - iii. More than five wild caught raptors.
 - d. A Master falconer who wishes to possess an eagle shall apply for and receive approval from the Department before possessing an eagle for use in falconry. The licensed falconer shall submit the following documentation to the Department before a request may be considered:
 - i. Proof the licensed falconer has experience in handling large raptors such as, but not limited to, ferruginous hawks (*Buteo regalis*) and goshawks (*Accipiter gentilis*);
 - ii. Information regarding the raptor species, to include the type and duration of the activity in which the experience was gained; and
 - iii. Written statements of reference from two persons who have experience handling or flying large raptors such as, but not limited to, eagles, ferruginous hawks, and goshawks. Each written statement shall contain a concise history of the author's experience with large raptors, and an assessment of the applicant's ability to care for and fly an eagle in falconry.
- I. A sponsor shall:
 1. Be at least 18 years of age.
 2. Have practiced falconry as a Master or General falconer for at least two years.
 3. Sponsor no more than three apprentices at any one time.
 4. Notify the Department within 30 consecutive days after a sponsorship is terminated.
 5. Determine the appropriate species of raptor for possession by an apprentice.
 6. Provide instruction to the Apprentice falconer pertaining to:
 - a. Husbandry, training, and trapping of raptors held for falconry;
 - b. Hunting with a raptor; and
 - c. Relevant wildlife laws and regulations.
 - J. A falconer licensed in another state or country is exempt from obtaining an Arizona Sport Falconry license under R12-4-407(B)(9), unless the falconer remains in Arizona for more than 180 consecutive days. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry license in order to continue practicing sport falconry in this state. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
 1. A falconer licensed in another state shall:
 - a. Comply with all applicable state and federal falconry regulations,
 - b. Possess only those raptors authorized under the out-of-state sport falconry license, and
 - c. Provide a health certificate for each raptor possessed under the out-of-state sport falconry license when the raptor is present in this state for more than 30 consecutive days. The health certificate may be issued after the date of the interstate importation, but shall have been issued no more than 30 consecutive days prior to the interstate importation.
 2. A falconer licensed in another country may possess, train, and use for falconry only those raptors authorized under

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the out-of-country sport falconry license, provided the import of that species into the United States is not prohibited. This subsection does not prohibit the falconer from flying or training a raptor lawfully possessed by any other licensed falconer.

3. A falconer licensed in another country is prohibited from leaving an imported raptor in this state, unless authorized under federal permit. The falconer shall report the death or escape of a raptor possessed by that falconer to the Department as established under subsection (O)(1) or prior to leaving the state, whichever occurs first.
4. A falconer licensed in another country shall:
 - a. Comply with all applicable state and federal falconry regulations;
 - b. Comply with falconry licensing requirements prescribed by the country of licensure not in conflict with federal or state law;
 - c. Notify the Department no less than 30 consecutive days prior to importing a raptor into this state;
 - d. Provide a health certificate, issued no earlier than 30 consecutive days prior to the date of importation, for each raptor imported into this state; and
 - e. Attach two functioning radio transmitters to any raptor imported into this country by the falconer while flown free in this state by any falconer.
- K. An applicant for a Sport Falconry license shall pass the examination required under subsection (N), ensure their raptor housing facility is inspected and meets the requirements established under subsection (M), and submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website.
 1. An applicant shall provide the following information on the application:
 - a. Falconry level desired;
 - b. Name;
 - c. Date of birth;
 - d. Mailing address;
 - e. Telephone number, when available;
 - f. Department I.D. number;
 - g. Applicant's physical description, to include the applicant's eye color, hair color, height, and weight;
 - h. Arizona hunting license number, when available;
 - i. Number of years of experience as a falconer;
 - j. Current Falconry license level;
 - k. Physical address of a housing facility when the raptor is kept at another location, when applicable;
 - l. Information documenting all raptors possessed by the applicant at the time of application, to include:
 - i. Species;
 - ii. Subspecies, when applicable;
 - iii. Age;
 - iv. Sex;
 - v. Band or microchip number, as applicable;
 - vi. Date and source of acquisition; and
 - m. The certification required under R12-4-409(C);
 - n. Parent or legal guardian's signature, when the applicant is under the age of 18;
 - o. Date of application; and
 - p. Any other information required by the Department.
 2. An applicant shall certify that the applicant has read and is familiar with applicable state laws, rules, and the regulations under 50 CFR Part 13 and the other applicable parts in 50 CFR Chapter I, Subchapter B and that the information submitted is complete and accurate to the best of their knowledge and belief.
3. In addition to the information required under subsection (K)(1), a person applying for:
 - a. An Apprentice level license shall also provide the sponsor's:
 - i. Name,
 - ii. Date of birth,
 - iii. Mailing address,
 - iv. Department I.D. number,
 - v. Telephone number, and
 - vi. A written statement from the sponsor stating that the falconer agrees to sponsor the applicant.
 - b. A General level license shall also provide:
 - i. Information documenting the applicant's experience in maintaining falconry raptors, to include the species and period of time each raptor was possessed while licensed as an Apprentice falconer; and
 - ii. A written statement from the sponsor certifying that the applicant has practiced falconry at the Apprentice falconer level for at least two years, and maintained, trained, flown, and hunted with a raptor for at least four months in each year.
 - c. A Master level license shall certify that the falconer has practiced falconry as a General falconer with his or her own raptors for at least five years.
- L. An applicant for any level Sport Falconry license shall pay all applicable fees required under R12-4-412.
- M. The Department shall inspect the applicant's raptor housing facilities, materials, and equipment to verify compliance with the requirements established under R12-4-409(I), and this Section before issuing a Sport Falconry license. The applicant or licensed falconer shall ensure all raptors currently possessed by the falconer and kept in the housing facility are present at the time of inspection.
 1. The Department may inspect a housing facility, equipment, raptors, or records:
 - a. At any time before or during the license period to determine compliance with this Section,
 - b. After a change of location, when the Department cannot verify the housing facility is the same facility as the one approved by a previous inspection, or
 - c. Prior to the acquisition of a new species or addition of another raptor when the previous inspection does not indicate the housing facilities can accommodate a new species or additional raptor.
 - d. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 2. A licensed falconer shall notify the Department no more than five business days after changing the location of a housing facility.
 3. When a housing facility is located on property not owned by the licensed falconer, the falconer shall provide a written statement signed and dated by the property owner at the time of inspection. The written statement shall specify that the licensed falconer has permission to keep a raptor on the property and the property owner permits the Department to inspect the falconry housing facility at any reasonable time of day and in the presence of the licensed falconer.

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4. A licensed falconer shall ensure the housing facility:
 - a. Provides a healthy and safe environment,
 - b. Is designed to keep predators and domestic animals out,
 - c. Is designed to avoid injury to the raptor,
 - d. Is easy to access,
 - e. Is easy to clean, and
 - f. Provides access to fresh water and sunlight.
 5. In addition to the requirements established under R12-4-409(I):
 - a. A licensed falconer shall ensure housing facilities where raptors are held:
 - i. Has a suitable perch that is protected from extreme temperatures, wind, and excessive disturbance for each raptor;
 - ii. Has at least one opening for sunlight; and
 - iii. Has walls that are solid, constructed of vertical bars spaced narrower than the width of the body of the smallest raptor housed therein, or any other suitable materials approved by the Department. A nestling may be kept in any suitable container or enclosure until it is capable of flight.
 - b. A licensed falconer shall possess all of the following equipment:
 - i. At least one flexible, weather-resistant leash;
 - ii. One swivel appropriate to the raptor being flown;
 - iii. At least one water container, available to each raptor kept in the housing facility, that is at least two inches deep and wider than the length of the largest raptor using the container;
 - iv. A reliable scale or balance suitable for weighing raptors, graduated in increments of not more than 15 grams;
 - v. Suitable equipment that protects the raptor from extreme temperatures, wind, and excessive disturbance while transporting or housing a raptor when away from the permanent housing facility where the raptor is kept; and
 - vi. At least one pair of jesses constructed of suitable material or Alymeri jesses consisting of an anklet, grommet, and removable strap that attaches the anklet and grommet to a swivel. The falconer may use a one-piece jess only when the raptor is not being flown.
 6. A licensed falconer may keep a falconry raptor inside the falconer's residence provided a suitable perch is supplied. The falconer shall ensure all flighted raptors kept inside a residence are tethered or otherwise restrained at all times, unless the falconer is moving the raptor into or out of the residence. This subsection does not apply to nestlings, which do not need to be tethered or otherwise restrained.
 7. A licensed falconer may keep multiple raptors together in one enclosure untethered only when the raptors are compatible with each other.
 8. A licensed falconer may keep a raptor temporarily outdoors in the open provided the raptor is continually under observation by the falconer or an individual designated by the falconer.
 9. A licensed falconer may keep a raptor in a temporary housing facility that the Department has inspected and approved for no more than 120 consecutive days.
 10. A licensed falconer may keep a raptor in a temporary housing facility that the Department has not inspected or approved for no more than 30 consecutive days. The falconer shall notify the Department of the temporary housing facility prior to the end of the 30-day period. The Department may inspect a temporary housing facility as established under R12-4-409(J).
- N.** Prior to the issuance of a Sport Falconry license, an applicant shall:
1. Present proof of a previously held state-issued sport falconry license, or
 2. Correctly answer at least 80% of the questions on the Department administered written examination.
 - a. A person whose Sport Falconry license is expired more than five years shall take the examination. The Department shall issue to an eligible applicant a license for the sport falconry license type previously held by the applicant after the applicant correctly answers at least 80% of the questions on the written examination and presents proof of the previous Sport Falconry license.
 - b. A person who holds a falconry license issued in another country shall correctly answer at least 80% of the questions on the written examination. The Department shall determine the level of license issued based upon the applicant's documentation.
- O.** A licensed falconer shall:
1. Submit a paper copy of the 3-186A form to report any of the following raptor possession changes to the Department no more than 10 business days after the occurrence:
 - a. Acquisition,
 - b. Banding,
 - c. Escape into the wild without recovery after 30 consecutive days have passed,
 - d. Death,
 - e. Microchipping,
 - f. Rebanding,
 - g. Release,
 - h. Take, or
 - i. Transfer.
 2. Submit a copy of the falconer's federal propagation report, when applicable.
 3. Submit a copy of the falconer's federal abatement report, when applicable.
 4. Upon discovering the theft of a raptor, the falconer shall immediately report the theft of a raptor to the Department and USFWS by:
 - a. Contacting the Department's regional office within 48 hours; and
 - b. Submitting the electronic 3-186A form within 10 days.
- P.** A licensed falconer shall print and maintain copies of all required 3-186A form and associated documents for each abatement, falconry, and propagation raptor possessed by the falconer, as applicable. The falconer shall retain copies of all required documents for a period of five years from the date on which the raptor left the falconer's possession.
- Q.** A licensed falconer or a person with a valid falconry license, or its equivalent, issued by any state meeting federal falconry standards may capture a raptor for the purpose of falconry only when authorized by Commission Order.
1. A falconer attempting to capture a raptor shall possess:

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- a. A valid Arizona Sport Falconry license or valid falconry license, or its equivalent, issued by another state, and
- b. Any required Arizona hunt permit-tag issued to the licensed falconer for take of the authorized raptor, and
- c. A valid Arizona hunting or combination license. A short-term combination hunting and fishing license is not valid for capturing a raptor under this subsection.
2. An Apprentice falconer may take from the wild:
 - a. Any raptor not prohibited under subsection (H)(1)(c) that is less than one year of age, except nestlings, or
 - b. An adult raptor.
3. A General or Master falconer may take from the wild:
 - a. A raptor of any age, including nestlings, provided at least one nestling remains in the nest; or
 - b. An adult raptor.
4. A licensed falconer shall take no more than two raptors from the wild for use in falconry each calendar year. For the purpose of take limits, a raptor is counted towards the licensed falconer's take limit by the falconer who originally captured the raptor.
5. A falconer attempting to capture a raptor shall:
 - a. Not use stupefying substances;
 - b. Use a trap or bird net that is not likely to cause injury to the raptor;
 - c. Ensure that each trap or net the falconer is using is continually attended; and
 - d. Ensure that each trap used for the purpose of capturing a raptor is marked with the falconer's name, address, and license number.
6. A licensed falconer shall report the injury of any raptor injured due to capture techniques to the Department. The falconer shall transport the injured raptor to a veterinarian or licensed rehabilitator and pay for the cost of the injured raptor's care and rehabilitation. After the initial medical treatment is completed, the licensed falconer shall either:
 - a. Keep the raptor and the raptor shall count towards the falconer's take and possession limit, or
 - b. Transfer the raptor to a permitted wildlife rehabilitator and the raptor shall not count against the falconer's take or possession limit.
7. When a licensed falconer takes a raptor from the wild and transfers the raptor to another falconer who is present at a capture site, the falconer receiving the raptor is responsible for reporting the take of the raptor.
8. A General or Master falconer may capture a raptor that will be transferred to another licensed falconer who is not present at the capture site. The falconer who captured the raptor shall report the take of the raptor and the capture shall count towards the General or Master falconer's take limit. The General or Master falconer may then transfer the raptor to another falconer.
9. A General or Master falconer may capture a raptor for another licensed falconer who cannot attend the capture due to a long-term or permanent physical impairment. The licensed falconer with the physical impairment is responsible for reporting the take of the raptor and the raptor shall count against their take and possession limits.
10. A licensed falconer may capture any raptor displaying a seamless metal band, or any other item identifying it as a falconry raptor, regardless of whether the falconer is prohibited from possessing the raptor. The capturing falconer shall return the recaptured raptor to the falconer of record. The raptor shall not count towards the capturing falconer's take or possession limits, provided the capturing falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor.
 - a. When the falconer of record cannot or does not wish to possess the raptor, the falconer who captured the raptor may keep the raptor, provided the falconer is eligible to possess the species and may do so without violating any requirement established under this Section.
 - b. When the falconer of record cannot be located, the Department shall determine the disposition of the recaptured raptor.
11. A licensed falconer may capture and shall report the capture of any raptor wearing a transmitter to the Department no more than five business days after the capture. The falconer shall attempt to contact the researcher or licensed falconer who applied the transmitter and facilitate the replacement or retrieval of the transmitter and raptor. The falconer may possess the raptor for no more than 30 consecutive days while waiting for the researcher or falconer to retrieve the transmitter and raptor. The raptor shall not count towards the falconer's take or possession limits, provided the falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor. The Department shall determine the disposition of a raptor when the researcher or falconer does not replace the transmitter or retrieve the raptor within the initial 30-day period.
12. A licensed falconer may capture any raptor displaying a federal Bird Banding Laboratory (BBL) aluminum research band or tag, except a peregrine falcon (*Falco peregrinus*). A licensed falconer who captures a raptor wearing a research band or tag shall report the following information to BBL and the Department:
 - a. Species,
 - b. Band or tag number,
 - c. Location of the capture, and
 - d. Date of capture.
 - e. A person can report the capture of a raptor wearing a research band or tag to BBL by submitting information regarding the capture online at the BBL website.
13. A licensed falconer may recapture a falconer's lost or any escaped falconry raptor at any time. The Department does not consider the recapture of a wild falconry raptor as taking a raptor from the wild.
14. When attempting to trap a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties, a licensed falconer shall:
 - a. Not begin trapping while a northern aplomado falcon (*Falco femoralis septentrionalis*) is observed in the vicinity of the trapping location.
 - b. Suspend trapping when a northern aplomado falcon arrives in the vicinity of the trapping location.
15. In addition to the requirements in subsection (Q)(14), an apprentice falconer shall be accompanied by a General or Master falconer when attempting to capture a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties.
16. A licensed Master falconer may take up to two golden eagles from the wild only as authorized under 50 CFR Parts 21 and 22. The Master falconer may:

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- a. Capture a golden eagle or an immature or sub-adult golden eagle during the time a livestock depredation area and associated depredation permit or depredation control order are in effect as declared by USDA Wildlife Services and permitted under 50 CFR 22.23, or upon the request of the Arizona Governor pursuant to 50 CFR 22.31 and 22.32.
 - b. Take a nestling from its nest or a nesting adult golden eagle in a livestock depredation area if a biologist representing the agency responsible for declaring the depredation area determines the adult eagle is preying on livestock or wildlife and that any nestling of the adult will be taken by a falconer authorized to possess it or by the biologist and transferred to a person authorized to possess it.
 - c. The falconer shall inform the Department of the capture plans in person, in writing, or by telephone at least three business days before trapping is initiated. The falconer may send written notification to the Arizona Game and Fish Department's Law Enforcement Programs Coordinator at 5000 West Carefree Highway, Phoenix, Arizona 85086.
17. A licensed falconer shall ensure any falconry activities the falconer is conducting do not cause unlawful take under the Endangered Species Act of 1973, 16 U.S.C. § 1531 et seq., or the Bald and Golden Eagle Protection Act, 16 U.S.C. §§ 668 through 668d. The Department or USFWS may provide information regarding where take is likely to occur. The falconer shall report the take of any federally listed threatened or endangered species or bald or golden eagle to the USFWS Arizona Ecological Services Field Office.
- R. A licensed falconer shall comply with all of the following banding requirements:
1. A licensed falconer shall ensure the following raptors are banded after capture:
 - a. Northern Goshawk,
 - b. Harris's hawk (*Parabuteo unicinctus*), and
 - c. Peregrine falcon.
 2. The falconer shall request a band no more than five consecutive days after the capture of a raptor by contacting the Department. A Department representative or a General or Master licensed falconer may attach the USFWS leg band to the raptor.
 3. A licensed falconer shall not use a counterfeit, altered, or defaced band.
 4. A falconer holding a federal propagation permit shall ensure a raptor bred in captivity wears a seamless metal band furnished by USFWS, as prescribed under 50 CFR 21.30.
 5. A licensed falconer may remove the rear tab on a band and smooth any imperfections on the surface, provided doing so does not affect the band's integrity or numbering.
 6. A licensed falconer shall report the loss of a band to the Department no more than five business days after discovering the loss. The falconer shall reband the raptor with a new USFWS leg band furnished by the Department.
- S. A licensed falconer may request Department authorization to implant an ISO-compliant [134.2 kHz] microchip in lieu of a band into a captive-bred raptor or raptor listed under subsection (R)(1).
1. The falconer shall submit a written request to the Department.
 2. The falconer shall retain a copy of the Department's written authorization and any associated documentation for a period of five years from the date the raptor permanently leaves the falconer's possession.
 3. The falconer is responsible for the cost of implanting the microchip and any associated veterinary fees.
- T. A licensed falconer may allow a falconry raptor to feed on any species of wildlife incidentally killed by the raptor for which there is no open season or for which the season is closed, but shall not take such wildlife into possession.
- U. A General or Master falconer may hack a falconry raptor. Any raptor the falconer is hacking shall count towards the falconer's possession limit during hacking.
1. A falconer is prohibited from hacking a raptor near the nesting area of a federally threatened or endangered species or in any other location where the raptor is likely to disturb or harm a federally listed threatened or endangered species. The Department may provide information regarding where this is likely to occur.
 2. A licensed falconer shall ensure any hybrid raptor flown free or hacked by the falconer is equipped with at least two functioning radio transmitters.
- V. A licensed falconer may release:
1. A wild-caught raptor permanently into the wild under the following circumstances:
 - a. The raptor is native to Arizona,
 - b. The falconer removes the raptor's falconry band and any other falconry equipment prior to release, and
 - c. The falconer releases the raptor in a suitable habitat and under suitable seasonal conditions.
 2. A captive-bred raptor permanently into the wild only when the raptor is native to Arizona and the Department approves the release of the raptor. The falconer shall request permission to release the captive-bred raptor by contacting the Department. When permitted by the Department and before releasing the captive-bred raptor, the General or Master falconer shall hack the captive-bred raptor in a suitable habitat and the appropriate season.
 3. A licensed falconer is prohibited from intentionally releasing any hybrid or non-native raptor permanently into the wild.
- W. A Master falconer may conduct and receive payment for abatement conducted with a falconry raptor or federally permitted abatement raptor. The falconer shall apply for and obtain all required federal permits prior to conducting any abatement activities. The falconer shall comply with the reporting requirement under subsection (O). A General falconer may conduct abatement activities only when authorized under the federal permit held by the Master falconer.
- X. A person other than a licensed falconer may temporarily care for a falconry raptor for no more than 45 consecutive days, unless approved by the Department. The raptor under temporary care shall remain in the falconer's facility. The raptor shall continue to count towards the falconer's possession limit. An unlicensed caretaker shall not fly the raptor. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Y. A licensed falconer may serve as a caretaker for another licensed falconer's raptor for no more than 120 consecutive days, unless approved by the Department. The falconer shall provide the temporary caretaker with a signed and dated state-

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ment authorizing the temporary possession of each raptor and a copy of USFWS form 3-186A that shows that the licensed falconer is the possessor of each raptor. The statement shall also include the temporary possession period and activities the caretaker may conduct with the raptor. a The raptor under temporary care shall not count toward the caretakers possession limit. The temporary caretaker may fly or train the raptor when permitted by the falconer in writing. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.

Z. A General or Master falconer may assist any federally licensed wildlife rehabilitator in conditioning a raptor the licensed falconer is authorized to possess in preparation for the raptor's release to the wild. The falconer may temporarily remove the raptor from the rehabilitation facilities while conditioning the raptor. The raptor shall remain under the rehabilitator's license and shall not count towards the falconer's possession limit. The rehabilitator shall provide the licensed falconer with a written statement authorizing the falconer to assist the rehabilitator. The written statement shall also identify the raptor by species, type of injury, and band number, when available. The licensed falconer shall return the raptor to the rehabilitator within the 180-day period established under R12-4-423(T), unless the raptor is:

1. Released into the wild in coordination with the rehabilitator and as authorized under this subsection,
2. Allowed to remain with the rehabilitator for a longer period of time as authorized under R12-4-423(U), or
3. Transferred permanently to the falconer, provided the falconer may legally possess the raptor and the Department approves the transfer. The raptor shall count towards the falconer's possession limit.

AA. A licensed falconer may use a raptor possessed for falconry in captive propagation, when permitted by USFWS. A licensed falconer is not required to transfer a raptor from a Sport Falconry license to another license when the raptor is used for captive propagation less than eight months in a year.

BB. A General or Master licensed falconer may use a lawfully possessed raptor in a conservation education program presented in a public venue. An Apprentice falconer, under the direct supervision of a General or Master falconer, may use a lawfully possessed raptor in a conservation education program presented in a public venue. The primary use for a raptor is falconry; a licensed falconer shall not possess a raptor solely for the purpose of providing a conservation education program. The falconer shall ensure the focus of the conservation education program is to provide information about the biology, ecological roles, and conservation needs of raptors and other migratory birds. The falconer may charge a fee for presenting a conservation education program; however, the fee shall not exceed the amount required to recoup the falconer's costs for providing the program. As a condition of the Sport Falconry License, the licensed falconer agrees to indemnify the Department, its officers, and employees. The falconer is liable for any damages associated with the conservation education activities.

CC. A licensed falconer may allow the photography, filming, or similar uses of a falconry raptor possessed by the licensed falconer, provided:

1. The falconer is not compensated for these activities; and
2. The final product from these activities:
 - a. Promotes the practice of falconry;

- b. Provides information about the biology, ecological roles, and conservation needs of raptors and other migratory birds;
- c. Endorses a nonprofit falconry organization or association, products, or other endeavors related to falconry; or
- d. Is used in scientific research or science publications.

DD. A licensed falconer may use or dispose of lawfully possessed falconry raptor feathers. A falconer shall not buy, sell, or barter falconry raptor feathers. A falconer may possess feathers for imping from each species of raptor that the falconer currently possesses or has possessed.

1. The licensed falconer may transfer or receive feathers for imping from:
 - a. Another licensed falconer,
 - b. A licensed wildlife rehabilitator, or
 - c. Any licensed propagator located in the United States.
2. A licensed falconer may donate falconry raptor feathers, except bald and golden eagle feathers, to:
 - a. Any person or institution permitted to possess falconry raptor feathers,
 - b. Any person or institution exempt from the permit requirement under 50 CFR 21.12, or
 - c. A non-eagle feather repository. The Department may provide information regarding the submittal of falconry raptor feathers to a non-eagle feather repository.
3. A licensed falconer shall gather primary and secondary flight feathers or retrices that are molted or otherwise lost from a golden eagle and either retain the feathers for imping purposes or submit the feathers to the U.S. Fish and Wildlife Service, National Eagle Repository, Rocky Mountain Arsenal, Building 128, Commerce City, Colorado 80022.
4. A falconer whose license is either revoked or expired shall dispose of all falconry raptor feathers in the falconer's possession.

EE. Arizona licensed falconers importing raptors into Arizona shall have a health certificate issued no more than 30 consecutive days:

1. Prior to the international importation, or
2. Prior to or after the inter-state importation.

FF. A licensed falconer may conduct any of the following activities with any captive-bred raptor provided the raptor is wearing a seamless band and the person receiving the raptor possesses an appropriate special license:

1. Barter,
2. Offer for barter,
3. Gift,
4. Purchase,
5. Sell,
6. Offer for sale, or
7. Transfer.

GG. A licensed falconer is prohibited from conducting any of the following activities with any wild-caught raptor protected under the Migratory Bird Treaty Act:

1. Barter,
2. Offer for barter,
3. Purchase,
4. Sell, or
5. Offer for sale.

HH. A licensed falconer may transfer:

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1. Any wild-caught falconry raptor lawfully captured in Arizona with or without a permit tag to another Arizona Sport Falconry License holder at any time.
 - a. The raptor shall count towards the take limit for that calendar year for the falconer taking the raptor from the wild.
 - b. The raptor shall not count against the take limit of the falconer receiving the raptor.
 2. Any wild-caught falconry raptor to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least two years preceding the transfer.
 3. A wild-caught falconry sharp-shinned hawk (*Accipiter striatus*), Cooper's hawk (*Accipiter cooperii*), merlin (*Falco columbarius*), or American kestrel (*Falco sparverius*) to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least one-year preceding the transfer.
 4. Any hybrid or captive-bred raptor to another licensed falconer or permit type under this Article or federal law at any time.
 5. Any falconry raptor that is no longer capable of being flown, as determined by a veterinarian, to another permit type at any time. The licensed falconer shall provide a copy of the documentation from the veterinarian stating that the raptor is not useable in falconry to the Federal Migratory Bird Permits office that administers the other permit type.
- II.** A licensed falconer shall not transfer a wild-caught raptor species to a licensed falconer in another state for at least one year from the date of capture if either resident or nonresident take is managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system. However, a licensed falconer may transfer a wild-caught raptor that is not managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system to a licensed falconer in another state at any time.
- JJ.** A surviving spouse, executor, administrator, or other legal representative of a deceased or incapacitated licensed falconer shall transfer any raptor held by the licensed falconer to another licensed falconer no more than 90 consecutive days after the death of the falconer. The Department shall determine the disposition of any raptor not transferred prior to the end of the 90-day period.
- KK.** A licensed falconer shall conduct the following activities, as applicable, no more than 10 business days after either the death of a falconry raptor or the final examination of a deceased raptor by a veterinarian:
1. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
 2. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository;
 3. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, the falconer shall either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
 4. For all other species:
 - a. Submit the carcass to a non-eagle repository;
 - b. Submit the carcass to the Department for submission to a non-eagle repository;
 - c. Donate the body or feathers to any person or institution exempt under 50 CFR 21.12 or authorized by USFWS to acquire and possess such parts or feathers;
 - d. Retain the carcass or feathers for imping purposes as established under subsection (DD);
 - e. Burn, bury, or otherwise destroy the carcass; or
 - f. Mount the raptor carcass. The falconer shall ensure any microchip implanted in the raptor is not removed and any band attached to the raptor remains on the mount. The falconer may use the mount for a conservation education program. The falconer shall ensure copies of the license and all relevant 3-186A forms are retained with the mount. The mount shall not count towards the falconer's possession limit.
5. A license holder submitting a carcass or parts of a carcass of any raptor that has been euthanized shall ensure a tag indicating the raptor was euthanized is attached to the carcass or parts of the carcass before submitting it to the National Eagle Repository or non-eagle repository, as applicable.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 958, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-423. Wildlife Rehabilitation License

- A.** For the purposes of this Section, "volunteer" means a person who:
1. Is not designated as an agent, as defined under R12-4-401,
 2. Assists a wildlife rehabilitation license holder without compensation, and
 3. Is under the direct supervision of the license holder at the location specified on the wildlife rehabilitation license.
- B.** A wildlife rehabilitation license is issued for the sole purpose of restoring and returning wildlife to the wild through rehabilitative services. The license allows a person 18 years of age or older to conduct any of the following activities with live injured, disabled, orphaned or otherwise debilitated wildlife specified on the rehabilitation license:
1. Capture;
 2. Euthanize;
 3. Export to a licensed zoo, when authorized by the Department;
 4. Receive from the public;
 5. Rehabilitate;
 6. Release;
 7. Temporarily possess;
 8. Transport; or
 9. Transfer to one of the following:
 - a. Licensed veterinarian for treatment or euthanasia;
 - b. Another appropriately licensed special license holder;

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- c. Licensed zoo, when authorized by the Department; or
- 10. As otherwise directed in writing by the Department.
- C. A wildlife rehabilitation license authorizes the possession of the following taxa or species:
 - 1. Amphibians;
 - 2. Reptiles;
 - 3. Birds:
 - a. Non-passerines, birds in any order other than those named in subsections (b) through (e);
 - b. Birds in the orders *Falconiformes* or *Strigiformes*, raptors;
 - c. Birds in the order, *Galliformes* quails and turkeys;
 - d. Birds in the order *Columbiformes*, doves;
 - e. Birds in the order *Trochiliformes*, hummingbirds; and
 - f. Birds in the order *Passeriformes*, passerines;
 - 4. Mammals:
 - a. Nongame mammals;
 - b. Bats;
 - c. Big game mammals other than cervids: bighorn sheep, bison, black bear, javelina, mountain lion, pronghorn;
 - d. Carnivores: bobcat, coati, coyote, foxes, raccoons, ringtail, skunks, and weasels; and
 - e. Small game mammals.
- D. A wildlife rehabilitation license authorizes the possession of the following taxa or species only when specifically requested at the time of application:
 - 1. Eagles;
 - 2. Species listed under 50 CFR 17.11, revised October 1, 2019; and
 - 3. The Department's Tier 1 Species of Greatest Conservation Need, as defined under R12-4-401.
 - 4. For the purposes of subsection (D)(2), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpo.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- E. All wildlife held under the license is the property of the state and shall be surrendered to the Department upon request.
- F. The wildlife rehabilitation license expires on the last day of the third December from the date of issuance.
- G. In addition to the requirements established under this Section, a wildlife rehabilitation license holder shall comply with the special license requirements established under R12-4-409.
- H. The Department shall deny a wildlife rehabilitation license to a person who fails to meet the requirements and criteria established under R12-4-409, R12-4-428, or this Section or when the person's wildlife rehabilitation license is suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409 to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I. The wildlife rehabilitation license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
 - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
- 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
- 3. Authorize the license holder to conduct any activities that constitutes the practice of veterinary medicine as prescribed under A.R.S. § 32-2231 whether or not a fee, compensation, or reward is directly or indirectly promised, offered, expected, received or accepted, unless the license holder is currently licensed to practice veterinary medicine in the state of Arizona.
- J. Before applying for a wildlife rehabilitation license, a person shall correctly answer at least 80% of the questions on the Department administered written examination. The Department shall consider only those parts of the examination that are applicable to the taxa of wildlife for which the license is sought in establishing the qualifications of the applicant.
 - 1. Examinations are provided by appointment, only.
 - 2. An applicant may request a verbal or written examination.
 - 3. The examination shall include questions regarding:
 - a. Wildlife rehabilitation;
 - b. Safe handling of wildlife;
 - c. Transporting wildlife;
 - d. Humane treatment;
 - e. Nutritional requirements;
 - f. Behavioral requirements;
 - g. Developmental requirements;
 - h. Ecological requirements;
 - i. Habitat requirements;
 - j. Captivity standards established under R12-4-428;
 - k. Human and wildlife safety considerations;
 - l. State statutes, rules, and regulations regarding wildlife rehabilitation; and
 - m. National Wildlife Rehabilitation Association minimum standards for wildlife rehabilitation.
 - 4. The applicant must successfully complete the examination within three years prior to the date on which the initial application for the license is submitted to the Department.
- K. An applicant for a wildlife rehabilitation license shall submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information on the application:
 - 1. The applicant's information:
 - a. Name;
 - b. Date of birth;
 - c. Mailing address;
 - d. Telephone number;
 - e. Housing facility address, if different from mailing address;
 - f. Physical address or general location description and Global Positioning System location; and
 - g. Department ID number, when applicable;
 - 2. The wildlife taxa or species listed under subsection (C) that will be possessed under the license;
 - 3. For each location where the applicant proposes to use wildlife, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and

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- d. Physical address or general location description and Global Positioning System location;
- 4. A detailed description, diagram, and photographs of the housing facility where the applicant will hold the wildlife, and a description of how the housing facility complies with the captivity standards established under this Section;
- 5. Any other information required by the Department; and
- 6. The certification required under R12-4-409(C).
- L.** In addition to the requirements listed under subsection (K), at the time of application, an applicant for a wildlife rehabilitation license shall also submit:
 - 1. Any one or more of the following:
 - a. A valid, current license issued by a state veterinary medical examination authority that authorizes the applicant to practice as a veterinarian;
 - b. Proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week for the taxa or species of animal listed on the application; or
 - c. A current and valid license, permit, or other form of authorization issued by another state or the federal government that allows the applicant to perform wildlife rehabilitation;
 - 2. Proof the applicant successfully completed the examination required under subsection (J) no more than three years prior to submitting the initial application;
 - 3. An affidavit signed by the applicant affirming either of the following:
 - a. The applicant is a licensed veterinarian; or
 - b. A licensed veterinarian is reasonably available to provide veterinary services as necessary to facilitate rehabilitation of wildlife.
 - 4. A written statement describing:
 - a. The applicant's preferred method of disposing of non-releasable live wildlife as listed under subsection (B); and
 - b. The applicant's training and experience in handling, capturing, rehabilitating, and caring for the taxa or species when the applicant is applying for a license to perform authorized activities with taxa or species of wildlife listed under subsection (C).
- M.** A wildlife rehabilitation license holder who wishes to continue activities authorized under the license shall renew the license before it expires.
 - 1. When renewing a license without change to the species, location, or design of the facility where wildlife is held as authorized under the current license, the license holder may reference supporting materials previously submitted in compliance with subsection (K).
 - 2. A license holder applying for a renewal of the license shall successfully complete the examination at the time of renewal when the annual report submitted under subsection (Z) indicates the license holder did not perform any rehabilitative activities under the license.
 - 3. A license holder applying for a renewal of the license shall submit proof the license holder has completed the continuing education requirement established under subsection (N).
- N.** During the license period a wildlife rehabilitation license holder shall complete eight or more hours of continuing education sessions on wildlife rehabilitation or veterinary medicine. Acceptable continuing education sessions may be obtained from:
 - 1. An accredited university or college;
 - 2. The National Wildlife Rehabilitators Association, 2625 Clearwater Rd. Suite 110, St. Cloud, MN 56301;
 - 3. The International Wildlife Rehabilitation Council, PO Box 3197, Eugene, OR 97403; or
 - 4. Other applicable training opportunities approved by the Department in writing. A license holder who wishes to use other applicable training to meet the eight hour continuing education requirement shall request approval of the other applicable training prior to participating in the education session.
- O.** At the time of application, a wildlife rehabilitation license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the wildlife rehabilitation license by submitting a written request to the Department.
 - 1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
 - a. An employment or supervisory relationship exists between the applicant and the agent,
 - b. The agent submits proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week, and
 - c. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
 - d. An agent shall allow the Department to conduct inspections of an agent's facility when the agent intends to possess wildlife for more than 48 hours. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 - 2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
 - 3. The license holder is liable for all acts the agent performs under the authority of this Section.
 - 4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
 - 5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the wildlife rehabilitation license and presents it for inspection upon the request of any Department employee or agent.
- P.** At any time during the license period, a wildlife rehabilitation license holder may request permission to amend the license to add or delete an agent or a location where wildlife is held; or to obtain authority to rehabilitate additional taxa of wildlife. To request an amendment, the license holder shall submit the following information to the Department, as applicable:
 - 1. To add or delete an agent, the information stated in subsections (K)(1) through (K)(4) as applicable to the agent, and proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week;
 - 2. To add or delete a location, the information stated in subsection (K)(1) through (K)(5); and
 - 3. To obtain authority to rehabilitate additional taxa or wildlife, the information stated in subsection (K)(1) through (K)(5) and (L)(1) through (L)(4).
- Q.** A wildlife rehabilitation license holder authorized to rehabilitate wildlife species listed under subsection (C)(3)(c), (C)(4)(c) and (C)(4)(d) or (D) shall contact the Department within 24 hours of receiving the individual animal to obtain

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instructions in handling or transferring that animal. While awaiting instructions, the license holder shall ensure that emergency veterinary care is provided as necessary.

R. A wildlife rehabilitation license holder shall:

1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
2. Maintain records associated with the license for a period of five years following the date of disposition.
3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
4. Ensure each facility is inspected by the attending veterinarian at least once every year.
5. Capture, remove, transport, and release wildlife held under the requirements of this Section in a manner that is least likely to cause injury to the affected wildlife.
6. Conduct rehabilitation only at the location listed on the license.
7. Be responsible for all expenses incurred, including veterinary expenses, and all actions taken under the license, including all actions or omissions of all agents and volunteers when performing activities under the license.
8. Immediately surrender wildlife held under the license to the Department upon request.
9. Dispose of all wildlife that is euthanized or that otherwise dies within 30 days of death either by burial, incineration, or transfer to a scientific research institution, except that the license holder shall transfer all carcasses of endangered or threatened species, species listed under the Department's Tier 1 Species of Greatest Conservation Need, or eagles as directed by the Department.
10. Maintain a current log that records the information specified under subsection (Z).
11. Possess the license or legible copy of the license at each authorized location and while conducting any rehabilitation activities and presents it for inspection upon the request of any Department employee or agent.
12. Ensure a copy of the wildlife rehabilitation license accompanies each transfer or shipment of wildlife.
13. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
14. Except as specified under subsection (R)(12), transfer the carcass or parts of the carcass of a deceased raptor as follows:
 - a. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository, see <https://www.fws.gov/eaglerepository/factsheets.php>;
 - b. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
 - c. For all other species:
 - i. Submit the carcass to a non-eagle repository;
 - ii. Submit the carcass to the Department for submission to a non-eagle repository.

S. A wildlife rehabilitation license holder shall not:

1. Display for educational purposes any wildlife held under the license.

2. Exhibit any wildlife held under the license.

3. Permanently possess any wildlife held under the license.

T. A wildlife rehabilitation license holder may possess all wildlife for no more than 90 days. Except a bird may be possessed for no more than 180 days, unless the Department has authorized possession for a longer period of time.

U. A license holder may request permission to possess wildlife for a longer period of time than specified in subsection (T) by submitting a written request to the Department.

1. The Department shall approve or deny the request within ten days of receiving the request.
2. For requests made due to a medical necessity, the Department may require the license holder to provide a written statement listing the medical reasons for the extension, signed by a licensed veterinarian.
3. The license holder may continue to hold the specified wildlife while the Department considers the request.
4. If the request is denied, the Department shall send a written notice to the license holder which shall include specific, time-dated directions for the surrender or disposition of the animal.

V. A wildlife rehabilitation license holder who also possesses a federal rehabilitator license may allow a licensed falconer to assist in conditioning a raptor in preparation for the raptor's release to the wild.

1. The license holder may allow the licensed falconer to temporarily remove the raptor from the license holder's facility while conditioning the raptor.
2. The license holder shall provide the licensed falconer with a written statement authorizing the falconer to assist the license holder.
3. The written statement shall identify the raptor by species, type of injury, and band number, when available.
4. The license holder shall ensure the licensed falconer returns the raptor to the license holder within the 180-day period established under subsection (T).

W. A wildlife rehabilitation license holder may hold wildlife under the license after the wildlife reaches a state of restored health only for the amount of time reasonably necessary to prepare the wildlife for release. Rehabilitated wildlife shall be released:

1. In an area without immediate threat to the wildlife or contact with humans;
2. During an ecologically appropriate time of year and time of day; and
3. Into a suitable habitat in the same geographic area where the animal was originally obtained; or
4. In an area designated by the Department.

X. Wildlife that is not releasable after the time-frames specified in subsection (T) shall be transferred, disposed of, or euthanized as determined by the Department.

Y. To permanently hold rehabilitated wildlife declared unsuitable for release by a licensed veterinarian, a wildlife rehabilitation license holder shall apply for and obtain a wildlife holding license in compliance with under R12-4-417.

Z. A wildlife rehabilitation license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.

1. A report is required regardless of whether or not activities were performed during the previous year.
2. The wildlife rehabilitation license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.

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3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall contain the following information:
 - a. The license holder's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
 - b. Each agent's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
 - c. The permit or license number of any federal permits or licenses that relate to any rehabilitative function performed by the license holder;
 - d. For activities related to federally-protected wildlife, a copy of the rehabilitator's federal permit report of activities related to federally-protected wildlife; and
 - e. An itemized list of each animal held under the license during the calendar year for which activity is being reported. For each animal held by the license holder or agent, the itemization shall include:
 - i. Species;
 - ii. Condition that required rehabilitation;
 - iii. Date of acquisition;
 - iv. Source of acquisition;
 - v. Location of acquisition;
 - vi. Age class at acquisition, when reasonably determinable;
 - vii. Status at disposition or end-of-year in relation to the condition requiring rehabilitation;
 - viii. Method of disposition;
 - ix. Location of disposition; and
 - x. Date of disposition.
- AA.** A wildlife rehabilitation license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430, as applicable.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
 Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).
 Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3).
 Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-424. White Amur Stocking License; Restocking License**A.** For the purposes of this Section:

"Closed aquatic system" means any body of water, water system, canal system, or series of lakes, canals, or ponds where triploid white amur are prevented from entering or exiting the system by any natural or man-made barrier, as determined by the Department.

"Triploid" means a species having three homologous sets of chromosomes that renders the individuals sterile.

- B.** A white amur stocking or restocking license allows a person to import, possess, stock in a closed aquatic system, and transport triploid white amur (*Ctenopharyngodon idella*).
- C.** The white amur stocking or restocking license is valid for no more than 20 consecutive days.
- D.** In addition to the requirements established under this Section, a white amur stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
- E.** The white amur stocking or restocking license holder shall be responsible for compliance with all applicable regulatory requirements; the licenses do not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F.** The Department shall deny a white amur stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a white amur stocking or restocking license when it determines the issuance of the license may result in a negative impact on native wildlife.
- G.** An applicant for a white amur stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to stock white amur. The application is furnished by the Department and is available from any Department office and on the Department's website. The applicant shall provide the following information on the application:
 1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. For each location where the white amur will be held, stocked, or restocked, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location;
 - e. For the purposes of this subsection, the following systems may qualify as separate locations, as determined by the Department:
 - i. Each closed aquatic system;
 - ii. Each separately managed portion of a closed aquatic system; or
 - iii. Multiple separate closed aquatic systems owned, controlled, or legally held by the same applicant where stocking is to occur;
 3. A detailed description and diagram of each enclosed aquatic system where the applicant will stock and hold the white amur, as prescribed under A.R.S. § 17-317,

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which shall include the following information, as applicable:

- a. A description of how the system meets the definition of a "closed aquatic system" in subsection (A);
 - b. Size of waterbody proposed for stocking;
 - c. Nearest river, stream, or other freshwater system;
 - d. Points where water enters into each water body;
 - e. Points where water leaves each water body; and
 - f. Location of fish containment barriers;
4. For each wildlife supplier from whom the applicant will obtain white amur, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 5. The number and average length of white amur to be stocked;
 6. The dates white amur will be stocked, or restocked;
 7. Any other information required by the Department; and
 8. The certification required under R12-4-409(C).
- H.** When the Department determines an applicant proposes to stock white amur in a watershed in a manner that conflicts with the Department's efforts to conserve wildlife, in addition to the requirements listed under subsection (G), the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following:
1. Anticipated benefits from introducing white amur;
 2. Potential risks introducing white amur may create for wildlife, including:
 - a. Whether white amur are compatible with native aquatic species or game fish; and
 - b. Method for evaluating the potential impact introducing white amur will have on wildlife;
 3. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- I.** A person may apply for a white amur restocking license provided there are no changes to the closed aquatic system. The restocking application license application must include the inspection certification from the supplier of white amur as required under subsection (K)(2).
- J.** A person applying for a white amur stocking or restocking license shall pay all applicable fees as prescribed under R12-4-412.
- K.** A white amur stocking and restocking license holder shall comply with the requirements established under R12-4-409.
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified free of the diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license

holder. The Department may require additional inspections at any time prior to stocking.

- c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
 3. Maintain records associated with the license for a period of five years following the date of disposition.
 4. Allow the Department to conduct inspections of an applicant's or license holder's facility, records, and any waters proposed for stocking at any time before or during the license period to determine compliance with the requirements of this Article and to determine the appropriate number of white amur to be stocked. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 5. Ensure all shipments of white amur are accompanied by a USFWS, or similar agent, certificate confirming the white amur are triploid.
 6. Possess the license or legible copy of the license while conducting any activities authorized under the white amur stocking or restocking license and presents it for inspection upon the request of any Department employee or agent.
- L.** A white amur stocking or restocking license holder shall comply with the requirements established under R12-4-409.

Historical Note

Adopted as an emergency effective July 5, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3).

Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency effective January 24, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-425. Restricted Live Wildlife Lawfully Possessed without License or Permit Before the Effective Date of Article 4 or Any Subsequent Amendments

- A.** A person who lawfully possessed restricted live wildlife without a license or permit from the Department before the effective date of this Section or any subsequent amendments to R12-4-406, this Section, or this Article may continue to possess the wildlife and to use it for any purpose that was lawful, except propagation, before the effective date of R12-4-406, this Section, or this Article or any subsequent amendments, provided the person complies with the requirements established under subsections (A)(1) or (A)(2).
1. The person submits written notification to the Department's regional office in which the restricted live wildlife is held. The person shall submit the written notification to

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the regional office within 30 calendar days of the effective date of any subsequent amendments to this Section, R12-4-406, or this Article. The written notification shall include all of the following information:

- a. The number of individuals of each species,
 - b. The purpose for which it is possessed, and
 - c. The unique identifier for each individual wildlife possessed by the person, as established under subsection (F); or
2. The person maintains documentation of the restricted live wildlife held. The documentation shall include:
 - a. The number of individuals of each species,
 - b. Proof the individuals were legally acquired before the effective date of the amendment causing the wildlife to be restricted,
 - c. The purpose for which it is used, and
 - d. The unique identifier for each wildlife possessed by the person, as established under subsection (F).
 3. The person shall report the birth or hatching of any progeny conceived before and born after the effective date of this Section, R12-4-406, or this Article to the Department and comply with the requirements established under subsection (F).
- B.** The person shall ensure the written notification described under subsection (A)(1) and (A)(2) includes the person's name, address, and the location where the wildlife is held. A person who maintains their own documentation under subsection (A)(2) shall make it available to the Department upon request.
- C.** The person shall retain the documentation required under subsections (A)(1) and (A)(2) until the person disposes of the wildlife as described under subsection (D).
- D.** A person who possesses wildlife under this Section shall dispose of it using any one of the following methods:
1. Exportation;
 2. Euthanasia;
 3. Transfer to an Arizona special license holder, provided the special license authorizes possession of the species involved; or
 4. As otherwise directed by the Department in writing.
- E.** If a person transfers restricted live wildlife possessed under this Section to a special license holder:
1. The exemption for that wildlife under this Section expires, and
 2. The special license holder shall use, possess, and report the wildlife in compliance with this Article and any stipulations applicable to that special license.
- F.** A person who exports wildlife held under this Section shall not import the wildlife back into this state unless the person obtains a special license prior to importing the wildlife back into this state.
- G.** A person who possesses wildlife under this Section shall permanently and uniquely mark the wildlife with a unique identifier as follows:
1. Within 30 calendar days of the effective date of this Section, R12-4-406, or this Article if the person has notified the Department as provided under subsection (A)(1); or
 2. Within 30 calendar days of receiving written notice from the Department directing the person to permanently mark the wildlife.
- H.** A person possessing a desert tortoise (*Gopherus agassizii*) is not subject to the requirements of this Section and shall comply with requirements established under R12-4-404 and R12-4-407.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-426. Possession of Nonhuman Primates

- A.** A person is prohibited from possessing a nonhuman primate, unless authorized under a special license or lawful exemption.
- B.** A person shall not import a nonhuman primate into this state unless:
1. A person lawfully possessing a nonhuman primate shall ensure the primate is tested and reported to be free of any zoonotic disease that poses a serious health risk as determined by the Department. Zoonotic diseases that pose a serious health risk include, but are not limited to:
 - a. Tuberculosis;
 - b. Simian Herpes B virus;
 - c. Simian Immunodeficiency Virus;
 - d. Simian T Lymphotropic Virus; and
 - e. Gastrointestinal pathogens such as, but not limited to, Shigella, Salmonella, E. coli, and Giardia.
 2. A qualified person, as determined by the Department, performs the test and provides the test results; and
 3. The tests required under subsection (B)(1) are:
 - a. Conducted no more than 30 days before the person imports the nonhuman primate; and
 - b. The person submits the results to the Department prior to importation.
- C.** A person lawfully possessing the nonhuman primate shall contain the primate within the confines of the person's private property or licensed facility.
- D.** A person possessing a nonhuman primate may only transport the primate by way of a secure cage, crate, or carrier. A person possessing a primate shall only transport the primate to the following locations:
1. To or from a licensed veterinarian;
 2. Into or out of the state for lawful purposes.
- E.** A person lawfully possessing a nonhuman primate that bit, scratched, or otherwise exposed a human to pathogenic organisms, as determined by the Department, shall ensure the primate is examined and laboratory tested for the presence of pathogens as follows:
1. The Department shall prescribe examinations and laboratory testing for the presence of pathogens.
 2. The person shall have the nonhuman primate examined by a state licensed veterinarian who shall perform any examinations or laboratory tests as directed by the Department.
 - a. The licensed veterinarian shall provide the laboratory results to the Department within 24 hours of receiving the results.
 - b. The Department shall notify the exposed person and the Department of Health Services, Vector Borne and Zoonotic Disease Section within 10 days of receiving notice of the test results.
 3. The person possessing the nonhuman primate shall pay all costs associated with the examination, laboratory testing, and maintenance of the primate.
- F.** A person lawfully possessing a nonhuman primate shall ensure a primate that tests positive for a zoonotic disease that poses a serious health risk to humans, or is involved in more than one incident of biting, scratching, or otherwise exposing a human

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to pathogenic organisms, is maintained in captivity or disposed of as directed in writing by the Department.

- G. A zoo license holder or a person using nonhuman primates at a research facility, as defined under R12-4-401, possessing a primate that bit, scratched, or otherwise exposed a human to pathogenic organisms shall quarantine and test the primate in accordance with procedures approved by the Department.
- H. A person lawfully possessing a nonhuman primate is subject to the requirements established under R12-4-428.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Rule expired December 31, 1989; text rescinded (Supp. 93-2).

New Section adopted by final rulemaking at 6 A.A.R.

211, effective December 14, 1999 (Supp. 99-4).

Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Section R12-4-426(C) corrected to include subsection (C)(1), under A.R.S. § 41-1011 and A.A.C. R1-1-108, Office File No. M11-77, filed March 4, 2011 (Supp. 10-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-427. Exemptions from Requirements to Possess a Wildlife Rehabilitation License

- A. A person may possess, provide rehabilitative care to, and release to the wild any live wildlife listed below that is injured, orphaned, or otherwise debilitated:
 1. The order *Passeriformes*: non-Migratory Bird Treaty Act listed passerine birds;
 2. The order *Columbiformes*: non-Migratory Bird Treaty Act listed doves;
 3. The family *Phasianidae*: quail, pheasant, and chukars;
 4. The order *Rodentia*: rodents; and
 5. The order *Lagomorpha*: hares and rabbits.
- B. This Section does not:
 1. Exempt the person from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the person to engage in authorized activities using federally-protected wildlife, unless the person possesses a valid license, permit, or other form of documentation issued by the United States that authorizes the license holder to use that wildlife in a manner consistent with the special license.
- C. This Section does not authorize the possession of any of the following:
 1. Eggs of wildlife;
 2. Wildlife listed as Species of Greatest Conservation Need, as defined under R12-4-401;
 3. Migratory birds, as defined under R12-4-101; or
 4. More than 25 animals at the same time.
- D. A person taking and caring for wildlife listed under this Section is not required to possess a hunting license.
- E. A person shall only take wildlife listed under subsection (A) by hand or by a hand-held implement.
- F. A person shall not possess wildlife lawfully held under this Section for more than 60 days.
- G. The exemptions granted under this Section shall not apply to any person who, by their own action, has unlawfully injured, orphaned, or otherwise debilitated the wildlife.
- H. If the wildlife is rehabilitated and suitable for release, the person who possesses the wildlife shall release it within the 60-day period established under subsection (C):
 1. Into a habitat that is suitable to sustain the wildlife, or

2. As close as possible to the same geographic area from where it was taken.

- I. If the wildlife is not rehabilitated within the 60-day period or the wildlife requires care normally provided by a veterinarian, the person who possesses it shall:
 1. Transfer it to a wildlife rehabilitation license holder or veterinarian;
 2. Euthanize it; or
 3. Obtain a wildlife holding permit as established under R12-4-417.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-428. Captivity Standards

- A. For the purposes of this Section, “animal” means any wildlife possessed under a special license, unless otherwise indicated.
- B. A person possessing wildlife under a special license authorized under this Article shall comply with the minimum standards for the humane treatment of animals established under this Section.
- C. A person possessing wildlife under an authority granted under this Article shall ensure all facilities meet the following minimum standards:
 1. The facility shall be:
 - a. Constructed of material of sufficient strength to resist any force the animal may be capable of exerting against it.
 - b. Constructed in a manner designed to reasonably prevent the animal’s escape or the entry of unauthorized persons, wildlife, or domestic animals.
 - c. Constructed and maintained in good condition to protect animals from injury, disease, or death and to enable the humane practices established under this Section.
 2. If electricity is required to comply with related requirements established under this Section, each facility shall be equipped with safe, reliable and adequate electric power.
 - a. All electric wiring shall be constructed and maintained in accordance with all applicable governmental building codes.
 - b. Electrical construction and maintenance shall be sufficient to ensure that no animal has direct contact with any electrical wiring or electrical apparatus, and the animal is fully protected from any possibility of injury, shock, or electrocution.
 3. Each animal shall be supplied with sufficient potable water to meet its needs.
 - a. All water receptacles shall be kept in clean and sanitary condition.
 - b. Water shall be readily available and monitored at least once daily or more often when the needs of the animal or environmental conditions dictate.
 - c. If potable water is not accessible to the animal at all times, it shall be provided as often as necessary for the health and comfort of the animal.

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4. Food shall be suitable, wholesome, palatable, free from contamination, and of sufficient appeal, quantity, and nutritive value to maintain the good health of each animal held in the facility.
 - a. Each animal's diet shall be prepared based upon the nutritional needs and preferences of the animal with consideration for the animal's age, species, condition, size, and all veterinary directions or recommendations in regard to diet.
 - b. Each animal shall be fed as often as its needs dictate, taking into consideration behavioral adaptations, veterinary treatment or recommendations, normal fasts, or other professionally accepted humane practices.
 - c. The amount of available food for each animal shall be monitored at least once daily, except for those periods of time when species specific fasting protocols dictate that the animal should not consume any food during the entire day.
 - d. Food and food receptacles, when used, shall be sufficient in quantity and accessible to all animals in the facility and shall be placed to minimize potential contamination and conflict between animals using the receptacles.
 - e. Food receptacles shall be kept clean and sanitary at all times.
 - f. Any self-feeding food receptacles shall function properly and the food they provide shall be monitored at least once daily and shall not be subject to deterioration, contamination, molding, caking, or any other process that would render the food unsafe or unpalatable for the animal.
 - g. An appropriate means of refrigeration shall be provided for supplies of perishable animal foods.
5. The facility shall be kept sanitary and regularly cleaned as the nature of the animal requires:
 - a. Adequate provision shall be made for the removal and disposal of animal waste, food waste, unusable bedding materials, trash, debris and dead animals not intended for food.
 - b. The facility shall be maintained to minimize the potential of parasite, pest, and vermin infestation, disease, and unseemly odors.
 - c. Excreta shall be removed from the primary enclosure facility as often as necessary to prevent contamination, minimize hazard of disease, and reduce unseemly odors.
 - d. The sanitary condition of the facility shall be monitored at least once daily.
 - e. When the facility is cleaned by hosing, flushing, or the introduction of any chemical substances, adequate measures shall be taken to ensure the animal has no direct contact with any chemical substance and is not directly sprayed with water, steam, or chemical substances or otherwise wetted involuntarily.
6. A sanitary and humane method shall be provided to rapidly eliminate excess water from the facility. If drains are utilized, they shall be:
 - a. Properly constructed.
 - b. Kept in good condition to avoid foul odors or parasite, pest, or vermin infestation.
 - c. Installed in a manner that prevents the backup or accumulation of debris or sewage.
7. No animal shall be exposed to any human activity or environment that may have an inhumane or harmful effect upon the animal or that is inconsistent with the purpose of the special license.
8. Facilities shall not be constructed or maintained in proximity to any physical condition which may pose any health threat or unnecessary stress to the animal.
9. Persons caring for the animals shall conduct themselves in a manner that prevents the spread of disease, minimizes stress, and does not threaten the health of the animal.
10. All animals housed in the same facility or within the same enclosed area shall be compatible and shall not pose a substantial threat to the health, life or well-being of any other animal in the same facility or enclosure, whether or not the other animals are held under a special license. This subsection shall not apply to live animals utilized as food items in the enclosures.
11. Facilities for the enclosure of animals shall be constructed and maintained to provide sufficient space to allow each animal adequate freedom of movement to make normal postural and social adjustments.
 - a. The facility area shall be large enough and constructed in a manner to allow the animal proper and adequate exercise as is characteristic to each animal's natural behavior and physical needs.
 - b. Facilities for digging or burrowing animals shall have secure safe floors below materials supplied for digging or burrowing activity.
 - c. Animals that naturally climb or perch shall be provided with safe and adequate climbing or perching apparatus.
 - d. Animals that naturally live in an aquatic environment shall be supplied with sufficient access to safe water so as to meet their aquatic behavioral needs.
 - e. The facility and holding environment shall be structured to reasonably promote the physical and psychological well-being of any animal held in the facility.
12. A special license holder shall ensure that a sufficient number of properly trained personnel are utilized to meet all the humane husbandry practices established under this Section. The license holder shall be responsible for the actions of all animal care personnel and all other persons that come in contact with the animals.
13. The special license holder shall designate a veterinarian licensed to practice in this state as the primary treating veterinarian for each species of animal to be held.
 - a. The license holder shall ensure that all animals in their care receive proper, adequate, and humane veterinary care as the needs of each animal dictate.
 - b. Each animal held for more than one year shall be inspected by the attending veterinarian at least once every year. The inspection report shall demonstrate the veterinarian inspected the health of the animal and the condition of its enclosure.
 - c. Every animal shall promptly receive licensed veterinary care whenever it appears that the animal is injured, sick, wounded, diseased, infected by parasites, or behaving in a substantially abnormal manner, including but not limited to exhibiting loss of appetite, abnormal weight loss or lethargy.
 - d. All medications, treatments and other directions prescribed by the attending veterinarian shall be prop-

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erly administered by the license holder, authorized agent, or volunteer. A license holder, authorized agent, or volunteer shall not administer prescription medicine, unless under the direction of a veterinarian.

14. Any animal that is suspected of or diagnosed as harboring any infectious or transmissible disease, whether or not the animal is held under a special license, shall be isolated immediately upon suspicion or diagnosis.
 - a. The isolated animal shall continue to be kept in a humane manner as required under this Section.
 - b. When there is an animal with an infectious or transmissible disease in any animal facility, whether or not the animal is held under a special license, the facility shall be sanitized so as to reasonably eliminate the chance of other animals being exposed to infection. Sanitation procedures may include, but are not limited to:
 - i. Washing facilities or animal-related materials with appropriate disinfectants, soaps or detergents;
 - ii. Appropriate application of hot water or steam under pressure; and
 - iii. Replacement of gravel, dirt, sand, water, or food.
 - vi. All residue of chemical agents utilized in the sanitation process shall be reasonably eliminated from the facility before any animal is returned to the facility.
 - c. Parasites, pests, and vermin shall be controlled and eliminated so as to ensure the continued health and well-being of all animals.
- D. In addition the standards established under subsection (C), a person shall ensure all indoor facilities meet the following minimum standards:
 1. Heating and cooling equipment shall be sufficient to regulate the temperature of the facility to the optimal temperature zone of the species being held to provide a healthy, comfortable, and humane living environment.
 2. Indoor facilities shall be adequately ventilated with fresh air to provide for the healthy, comfortable, and humane keeping of any animal and to minimize drafts, odors, and moisture condensation.
 3. Indoor facilities shall have lighting of a quality, distribution, and duration as is appropriate for the biological needs of the animals held and to facilitate the inspection and maintenance of the facility.
 - a. Artificial lighting, when used, shall be utilized in regular cycles as the animal's needs dictate.
 - b. Lighting shall be designed to protect the animals from excessive or otherwise harmful aspects of illumination.
- E. In addition the standards established under subsection (C), a person shall ensure that all outdoor facilities meet the following minimum standards:
 1. Sufficient shade to prevent the overheating or discomfort of any animal shall be provided.
 2. Sufficient shelter appropriate to protect animals from normal climatic conditions throughout the year.
 3. Each animal shall be acclimated to outdoor climatic conditions before they are housed in any outdoor facility or otherwise exposed to the extremes of climate.
- F. A person who handles an animal shall ensure the animal is handled in an expeditious and careful manner to ensure no

unnecessary discomfort, behavioral stress, or physical harm to the animal.

1. An animal shall be transported in a secure, expeditious, careful, temperature appropriate, and humane manner. An animal shall not be transported in any manner that poses a substantial threat to the life, health, or behavioral well-being of the animal.
 2. An animal placed on public exhibit or educational display shall be handled in a manner that minimizes the risk of harm to members of the public and to the animal, which includes but is not limited to providing and maintaining a sufficient distance or barrier between the animal and the viewing public.
 3. Any restraint or equipment used on an animal shall not cause physical harm or unnecessary discomfort.
- G. The Department may impose additional requirements on facilities that hold animals to meet the needs of the particular animal and ensure public health and safety.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

R12-4-429. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3127, effective July 1, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026(D) for an additional 180-day period at 9 A.A.R. 132, effective December 27, 2002 (Supp. 02-4). Section expired effective June 24, 2003 (Supp. 03-2).

R12-4-430. Importation, Handling, and Possession of Cervids

- A. The Department shall not issue a new special license authorizing the possession of a live cervid, except as provided under R12-4-418 and R12-4-420.
- B. A person shall not import a live cervid into Arizona, except a zoo license holder may import any live nonnative cervid for exhibit, educational display, or propagation provided the nonnative cervid is quarantined for 30 days upon arrival and is procured from a facility that meets all of the following requirements:
 1. The exporting facility has a disease surveillance program and no history of chronic wasting disease or other wildlife disease that pose a serious health risk to wildlife or humans and there is accompanying documentation from the facility certifying there is no history of disease at the facility or within 50 miles of the facility;
 2. The nonnative cervid is accompanied by a health certificate, issued no more than 30 days prior to importation by a licensed veterinarian in the jurisdiction of origin; and
 3. The nonnative cervid is accompanied by evidence of lawful possession, as defined under R12-4-401.
- C. A person shall not transport a live cervid within Arizona, except to:
 1. Export the live cervid from Arizona for a lawful purpose;
 2. Transport the live cervid to a facility for the purpose of slaughter, when the slaughter will take place within five days of the date of transport;

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3. Transport the live cervid to or from a licensed veterinarian for medical care;
 4. Transport the live cervid to a new holding facility owned by, or under the control of, the cervid owner, when all of the following apply:
 - a. The current holding facility has been sold or closed;
 - b. Ownership, possession, custody, or control of the cervid will not be transferred to another person; and
 - c. The owner of the cervid has prior written approval from the Department; or
 5. Transport the live nonnative cervid within Arizona for the purpose of procurement or propagation when all of the following apply:
 - a. The nonnative cervid is transported to or from a zoo licensed under R12-4-420;
 - b. The nonnative cervid is quarantined for 30 days upon arrival at its destination;
 - c. The nonnative cervid is procured from a facility that meets all of the requirements established under subsection (B)(1) through (B)(3).
- D.** A person who lawfully possesses a live cervid, except any cervid held under a private game farm or zoo license, shall comply with the requirements established under R12-4-425.
- E.** A person shall comply with the requirements established under R12-4-305 when transporting a cervid carcass, or its parts, from a licensed private game farm.
- F.** In addition to the recordkeeping requirements of R12-4-413 and R12-4-420, a person who possesses a live cervid under a private game farm or zoo license shall:
1. Permanently mark each live cervid with either an individually identifiable microchip or tattoo within 30 days of acquisition or birth of the cervid and ensure each cervid is marked with an ear tag that identifies the farm of origin in a manner that is clearly visible from a distance of 100 feet;
 2. Report the death of any cervid to the Department within seven calendar days of finding the cervid;
 3. Include in the annual report submitted to the Department before January 31 of each year, the following for each native cervid in the license holder's possession:
 - a. Name of the license holder,
 - b. License holder's mailing address,
 - c. License holder's telephone number,
 - d. Number and species of live cervids held,
 - e. The microchip or tattoo number of each live native cervid held,
 - f. The disposition of all cervids that were moved or died during the current reporting period,
 - g. The results of chronic wasting disease testing for all cervids one year of age and older that die during the current reporting period,
 - h. The license holder shall also submit copies of all veterinary care records that occurred during the previous year, and
 - i. Any other information required by the Department to ensure compliance with this Section.
- G.** The holder of a private game farm, scientific activity, zoo license, or a person possessing a cervid under R12-4-425, shall ensure that the retropharyngeal lymph nodes or obex from the head of a cervid over one year of age that dies while held under the special licenses is collected by either a licensed veterinarian or the Department and submitted within 72 hours of the time of death to an Animal and Plant Health Inspection Service certified veterinary diagnostic laboratory for chronic wasting disease analysis. A list of approved laboratories is available at any Department office and on the Department's website or www.aphis.usda.gov. The license holder shall:
1. Ensure the shipment of the deceased animal's tissues is made by a common, private, or contract carrier that utilizes a tracking number system to track the shipment.
 2. Include all of the following information with the shipment of the deceased animal's tissues, the license holder's:
 - a. Name,
 - b. Mailing address, and
 - c. Telephone number.
 3. Designate, on the sample submission form, test results shall be sent to the Department within 10 days of completing the analysis. The sample submission form is furnished by the diagnostic laboratory providing the test.
 4. Be responsible for all costs associated with the laboratory analysis.
 5. Notify the Department within 72 hours of receiving a suspect or positive result.
- H.** A person who possesses a cervid shall comply with all procedures for:
1. Tuberculosis control and eradication for cervids as prescribed under the United States Department of Agriculture publication "Bovine Tuberculosis Eradication: Uniform Methods and Rules" USDA APHIS 91-45-011, revised January 1, 2005, which is incorporated by reference in this Section.
 2. Prevention, control, and eradication of Brucellosis in cervids as prescribed under the United States Department of Agriculture publication "Brucellosis in Cervidae: Uniform Methods and Rules" U.S.D.A. A.P.H.I.S. 91-45-16, effective September 30, 2003.
 3. The incorporated material is available at any Department office, online at www.aphis.usda.gov, or may be ordered from the USDA APHIS Veterinary Services, Cattle Disease and Surveillance Staff, P.O. Box 96464, Washington D.C. 20090-6464.
 4. The material incorporated by reference in this Section does not include any later amendments or editions.
- I.** A person who possesses a cervid shall maintain records required under this Section for a period of at least five years and shall make the records available for inspection to the Department upon request.
- J.** The Department has the authority to seize, euthanize, and dispose of any cervid possessed in violation of this Section, at the owner's expense.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

ARTICLE 5. BOATING AND WATER SPORTS**R12-4-501. Boating and Water Sports Definitions**

In addition to the definitions provided under A.R.S. § 5-301, the following definitions apply to this Article unless otherwise specified:

"Abandoned watercraft" means any watercraft that has remained:

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On private property without the consent of the private property owner;

Unattended for more than 48 hours on a highway, public street, or other public property;

Unattended for more than 72 hours on state or federal lands; or

Unattended for more than 14 days on state or federal waterways, unless in a designated mooring or anchorage area.

“Aids to navigation” means buoys, beacons, or other fixed objects placed on, in, or near the water to mark obstructions to navigation or to direct navigation through channels or on a safe course.

“Authorized third-party provider” means an entity that has been awarded a written agreement with the Department, pursuant to a competitive bid process, to perform limited or specific services on behalf of the Department.

“AZ number” means the Department-assigned identification number with the prefix “AZ.”

“Bill of sale” means a written agreement transferring ownership of a watercraft that includes all of the following information:

Name of buyer;

Name of seller;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

Purchase price and sales tax paid, when applicable; and

Signature of seller.

“Boats keep out” in reference to a regulatory marker means the operator or user of a watercraft, or a person being towed by a watercraft on water skis, an inflatable device, or similar equipment shall not enter.

“Certificate of number” means the Department-issued document that is proof that a motorized watercraft is registered in the name of the owner.

“Certificate of origin” means a document provided by the manufacturer of a new watercraft or its distributor, its franchised new watercraft dealer, or the original purchaser establishing the initial chain of ownership for a watercraft, such as but not limited to:

Manufacturer’s certificate of origin (MCO);

Manufacturer’s statement of origin (MSO);

Importer’s certificate of origin (ICO);

Importer’s statement of origin (ISO); or

Builder’s certification (Form CG-1261).

“Controlled-use marker” means an anchored or fixed marker on the water, shore, or a bridge that controls the operation of watercraft, water skis, surfboards, or similar devices or equipment.

“Dealer” means any person who engages in whole or in part in the business of buying, selling, or exchanging new

or used watercraft, or both, either outright or on conditional sale, consignment, or lease.

“Homemade watercraft” means a watercraft that is not fabricated or manufactured for resale and to which a manufacturer has not attached a hull identification number. If a watercraft is assembled from a kit or constructed from an unfinished manufactured hull and does not have a manufacturer assigned hull identification number it is a “homemade watercraft.”

“Hull identification number” means a number assigned to a specific watercraft by the manufacturer or by a government jurisdiction as prescribed by the U.S. Coast Guard.

“Issuing authority” means either a State that has an approved numbering system or the U.S. Coast Guard when a State does not have an approved numbering system.

“Junk watercraft” means any hulk, derelict, wreck, or parts of any watercraft in an unseaworthy or dilapidated condition that cannot be profitably dismantled or salvaged for parts or profitably restored.

“Letter of gift” means a document transferring ownership of a watercraft that includes all of the following information:

Name of previous owner;

Name of new owner;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

A statement that the watercraft is a gift; and

Signature of previous owner.

“Livery” means a business authorized to rent or lease watercraft with or without an operator for recreational, non-commercial use as prescribed under A.R.S. § 5-371.

“Manufacturer” means any person engaged in the business of manufacturing or importing new watercraft for the purpose of sale or trade.

“Motorized watercraft” means any watercraft propelled by machinery and powered by electricity, fossil fuel, or steam.

“No ski” in reference to a regulatory marker means a person shall not be towed on water skis, an inflatable device, or similar equipment.

“No wake” in reference to a regulatory marker has the same meaning as “wakeless speed” as defined under A.R.S. § 5-301.

“Operate” in reference to a watercraft means use, navigate, or employ.

“Owner” in reference to a watercraft means a person who claims lawful possession of a watercraft by virtue of legal title or equitable interest that entitles the person to possession.

“Personal flotation device” means a U.S. Coast Guard approved wearable or throwable device for use on any watercraft, as prescribed under A.R.S. §§ 5-331, 5-350(A), and R12-4-511.

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“Regatta” means an organized water event of limited duration affecting the public use of waterways, for which a lawful jurisdiction has issued a permit.

“Registered owner” means the person or persons to whom a watercraft is currently registered by any jurisdiction.

“Registration decal” means the Department-issued decal that is proof of watercraft registration.

“Regulatory marker” means a waterway marker placed on, in, or near the water to convey general information or indicate the presence of:

A danger, or

A restricted or controlled-use area.

“Release of interest” means a statement surrendering or abandoning unconditionally any claim or right of ownership or use in a watercraft.

“Secured party” means a lender, seller, or other person who holds a security interest in a watercraft under applicable law.

“Secured interest” means an interest that is reserved or created by an agreement under applicable law and that secures payment or the performance of an obligation.

“Sound level” means the noise level measured in decibels on the A-weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer’s instructions.

“Staggered registration” means the system of renewing watercraft registrations in accordance with the schedule provided under R12-4-504.

“State of principal operation” means the state in whose waters the watercraft is used or will be operated most during the calendar year.

“Throwable personal flotation device” means a U.S. Coast Guard approved Type IV device for use on any watercraft such as, but not limited to, a buoyant cushion, ring buoy, or horseshoe buoy.

“Titling authority” means a State whose vessel titling system has been certified by the Commandant under 33 C.F.R. 187.303 Subpart D.

“Unreleased watercraft” means a watercraft for which there is no written release of interest from the registered owner.

“Watercraft” means a boat or other floating device of rigid or inflatable construction designed to carry people or cargo on the water and propelled by machinery, oars, paddles, or wind action on a sail. Exceptions are seaplanes, makeshift contrivances constructed of inner tubes or other floatable materials that are not propelled by machinery, personal flotation devices worn or held in hand, and other objects used as floating or swimming aids.

“Watercraft agent” means a person authorized by the Department to collect applicable fees for the registration and numbering of watercraft.

“Watercraft registration” means the validated certificate of number and validating decals issued by the Department.

“Wearable personal flotation device” means a U.S. Coast Guard approved Type I, Type II, Type III, or Type V device for use on any watercraft such as, but not limited to, an off-shore lifejacket, near-shore buoyant vest, special-use wearable device, or flotation aid.

Historical Note

Editorial correction subsection (A) (Supp. 78-5). Former Section R12-4-83 renumbered as Section R12-4-501 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-501 renumbered to R12-4-515, new Section R12-4-501 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-502. Application for Watercraft Registration

- A. Only motorized watercraft as defined under R12-4-501 are subject to watercraft registration.
- B. A person shall apply for watercraft registration under A.R.S. § 5-321 using a form furnished by the Department and available at any Department office or on the Department’s website. The applicant shall provide the following information for registration of all motorized watercraft except homemade watercraft, which are addressed under subsection (C):
 1. Arizona residency certification statement, signed by the watercraft owner;
 2. Type of watercraft;
 3. Propulsion type;
 4. Engine drive type;
 5. Overall length of watercraft;
 6. Make and model of watercraft, if known;
 7. Year built or model year, if known;
 8. Hull identification number;
 9. Hull material;
 10. Fuel type;
 11. Category of use;
 12. Watercraft or AZ number previously issued for the watercraft, if any;
 13. State of principal operation; and
 14. For watercraft:
 - a. Owned by a person:
 - i. Legal name;
 - ii. Mailing address;
 - iii. Date of birth; and
 - iv. Signature of each applicant.
 - b. Owned by a business:
 - i. Name of business;
 - ii. Business address;
 - iii. Tax Identification Number; and
 - iv. Signature and title of authorized representative on behalf of the business.
 - c. Held in a trust:

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- i. Name of trust;
 - ii. Primary trustee's address;
 - iii. Tax Identification Number, required when the trust is held by two or more persons;
 - iv. Date of trust; and
 - v. Signature of each trustee, unless the trust instrument authorizes the signature of one trustee to bind the trust.
15. When ownership of the watercraft is in more than one name, the applicant shall indicate ownership designation by use of one of the following methods:
 - a. Where ownership is joint tenancy with right of survivorship, the applicant shall use "and/or" between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. Upon legal proof of the death or incompetency of either owner, the remaining owner may transfer registration of the watercraft.
 - b. Where ownership is a tenancy in common the applicant shall use "and" between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. In the event of the death or incompetency of any owner, the disposition of the watercraft shall be handled through appropriate legal proceedings.
 - c. Where the ownership is joint tenancy or is community property with an express intent that either of the owners has full authority to transfer registration, the applicant shall use "or" between the names of the owners. Each owner shall sign the application for registration. To transfer registration, either owner's signature is sufficient for transfer.
- C. The builder, owner, or owners of a homemade watercraft shall present the watercraft for inspection at a Department office. The applicant shall provide the following information for registration of homemade watercraft, using the same ownership designations specified in subsection (A)(15):
 1. Type of watercraft;
 2. Propulsion type;
 3. Engine drive type;
 4. Overall length of watercraft;
 5. Year built;
 6. Hull material;
 7. Fuel type;
 8. Category of use;
 9. Each owner's:
 - a. Name,
 - b. Mailing address, and
 - c. Date of birth;
 10. State of principal operation;
 11. Whether the watercraft was assembled from a kit or rebuilt from a factory or manufacturer's hull;
 12. Hull identification number, if assigned; and
 13. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- D. As prescribed under A.R.S. § 5-321, the applicant shall submit a use tax receipt issued by the Arizona Department of Revenue with the application for registration unless any one of the following conditions apply:
 1. The applicant is exempt from use tax as provided under 15 A.A.C. Chapter 5,
 2. The applicant is transferring the watercraft from another jurisdiction to Arizona without changing ownership,
 3. The applicant submits a bill of sale or receipt showing the sales or use tax was paid at the time of purchase, or
 4. The applicant submits a notarized affidavit of exemption stating that the acquisition of the watercraft was for rental or resale purposes.
- E. An applicant for a watercraft dealer registration authorized under A.R.S. § 5-322(F), shall be a business offering watercraft for sale or a watercraft manufacturer registered by the U.S. Coast Guard. A person shall display dealer registration for watercraft demonstration purposes only. For the purposes of this Section, "demonstration" means to operate a watercraft on the water for the purpose of selling, trading, negotiating, or attempting to negotiate the sale or exchange of interest in new watercraft, and includes operation by a manufacturer for purposes of testing a watercraft. Demonstration does not include operation of a watercraft for personal purposes by a dealer or manufacturer or an employee, family member, or an associate of a dealer or manufacturer. The watercraft dealer registration is subject to invalidation pursuant to R12-4-506 if a watercraft with displayed dealer registration is used for purposes other than those authorized under A.R.S. § 5-322(F) or this Section. A watercraft dealer registration applicant shall submit an application to the Department. The application is furnished by the Department and is available at any Department office. The applicant shall provide the following information on the application:
 1. All business names used for the sale or manufacture of watercraft in Arizona;
 2. Mailing address and telephone number for each business for which a watercraft dealer registration is requested;
 3. Tax privilege license number;
 4. U.S. Coast Guard manufacturer identification code, when applicable;
 5. Total number of certificates of number and decals requested; and
 6. The business owner's or manager's:
 - a. Name,
 - b. Business address,
 - c. Telephone number, and
 - d. Signature.
- F. In addition to submitting the application form and any other information required under this Section, the applicant for watercraft registration shall submit one or more of the following additional forms of documentation:
 1. Original title if the watercraft is titled in another state;
 2. Original registration if the watercraft is from a non-titling state;
 3. Bill of sale as defined under R12-4-501 if the watercraft has never been registered or titled in any state;
 4. Letter of gift as defined under R12-4-501 if the watercraft was received as a gift and was never registered or titled in any state;
 5. Court order or other legal documentation establishing lawful transfer of ownership;
 6. Certificate of documentation or letter of deletion issued by the U.S. Coast Guard;
 7. Statement of facts form furnished by the Department and available from any Department office when none of the documentation identified under subsections (F)(1) through (F)(6) exists either in the possession of the watercraft owner or in the records of any jurisdiction responsible for registering or titling watercraft. An applicant for watercraft registration under a statement of facts shall present the watercraft for inspection at a Department

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office. The statement of facts form shall include the following information:

- a. Hull identification number,
 - b. Certification that the watercraft meets one of the following conditions:
 - i. The watercraft was manufactured prior to 1972, is 12 feet in length or less, and is not propelled by an inboard engine;
 - ii. The watercraft is owned by the applicant and has never been registered or titled;
 - iii. The watercraft was owned in a state that required registration, but was never registered or titled; or
 - iv. The watercraft was purchased, received as a gift, or received as a trade and has not been registered, titled, or otherwise documented in the past five years.
 - c. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
8. An original certificate of origin when all of the following conditions apply:
- a. The watercraft was purchased as new,
 - b. The applicant is applying for watercraft registration within a year of purchasing the watercraft, and
 - c. The certificate of origin is not held by a lien holder.
- G.** If the watercraft is being transferred to a person other than the original listed owner, the applicant for a watercraft registration shall submit a release of interest. The Department may require the applicant to provide a release of interest that is acknowledged before a Notary Public or witnessed by a Department employee when the Department is unable to verify the signature on the release of interest.
- H.** If the original title is held by a lien holder, the applicant for a watercraft registration shall submit a form furnished by the Department and available from any Department office along with a copy of the title. The applicant shall comply with the following requirements when submitting the form:
1. The applicant shall provide the following information on the form:
 - a. Applicant's name,
 - b. Applicant's mailing address,
 - c. Make and model of watercraft, and
 - d. Watercraft hull identification number.
 2. The applicant shall ensure the lien holder provides the following information on the form:
 - a. Lien holder's name,
 - b. Lien holder's mailing address,
 - c. Name of person completing the form on behalf of the lien holder,
 - d. Title of person completing the form on behalf of the lien holder, and
 - e. Signature of the person completing the form on behalf of the lien holder, acknowledged before a Notary Public or witnessed by a Department employee.
- I.** If the watercraft's original title or registration is lost, the Department shall register a watercraft upon receipt of one of the following:
1. A letter or printout from any jurisdiction responsible for registering or titling watercraft that verifies the owner of record for that specific watercraft;
 2. A printout of the Vessel Identification System for that specific watercraft from the U.S. Coast Guard and verifi-

cation from the appropriate state agency that the information regarding the owner of record for that specific watercraft is correct and current;

3. A statement of facts by the applicant as described under subsection (F)(7) if the watercraft has not been registered, titled, or otherwise documented in the past five years; or
 4. The abandoned or unreleased watercraft approval letter issued by the Department, as established under R12-4-507(I).
- J.** The Department shall issue a watercraft registration within 30 calendar days of receiving a valid application and the documentation required under this Section from the applicant or a watercraft agent authorized under R12-4-509.
- K.** All watercraft registrations and supporting documentation are subject to verification by the Department and to the requirements established under R12-4-505. The Department shall require a watercraft to be presented for inspection to verify the information provided by an applicant if the Department has reason to believe the information provided by the applicant is inaccurate or the applicant is unable to provide the required information.
- L.** The Department shall deem an application invalid if the Department receives legal documentation of any legal action that may affect ownership of that watercraft.
- M.** The Department shall invalidate a watercraft registration if the registration is obtained by an applicant who makes a false statement or provides false information on any application, statement of facts, or written instrument submitted to the Department.

Historical Note

Former Section R12-4-84 renumbered as Section R12-4-502 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 2, 1985 (Supp. 85-1). Former Section R12-4-502 repealed, new Section R12-4-502 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-503. Renewal of Watercraft Registration; Duplicate Watercraft Registration or Decal

- A.** The owner of a registered watercraft shall renew the watercraft's registration no later than the day before the prior registration period expires.
1. To renew a watercraft's registration in person or by mail, an applicant shall pay the registration fee authorized under R12-4-504 and present any one of the following:
 - a. Current or prior certificate of number,
 - b. Valid driver's license,
 - c. Valid Arizona Motor Vehicle Division identification card,
 - d. Valid passport, or
 - e. Department-issued renewal notice.
 2. The owner of a registered watercraft may renew a watercraft registration by accessing the Department's online system and paying the applicable watercraft registration fee authorized under R12-4-504.

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- B.** The owner of a registered watercraft may obtain a duplicate watercraft registration or decal in person or by mail. To obtain a duplicate watercraft registration or decal in person or by mail, an applicant shall:
1. Complete and submit an application for a duplicate certificate and/or decal form to the Department or its authorized agent, available from any Department office and on the Department's website; and
 2. Pay the duplicate watercraft registration fee authorized under R12-4-504.
- C.** If made available by the Department, the owner of a registered watercraft may obtain a duplicate watercraft registration or decal by accessing the Department's online system and paying the duplicate watercraft registration fee authorized under R12-4-504.
- D.** When a request for a watercraft registration renewal or duplicate watercraft registration or decal is submitted by mail or online, the Department shall mail the registration or decal, as applicable, to the address of record, unless the Department receives a notarized request from the registered owner instructing the Department to mail the duplicate registration or decal to another address.
- B.** The Department or its agent shall collect the entire registration fee for a late registration renewal and a penalty fee of \$5, unless exempt under A.R.S. § 5-321(L). The Department or its agent shall not assess a penalty fee when a renewal is mailed before the expiration date, as evidenced by the postmark.
- C.** All new watercraft registrations expire 12 months after the date of issue.
- D.** Resident and nonresident watercraft registration renewals:
1. Shall be valid for a period of 7 to 18 months depending on the expiration month.
 - a. This provision applies to the initial renewal period only.
 - b. The Department shall prorate fees accordingly.
 2. May be renewed up to six months prior to the expiration month.
 3. Shall expire on the last day of the month indicated by the last two numeric digits of the AZ number, as shown in the following table:

Last two numeric digits of AZ number									Expiration month
00	12	24	36	48	60	72	84	96	December
01	13	25	37	49	61	73	85	97	January
02	14	26	38	50	62	74	86	98	February
03	15	27	39	51	63	75	87	99	March
04	16	28	40	52	64	76	88		April
05	17	29	41	53	65	77	89		May
06	18	30	42	54	66	78	90		June
07	19	31	43	55	67	79	91		July
08	20	32	44	56	68	80	92		August
09	21	33	45	57	69	81	93		September
10	22	34	46	58	70	82	94		October
11	23	35	47	59	71	83	95		November

- E.** Watercraft dealer, manufacturer, and governmental use registration renewals expire on October 31 of each year.
- F.** Livery and all other commercial use registration renewals expire on November 30 of each year.

Historical Note

Former Section R12-4-85 renumbered as Section R12-4-503 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-503 renumbered to R12-4-519, new Section R12-4-503 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-504. Watercraft Fees; Penalty for Late Registration; Staggered Registration Schedule

- A.** The following fees are required, when applicable as authorized under A.R.S. §§ 5-321 and 5-322:
1. Motorized watercraft registration fees are assessed as follows:
 - a. Twelve feet and less: \$20
 - b. Twelve feet one inch through sixteen feet: \$22
 - c. Sixteen feet one inch through twenty feet: \$30
 - d. Twenty feet one inch through twenty-six feet: \$35
 - e. Twenty-six feet one inch through thirty-nine feet: \$39
 - f. Thirty-nine feet one inch through sixty-four feet: \$44
 - g. Sixty-four feet one inch and over: \$66
 - h. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
 2. Motorized watercraft transfer fee: \$13.
 3. Duplicate motorized watercraft registration: \$8.
 4. Duplicate decal: \$8.
 5. Watercraft dealer certificate of number: \$20.
 6. Abandoned or unreleased watercraft application fee: \$100.
 7. Unclaimed towed watercraft application fee: \$100.

Historical Note

Amended effective December 5, 1978 (Supp. 78-6). Amended effective March 6, 1980 (Supp. 80-2). Former Section R12-4-86 renumbered as Section R12-4-504 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-504 repealed, new Section R12-4-504 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking pursuant to A.R.S. § 41-1005(A)(2)(b) at 21 A.A.R. 1046, effective June 16, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 28 A.A.R. 2057 (August 19, 2022), effective September 26, 2022 (Supp. 22-3).

R12-4-505. Hull Identification Numbers

- A.** The Department shall not register a watercraft without a hull identification number.
- B.** The Department shall verify watercraft manufactured after November 1, 1972 have a primary hull identification number

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that complies with the requirements established under 33 C.F.R. 181, subpart C. The Department shall assign a hull identification number when the watercraft hull identification number does not meet the requirements established under 33 C.F.R. 181, subpart C.

- C. The hull identification number shall be fully visible and unobstructed at all times. Watercraft manufactured prior to August 1, 1984, are exempt from this requirement provided the obstruction is original equipment and was attached by the manufacturer.
- D. The Department shall assign a hull identification number to a watercraft with a missing hull identification number only if the Department determines:
 - 1. The hull identification number was not intentionally or illegally removed or altered, unless the application is accompanied by an order of forfeiture, order of seizure, or other civil process;
 - 2. The missing hull identification number was caused by error of the manufacturer or a government jurisdiction; or
 - 3. The watercraft is a homemade watercraft as defined under R12-4-501.
- E. The Department may assign a hull identification number within 30 days of receipt of a valid application, as described under R12-4-502.
- F. The Department may accept a bill of sale presented with a missing or nonconforming hull identification number for registration purposes only when:
 - 1. The hull identification number matches the nonconforming hull identification number on the watercraft;
 - 2. Supporting evidence exists that the seller is the owner of the watercraft;
 - 3. The watercraft is homemade and does not have a hull identification number; or
 - 4. The watercraft was manufactured prior to November 1, 1972.
- G. Within 30 days of issuance, the applicant or registered owner shall:
 - 1. Burn, carve, stamp, emboss, mold, bond, or otherwise permanently affix each hull identification number to a non-removable part of the watercraft in a manner that ensures any alteration, removal, or replacement will be obvious.
 - 2. Ensure the characters of each hull identification number affixed to the watercraft are no less than 1/4 inch in height.
 - 3. Permanently affix the hull identification number as follows:
 - a. On watercraft with transoms, affix the hull identification number to the right or starboard side of the transom within two inches of the top of the transom or hull/deck joint, whichever is lower.
 - b. On watercraft without a transom, affix the hull identification number to the starboard outboard side of the hull, back or aft within one foot of the stern and within two inches of the top of the hull, gunwale, or hull/deck joint, whichever is lower.
 - c. On a catamaran or pontoon boat, affix the hull identification number on the aft crossbeam within one foot of the starboard hull attachment.
 - d. As close as possible to the applicable location established under subsections (a), (b), or (c) when rails, fittings, or other accessories obscure the visibility of the hull identification number.

- e. Affix a duplicate of the visibly affixed hull identification number in an unexposed location on a permanent part of the hull.

- 4. Certify to the Department that the hull identification number was permanently affixed to the watercraft. The certification statement is furnished by the Department when a hull identification number is issued. The certification statement shall include the location of the permanently affixed hull identification number.

Historical Note

Amended effective January 1, 1980 (Supp. 79-6). Former Section R12-4-87 renumbered as Section R12-4-505 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-505 repealed, new Section R12-4-505 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-506. Invalidation of Watercraft Registration and Decals

- A. Any watercraft registration obtained by fraud or misrepresentation is invalid from the date of issuance.
- B. A certificate of number and any decals issued by the Department under R12-4-502 are invalid if any one of the following occurs:
 - 1. Any check, money order, or other currency certificate presented to the Department for payment of watercraft registration or renewal is found to be non-negotiable;
 - 2. Any person whose name appears on the certificate of number loses ownership of the watercraft by legal process;
 - 3. Arizona is no longer the state of principal operation;
 - 4. The watercraft is documented by the U.S. Coast Guard;
 - 5. An applicant provides incomplete or incorrect information to the Department and fails to provide the correct information within 30 days after a request by the Department;
 - 6. The Department revokes the certificate of number, AZ numbers, and decals as provided under A.R.S. § 5-391(I);
 - 7. The Department or its agent erroneously issued a certificate of number or any decals;
 - 8. A watercraft bearing a dealer registration is used for any purpose not authorized under R12-4-502(E); or
 - 9. A watercraft registered or used as a livery is operated in violation of A.R.S. § 5-371 or R12-4-514.
- C. A person shall surrender the invalid certificate of number and decals to the Department within 15 calendar days of receiving written determination from the Department that the certificate of number or decals are invalid, unless the person appeals the Department's determination to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall not validate or renew an invalid watercraft registration or decals until the reason for invalidity is corrected or no longer exists.

Historical Note

Adopted effective December 4, 1984 (Supp. 84-6). Amended subsection (B) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should

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read “Amended subsection (B) effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Former Section

R12-4-506 repealed, new Section R12-4-506 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-507. Transfer of Ownership of an Abandoned or Unreleased Watercraft

- A. A person who has knowledge and custody of a watercraft abandoned on private property owned by that person may attempt to obtain ownership of the watercraft by way of the abandoned watercraft transfer process. A lienholder of foreclosed real property may assign an agent to act on its behalf.
- B. The last registered owner of an abandoned or unreleased watercraft is presumed to be responsible for the watercraft, unless the watercraft is reported stolen.
- C. The operator of a self-storage facility located in this state and having a possessory lien shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 15, Article 1 when attempting to obtain ownership of a watercraft abandoned while in storage.
- D. A person having a possessory lien under a written agreement shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 7, Article 6 when attempting to obtain ownership of a watercraft for which repairs or service fees remain unpaid.
- E. Only a person acting within the scope of official duties as an employee or authorized agent of a government agency may order the removal of a watercraft abandoned on public property or a public waterway.
- F. A person seeking ownership of an abandoned or unreleased watercraft shall submit an application to the Department and pay the fee established under R12-4-504. The application is furnished by the Department and available at any Department office. The application shall include the following information, if available:
 - 1. Hull identification number, unless exempt under R12-4-505;
 - 2. Registration number;
 - 3. Decal number;
 - 4. State of registration;
 - 5. Year of registration;
 - 6. Name, address, and daytime telephone number of the person who found the watercraft;
 - 7. For abandoned watercraft:
 - a. Address or description of the location where the watercraft was found,
 - b. Whether the watercraft was abandoned on private or public property, and
 - c. When applicable, for watercraft abandoned on private property, whether the applicant is the legal owner of the property;
 - 8. Condition of the watercraft: wrecked, stripped, or intact;
 - 9. State in which the watercraft will be operated;
 - 10. Length of time the watercraft was abandoned;
 - 11. Reason why the applicant believes the watercraft is abandoned; and
 - 12. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.

- G. This state and its agencies, employees, and agents are not liable for relying in good faith on the contents of the application.
- H. The Department shall attempt to determine the name and address of the registered owner by:
 - 1. Conducting a search of its watercraft database when documentation indicates the watercraft was previously registered in this state, or
 - 2. Requesting the watercraft record from the other state when documentation indicates the watercraft was previously registered in another state.
- I. If the Department is able to determine the name and address of the registered owner, the Department shall send written notice of the applicant's attempt to register the watercraft to the owner.
 - 1. If the registered owner provides a written release of interest in the watercraft, the Department shall mail the release of interest and an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
 - 2. If the registered owner provides written notice to the Department refusing to release interest in the watercraft, the Department shall notify the applicant of the owner's refusal. The Department shall not register the watercraft to the applicant unless the applicant provides proof of ownership and complies with the requirements established under R12-4-502.
 - 3. If the registered owner does not respond to the notice within 180 days from the date the Department sent notice, this failure to act shall constitute a waiver of interest in the watercraft by any person having an interest in the watercraft, and the watercraft shall be deemed abandoned for all purposes. The Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
 - 4. If the written notice is returned unclaimed or refused, the Department shall notify the applicant within 15 days of the notice being returned that the attempt to contact the registered owner was unsuccessful.
- J. If the Department is unable to identify or serve the registered owner, the Department shall post a notice of intent on the Department's website within 45 days of the Department's notification to the applicant as provided in subsection (I)(4).
 - 1. The notice shall include a statement of the Department's intent to transfer ownership of the watercraft ten days after the date of posting, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following posting.
 - 2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
- K. A government agency may submit an application for authorization to dispose of a junk watercraft abandoned on state or federal lands or waterways. The application is furnished by the Department and is available at any Department Office. Upon receipt of the application, the Department shall attempt to determine the name and address of the registered owner. If the

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Department is unable to identify and serve the registered owner, the Department shall publish a notice of intent to authorize the disposal of the junk watercraft as described under subsection (J).

1. The published notice shall include a statement of the Department's intent to authorize the disposal of the watercraft ten days after the date of publication, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following publication.
2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an authorization to dispose of the junk watercraft to the government agency. The government agency may dispose of the abandoned watercraft and all indicia for that watercraft in any manner the agency determines expedient or convenient.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-508. New Watercraft Exchanges

- A. A person may request a no-fee replacement registration for a new watercraft, provided all of the following conditions apply:
 1. The person purchased the newly registered watercraft from a new watercraft dealer,
 2. The person returned the watercraft to the new watercraft dealer within 30 days of purchase, and
 3. The new watercraft dealer exchanged the returned watercraft for a watercraft of the same year, make, and model within the same 30 day period.
- B. To obtain a no-fee replacement registration, the person shall submit the original watercraft registration and a letter from the new watercraft dealer to the Department. The letter shall include all of the following information:
 1. A statement that the original watercraft was replaced,
 2. The hull identification number for the original watercraft,
 3. The hull identification number for the replacement watercraft,
 4. The buyer's name, and
 5. The new watercraft dealer's name.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-509. Watercraft Dealers; Agents

- A. The Department may authorize a watercraft dealer to act as an agent on behalf of the Department for the purpose of issuing temporary certificates of number valid for 45 days for new or used watercraft, provided:
 1. The applicant's previous authority to act as a watercraft agent under A.R.S. § 5-321(I) has not been canceled by the Department within the preceding 24 months, and

2. The applicant is a business located and operating within this state and sells watercraft.

- B. An applicant seeking watercraft agent authorization shall submit an application to the Department. The application is furnished by the Department and available at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, AZ 85086. The applicant shall provide the following information on the application:
 1. Principal business or corporation name, address, and telephone number or if not a corporation, the full name, address, and telephone number of all owners or partners;
 2. Name, address, and telephone number of the owner or manager responsible for compliance with this Section;
 3. Whether the applicant has previously issued temporary certificates of number under A.R.S. § 5-321(I);
 4. All of the following information specific to the location from which new watercraft are to be sold and temporary certificates of number issued:
 - a. Name of owner or manager;
 - b. Business hours;
 - c. Business telephone number;
 - d. Business type;
 - e. Storefront name; and
 - f. Street address;
 5. Manufacturers of the watercraft to be sold; and
 6. Signature of person named under subsection (B)(2).
- C. The Department shall either approve or deny the application within the licensing time-frame established under R12-4-106.
- D. Authorization to act as a watercraft agent is specific to the dealer's business location designated on the application and approved by the Department, unless the dealer is participating in a boat show for the purpose of selling watercraft.
- E. The watercraft agent shall:
 1. Use the assigned watercraft agent number when issuing a temporary certificate of number,
 2. Use the online application system and forms supplied by the Department; and
 3. Collect the appropriate fee as prescribed under R12-4-504 and R12-4-527.
- F. A watercraft agent is prohibited from issuing a temporary certificate of number for a watercraft when:
 1. The watercraft is involved in legal proceedings such as, but not limited to, a marital dissolution, probate, or bankruptcy proceeding;
 2. The watercraft is abandoned or unreleased;
 3. The watercraft is homemade; or
 4. The watercraft has a nonconforming HIN.
- G. A watercraft agent issuing a temporary certificate of number to the purchaser of a watercraft shall comply with all the following:
 1. The watercraft agent shall obtain a completed application that complies with the requirements established under R12-4-502.
 2. The watercraft agent shall identify to the applicant the state registration fee and the nonresident boating safety infrastructure fee, when applicable, separately from any other costs.
 3. The fees collected under subsection (E)(3) shall be submitted electronically to the Department prior to the submission of the documentation required under subsection (G)(4).
 4. Within five business days of issuing a temporary certificate of number, a watercraft agent shall deliver or mail the following documentation to the Arizona Game and

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Fish Department, Watercraft Agent Representative, 5000 W. Carefree Highway, Phoenix, AZ 85086:

- a. For a new watercraft:
 - i. Original application;
 - ii. Original or copy of the bill of sale issued by the watercraft agent; and
 - iii. Original certificate of origin;
- b. For a used watercraft:
 - i. Original application;
 - ii. Original or copy of the bill of sale issued by the watercraft agent;
 - iii. Ownership document, such as but not limited to a title, bill of sale, letter of gift or U.S. Coast Guard certificate of documentation or letter of deletion issued by the U.S. Coast Guard; and
 - iv. Lien release, when applicable.

- H. The Department may cancel the watercraft agent's authorization if the agent does any one of the following:
 1. Fails to comply with the requirements established under this Article;
 2. Submits more than one electronic payment dishonored because of insufficient funds, payments stopped, or closed accounts to the Department within a calendar year;
 3. Predates, postdates, alters, or provides or knowingly allows false information to be provided on an application for a temporary certificate of number; or
 4. Falsifies the application for authorization as a watercraft agent.
- I. The Department shall provide a written notice to the person stating the reason for the denial or cancellation of watercraft agent status, as applicable. The person may appeal the denial or cancellation to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-510. Refund of Fees Paid in Error

- A. The Department shall issue a refund for watercraft registration fees paid and, when applicable, the Nonresident Boating Safety Infrastructure fee when the registered owner has erroneously paid those fees for a watercraft that has already been sold to another individual.
- B. To request a refund of fees paid in error, the person applying for the refund shall surrender all of the following to the Department:
 1. Original certificate of number;
 2. Registration decals; and
 3. Nonresident Boating Safety Infrastructure Decal, when applicable.
- C. A person requesting a refund of fees shall submit the request to the Department within 30 calendar days of the date the payment was received by the Department.
- D. The Department shall not refund:
 1. A late registration penalty fee.

2. A fee collected by an authorized third-party provider. A person who paid their watercraft registration fee to a third-party provider shall request a refund of fees from that third-party provider.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-511. Personal Flotation Devices

- A. For the purpose of this Section, "wear" means:
 1. The personal flotation device is worn according to the manufacturer's design or recommended use;
 2. All of the device's closures are fastened, snapped, tied, zipped, or secured according to the manufacturer's design or recommended use; and
 3. The device is adjusted for a snug fit.
- B. The operator of a canoe, kayak, or other watercraft shall ensure the watercraft is equipped with at least one correctly-sized, U.S. Coast Guard-approved, wearable personal flotation device that is in good and serviceable condition for each person on board the watercraft. The operator of any watercraft shall also ensure the wearable personal flotation devices on board the watercraft are readily accessible and available for immediate use.
- C. In addition to the personal flotation devices described under subsection (B), the operator of a watercraft that is 16 feet or more in length shall ensure the watercraft is also equipped with a U.S. Coast Guard-approved throwable personal flotation device: buoyant cushion, ring buoy, or horseshoe buoy. Canoes and kayaks are not subject to this subsection.
- D. The operator of a watercraft shall ensure a person twelve years of age or under on board a watercraft shall wear a U.S. Coast Guard approved wearable personal flotation device whenever the watercraft is underway.
- E. The operator of a personal watercraft shall ensure each person aboard the personal watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the personal watercraft is underway.
- F. Subsections (B), (C), and (D) do not apply to the operation of a racing shell or rowing skull during competitive racing or supervised training, if the racing shell or rowing skull is manually propelled, recognized by a national or international association for use in competitive racing, and designed to carry and does carry only equipment used solely for competitive racing.

Historical Note

Amended effective May 26, 1978 (Supp. 78-3). Former Section R12-4-80 renumbered as Section R12-4-511 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

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R12-4-512. Fire Extinguishers Required for Watercraft

- A.** The operator of watercraft shall ensure all required fire extinguishers are readily accessible and available for immediate use.
- B.** As prescribed under A.R.S. § 5-332, an operator of a:
1. Watercraft less than 26 feet in length shall carry one U.S. Coast Guard-approved B-I type fire extinguisher on board if the watercraft has one or more of the following:
 - a. An inboard engine,
 - b. Closed compartments where portable fuel tanks may be stored,
 - c. Double bottoms not sealed to the hull or which are not completely filled with flotation materials,
 - d. Closed living spaces,
 - e. Closed stowage compartments in which combustible or flammable materials are stored,
 - f. Permanently installed fuel tanks (fuel tanks that cannot be moved in case of a fire or other emergency are considered permanently installed), and
 - g. A fixed fire extinguishing system installed in the engine compartment.
 2. Watercraft 26 feet to less than 40 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
 - a. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher, or
 - b. At least one B-I type approved hand-portable fire extinguisher if a fixed fire extinguishing system is installed in the engine compartment.
 3. Watercraft 40 feet to not more than 65 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
 - a. At least three B-I type hand-portable fire extinguishers or at least one B-I and one B-II type hand-portable fire extinguishers, or
 - b. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher when a fixed fire extinguishing system is installed in the engine compartment.

Historical Note

Former Section R12-4-81 renumbered as Section R12-4-512 without change effective August 13, 1981 (Supp. 81-4). Amended effective June 14, 1990 (Supp. 90-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-513. Watercraft Incident and Casualty Reports

- A.** The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury, death, or property damage exceeding \$500 shall submit the report required under A.R.S. § 5-349 to the Department. The report shall be made on a form furnished by the Department or provided by the law enforcement officer investigating the collision, incident, or other casualty. The operator or owner of the watercraft shall complete the form in full and clearly identify on the form any information that is either not applicable or unknown. The operator or owner of the watercraft submitting the report shall provide all of the information required under 33 C.F.R. 173.57.
- B.** The person completing the form shall deliver, mail, or email the form to the Arizona Game and Fish Department, Law

Enforcement Branch at 5000 W. Carefree Hwy, Phoenix, AZ 85086 or BoatAccidentReporting@azgfd.gov, as applicable.

- C.** The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury or death shall submit the report to the Department no later than 48 hours after the incident.
- D.** The operator or owner of a watercraft involved in any collision, incident or other casualty resulting only in property damage exceeding \$500 shall submit the report to the Department no later than five days after the incident.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-514. Liveries

- A.** A person who rents, leases, or offers any watercraft for compensation, with or without an operator, for recreational, non-commercial use shall register the watercraft as a livery as established under R12-4-502.
- B.** A watercraft owned by a boat livery that requires registration and does not have the certificate of number on board shall be identified while in use by means of a:
1. Placard or some other form of display that is affixed to the watercraft and is visible when the watercraft is underway. The placard or other form of display shall indicate the business name and current phone number of the livery.
 2. Receipt provided by the livery to the person operating the rented watercraft. The receipt shall contain the following information:
 - a. Business name and address of the livery as shown on the certificate of number,
 - b. Watercraft registration number as issued by the Department,
 - c. Beginning date and time of the rental period, and
 - d. Written acknowledgment on the receipt of compliance with the requirements prescribed under A.R.S. § 5-371, signed by both the livery operator or their agent and the renter.
- C.** A person operating a rented or leased watercraft or operating a passenger for hire watercraft shall carry the registration or receipt onboard and produce it upon request to any peace officer.
- D.** Failure to comply with the requirements prescribed under A.R.S. § 5-371 and this Section may result in the invalidation of the watercraft registration and decals as provided under A.R.S. § 5-391(A) and R12-4-506.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-515. Display of AZ Numbers and Registration Decals

- A.** A person shall not use, operate, moor, anchor, or grant permission to use, operate, moor, or anchor a watercraft on the boundaries of this state unless such watercraft displays a valid

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number and current registration decal in the manner established under subsection (B). This Section does not apply to undocumented watercraft displaying a valid temporary numbering certificate authorized under R12-4-509 or exempt under A.R.S. § 5-322.

- B. The owner of a watercraft shall display the AZ number and registration decals as follows:
 - 1. The AZ numbers shall:
 - a. Be clearly visible and painted on or attached to each exterior side of the forward half of a non-removable portion of the watercraft;
 - b. Be in a color that contrasts with the watercraft's background color so as to be easily read from a distance;
 - c. Include the letters "AZ" and the suffix, separated by a hyphen or equivalent space between the letters "AZ" and the suffix; and
 - d. Read from left to right in well-proportioned block letters that are not less than three inches in height, excluding outline.
 - 2. The registration decals shall be affixed three inches in front of "AZ" on both sides of the forward half of a non-removable portion of the watercraft.
- C. On watercraft so constructed that it is impractical or impossible to display the AZ numbers in a prominent position on the forward half of the hull or permanent superstructure, the AZ numbers may be displayed on brackets or fixtures securely attached to the forward half of the watercraft.
- D. Persons possessing a dealer watercraft certificate of number issued under A.R.S. § 5-322(F) shall visibly display the AZ numbers and validating registration decals as established under this Section, except that the numbers and decals may be printed or attached to temporary, removable signs that are securely attached to the watercraft being demonstrated.
- E. Expired registration decals issued by any jurisdiction shall be covered or removed from the watercraft, so that only the current registration decals are visible.
- F. Invalid watercraft AZ numbers and registration decals shall not be displayed on any watercraft. The owner of the watercraft shall surrender the AZ numbers and registration decals to the Department in compliance with R12-4-506(C).

Historical Note

Section R12-4-515 renumbered from R12-4-501 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-516. Watercraft Sound Level Restriction

- A. A person shall not operate a watercraft upon the waters of this state if the watercraft emits a noise level that exceeds any of the following.
 - 1. A noise level of 86 dB(A), measured at a distance of 50 feet or more from the watercraft on the "A" weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer's instructions.
 - 2. For engines manufactured:
 - a. Before January 1, 1993, a noise level of 90 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; and

- b. On or after January 1, 1993, a noise level of 88 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; or
 - 3. A noise level of 75 dB(A) measured as specified in the Society of Automotive Engineers Recommended Practice shoreline sound test SAEJ1970, revised September 2003 and containing no later editions or amendments.
- B. The materials incorporated by reference in subsection (A) may be viewed at any Department office and are available for purchase from SAE International, 400 Commonwealth Dr, Warrendale, PA 15096-0001 or online at www.sae.org.
- C. A measurement of noise level that is in compliance with this Section does not preclude the conducting of a test or multiple tests of noise levels.
- D. A peace officer authorized to enforce the provisions of this Section who has reason to believe a watercraft is being operated in violation of the noise levels established in this Section may direct the operator of the watercraft to submit the watercraft to an onsite test to measure noise level.
- E. An operator of a watercraft who receives a request from a peace officer to test the noise level of the watercraft under subsection (D) shall allow the watercraft to be tested. If, based on a measurement or test to determine the noise level of a watercraft administered under this Section, the noise level of the watercraft exceeds one or more of the decibel level standards in subsection (A), the operator of the watercraft shall take immediate measures to correct the violation as prescribed under A.R.S. § 5-391(C).
- F. This Section shall not apply to watercraft operated under permits issued in accordance with A.R.S. § 5-336(C).

Historical Note

Former Section R12-4-82 renumbered as Section R12-4-516 without change effective August 13, 1981 (Supp. 81-4). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-517. Watercraft Motor and Engine Restrictions

- A. A person operating a motorized watercraft on the following waters shall only use an electric motor not exceeding 10 manufacturer-rated horsepower:
 - 1. Ackre Lake
 - 2. Bear Canyon Lake
 - 3. Bunch Reservoir
 - 4. Carnero Lake
 - 5. Chaparral Park Lake
 - 6. Cluff Ponds
 - 7. Coconino Reservoir
 - 8. Coors Lake
 - 9. Dankworth Pond
 - 10. Dogtown Reservoir
 - 11. Fortuna Lake
 - 12. Goldwater Lake
 - 13. Granite Basin Lake
 - 14. Horsethief Basin Lake
 - 15. Hulsey Lake
 - 16. J.D. Dam Lake
 - 17. Knoll Lake
 - 18. Lee Valley Lake
 - 19. McKellips Park Lake
 - 20. Pratt Lake

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21. Quigley Lake
22. Redondo Lake
23. Riggs Flat Lake
24. Roper Lake
25. Santa Fe Lake
26. Scott's Reservoir
27. Sierra Blanca Lake
28. Soldier Lake (in Coconino County)
29. Stehr Lake
30. Stoneman Lake
31. Tunnel Reservoir
32. Whitehorse Lake
33. Willow Valley Lake
34. Woodland Reservoir
35. Woods Canyon Lake

B. A person operating a motorized watercraft on the following waters shall use only a single electric motor or single gasoline engine not exceeding 10 manufacturer-rated horsepower:

1. Arivaca Lake
2. Ashurst Lake
3. Becker Lake
4. Big Lake
5. Black Canyon Lake
6. Blue Ridge Reservoir
7. Cataract Lake
8. Chevelon Canyon Lake
9. Cholla Lake Hot Pond
10. Concho Lake
11. Crescent Lake
12. Fool Hollow Lake
13. Kaibab Lake
14. Kinnikinick Lake
15. Little Mormon Lake
16. Lower Lake Mary
17. Luna Lake
18. Lynx Lake
19. Marshall Lake
20. Mexican Hay Lake
21. Nelson Reservoir
22. Parker Canyon Lake
23. Peña Blanca Lake
24. Rainbow Lake
25. River Reservoir
26. Show Low Lake
27. Whipple Lake
28. White Mountain Lake (in Apache County)
29. Willow Springs Lake

C. A person shall not operate a watercraft on Frye Mesa Reservoir, Rose Canyon Lake, or Snow Flat Lake, except as authorized under subsection (D).

D. A person who possesses a valid use permit issued by the U.S. Forest Service may operate a non-motorized watercraft only on Rose Canyon Lake on any Tuesday, Wednesday, or Thursday during June and July from 9:30 a.m. to 4:30 p.m. Mountain Time Zone. This subsection does not exempt the person from complying with all applicable requirements imposed by federal or state laws, rules, regulations, or orders.

E. This Section does not apply to watercraft of governmental agencies or to Department-approved emergency standby watercraft operated by lake concessionaires if operating to address public safety or public welfare.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-

3). Amended as an emergency effective July 9, 1976 (Supp. 76-4). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-89 renumbered as Section R12-4-517 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A) and (C) effective December 17, 1981 (Supp. 81-6). Amended effective December 28, 1982 (Supp. 82-6). Amended subsections (A) through (C) effective December 4, 1984 (Supp. 84-6). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 17 A.A.R. 1189, effective May 24, 2011 (Supp. 11-2). Subsection (A)(9) corrected clerical error (Supp. 11-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-518. Regattas

- A.** When a regatta permit is issued by the Coast Guard, the person in control of the regatta shall at all times be responsible for compliance with the stipulations as prescribed within the regatta permit. Such stipulations may include but not be limited to:
1. A specified number of patrol or committee boats and identified as such.
 2. Availability of emergency medical services.
 3. Spectator control if there exists a danger that life or property is in jeopardy.
- B.** Non-compliance with any stipulation of an authorized permit which jeopardizes the public welfare shall be cause to terminate the regatta until the person in control or a person designated by the one in control satisfactorily restores compliance.
- C.** When a regatta applicant is informed in writing by the Coast Guard that a permit is not required, such regatta may take place, but shall not relieve the regatta sponsor of any responsibility for the public welfare or confer any exemption from state boating and watersports laws and rules.
- D.** The regatta sponsor and all participants shall comply with aquatic invasive species requirements established under A.R.S. Title 17, Chapter 2, Article 3.1 and 12 A.A.C. 4, Article 9.

Historical Note

Adopted effective March 5, 1982 (Supp. 82-2). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

R12-4-519. Reciprocity

As authorized under A.R.S. § 5-322(E), all watercraft currently numbered or exempt from numbering under the provisions of their state of principal operation are exempt from numbering for a period of 90 days after entering this state.

Historical Note

Section R12-4-519 renumbered from R12-4-503 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-520. Arizona Aids to Navigation System

- A.** The Arizona aids to navigation system is the same as that prescribed under 33 C.F.R. 62, revised July 1, 2014, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Govern-

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ment Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This Section does not include any later amendments or editions of the incorporated material.

- B. A person shall not mark the waterways or their shorelines in this state with mooring buoys, regulatory markers, aids to navigation, lights, or other types of permitted waterway marking devices, without authorization from the governmental agency or the private interest having jurisdiction on such waters.
- C. A person shall not moor or fasten a watercraft to any marker not intended for mooring, or willfully damage, tamper with, remove, obstruct, or interfere with any aid to navigation, regulatory marker or other type of permitted waterway marking devices, except in the performance of authorized maintenance responsibilities or as authorized under R12-4-518 or this Section.
- D. If a government agency or private interest has not exercised its authority to control watercraft within its jurisdiction under A.R.S. § 5-361, or if waters are directly under the jurisdiction of the Commission, the Department has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
 1. The Department may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
 2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- E. A governmental agency, excluding federal agencies with jurisdiction over federal navigable waterways, has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
 1. A governmental agency may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
 2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- F. Any person may request establishment, change, or removal of controlled-use markers on waters under the jurisdiction of the Commission or on waters not under the jurisdiction of another government agency by submitting a written request providing the reasons for the request to the Arizona Game and Fish Department, 5000 W. Carefree Hwy, Phoenix, AZ 85086.
 1. The Department shall either approve or deny the request within 60 days of receipt.
 2. A person may appeal the Department's denial of a request to the Commission as an appealable agency action under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-521. Repealed**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-522. Repealed**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-523. Controlled Operation of Watercraft

- A. A person shall not operate any watercraft, or use any watercraft to tow a person on water skis, a surfboard, inflatable device, or similar object, device or equipment in a manner contrary to the area restrictions imposed by lawfully placed controlled-use markers, except for:
 1. Law enforcement officers acting within the scope of their lawful duties;
 2. Persons involved in rescue operations;
 3. Persons engaged in government-authorized activities; and
 4. Persons participating in a regatta, during the time limits of the event only.
- B. The exemptions listed under subsection (A) do not authorize any person to operate a watercraft in a careless, negligent, or reckless manner as prescribed under A.R.S. § 5-341.

Historical Note

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-524. Towed Water Sports

- A. An operator of a watercraft shall ensure an observer is on duty at all times when a person is being towed behind the watercraft or is surfing a wake created by the watercraft. The observer shall:
 1. Be twelve years of age or older;
 2. Be physically capable and mentally competent to act as an observer; and
 3. Continually observe the person or persons being towed behind the watercraft or surfing a wake created by the watercraft.
- B. The operator of a watercraft shall ensure a person being towed behind the watercraft or riding a wake created by the watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the watercraft is underway. This subsection applies to any contrivance designed for or used to tow a person behind a watercraft or ride the wake created by a watercraft regardless of whether or not the contrivance is attached to the watercraft. This includes, but is not limited to, boards, discs, hydrofoils, kites, inflatables, and water skis.
- C. A person shall not operate a watercraft while a person is holding onto or is physically attached to any transom structure of the watercraft, including but not limited to a swim platform,

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swim deck, swim step, and swim ladder. This subsection does not apply to a person who is:

1. Assisting with docking or departure activities,
2. Exiting or entering the watercraft, or
3. Engaging in law enforcement or emergency rescue activity.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-525. Revocation of Watercraft Certificate of Number, AZ Numbers, and Decals

- A. For the purposes of this Section, "person" has same meaning as prescribed under A.R.S. § 5-301.
- B. Upon notice of conviction of a person under A.R.S. § 5-391(G), the Department shall revoke for a period not to exceed two years the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of any Arizona registered watercraft owned by that person and involved in the violation.
- C. Upon notice of conviction of a person under A.R.S. § 5-391(H), the Department shall revoke for a period not to exceed one year the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals for any Arizona registered watercraft owned by that person and involved in the violation.
- D. Upon receiving notice of conviction, the Department shall serve notice under A.R.S. §§ 41-1092.03 and 41-1092.04 on the person convicted that the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of watercraft the person owns are subject to revocation.
- E. A person whose certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals are subject to revocation may request a hearing. The person shall submit a written request to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Hwy, Phoenix, AZ 85086, within 30 calendar days of receiving the notice described under subsection (D).
- F. If the person requests a hearing, the Department shall, within 60 days of receiving the request, schedule a hearing as prescribed under A.R.S. § 41-1092.05.
- G. After a final decision to revoke the person's certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals, the Department shall serve upon the person an Order of Revocation. Within 15 calendar days of receipt of the notice, the person shall surrender to the Department the revoked certificates of number and decals.
- H. The revocation of the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals does not affect the legal title to or any property rights in the watercraft. Upon receipt of an application to transfer watercraft registration by the new watercraft owner, the Department shall terminate the revocation and allow the owner to transfer the owner's entire interest in the watercraft if the Department is satisfied the transfer is proposed in good faith and not for the purpose of defeating the revocation.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final

rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-526. Unlawful Mooring

- A. A person, as defined under A.R.S. § 5-301, shall not moor, anchor, fasten to the shore, or otherwise secure a watercraft in any public body of water for more than 14 days within any period of 28 consecutive days unless:
 1. The waters are a special anchorage area as defined under A.R.S. § 5-301,
 2. Authorized for private dock or moorage, or
 3. Authorized by the government agency or private interest having jurisdiction over the waters.
- B. A person shall remove an abandoned or submerged watercraft from public waters within 72 hours of notice by registered mail or personal service of notice to remove such watercraft.
- C. The owner of any abandoned watercraft shall be responsible for all towing and storage fees resulting from the removal of the watercraft from public waters.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-527. Transfer of Ownership of a Towed Watercraft

- A. For the purpose of this Section, "towed watercraft" means a watercraft that has been impounded by or is in the possession of a towing company located in this state.
- B. Within 15 days of impounding a watercraft, a towing company shall submit a request to the Department for watercraft registration information as prescribed under A.R.S. § 5-324 and in compliance with A.R.S. § 5-399. The towing company shall present the towed watercraft to the closest Department office for identification if there is no discernible hull identification number or state-issued registration number.
- C. Within 15 days of receiving the watercraft registration information from the Department, the towing company shall provide written notification by certified mail return receipt requested to the owner and lienholder, if known, of the watercraft's location.
- D. If a watercraft remains unclaimed after mailing the notice required under subsection (C) of this Section, the towing company shall submit all of the following to the Department within 15 days of sending the written notification to the owner and lienholder, when known:
 1. Evidence of compliance with notification requirements prescribed under A.R.S. § 5-399 and subsection (C);
 2. A report on a form furnished by the Department and available at any Department office. The form shall include all of the following information:
 - a. Name of towing company;
 - b. Towing company's business address;
 - c. Towing company's business telephone number;
 - d. Towing company's Arizona Department of Public Safety tow truck permit number;
 - e. Towed watercraft's hull identification number;
 - f. Towed watercraft's state-issued registration number, registration decal, and year of expiration, if known;
 - g. Towed watercraft's trailer license number, if available;
 - h. State and year of trailer registration, if available;
 - i. Towed watercraft's color and manufacturer;

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- j. Towed watercraft's condition, whether intact, stripped, damaged, or burned, along with a description of any damage;
 - k. Date the watercraft was towed;
 - l. Location from which the towed watercraft was removed;
 - m. Entity that ordered the removal of the towed watercraft, and if a law enforcement agency, include officer badge number, jurisdiction, and copy of report or towing invoice;
 - n. Location where the towed watercraft is stored; and
 - o. Name and signature of towing company's authorized representative; and
3. The unclaimed towed watercraft application fee authorized under A.R.S. § 5-399.03(2) and established under R12-4-504.
- E.** The towing company shall notify the Department within 24 hours if the watercraft is released, returned to, redeemed, or repossessed by the owner, lienholder, or by a person identified in the Department's record as having an interest in the watercraft.
- F.** If the Department is unsuccessful in its attempt to identify or contact the registered owner or lienholder of the towed watercraft and has determined the towed watercraft is not stolen, the towing company shall:
- 1. Follow the application procedures established under A.R.S. § 5-399.02(B), and
 - 2. Apply for watercraft registration as established under R12-4-502.
- G.** A towing company that obtains ownership of a watercraft pursuant to A.R.S. § 5-399.02 and this Section shall maintain the following records for a period of three years from the date the Department transferred ownership of the towed watercraft:
- 1. The request made pursuant to A.R.S. § 5-324.
 - 2. The notification provided pursuant to A.R.S. § 5-399.
 - 3. The application for transfer of ownership pursuant to A.R.S. § 5-399.02.
 - 4. Any other documents required by the Department.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1241, effective May 26, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent new Section made by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

R12-4-528. Watercraft Checkpoints

- A.** A law enforcement agency may establish a watercraft checkpoint to ensure public safety on state waterways, to screen for unsafe or impaired watercraft operators, or to gather demographic, statistical, and compliance information related to watercraft activities.
- B.** An individual may be required to perform the following during a watercraft stop or at a watercraft checkpoint:
- 1. Stop or halt as directed when being hailed by a peace officer or entering the established checkpoint boundary as prescribed under A.R.S. § 5-391, and

- 2. Provide evidence of required safety equipment and registration documentation prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.
- C.** This Section does not limit any state peace officer's authority to conduct routine watercraft patrol efforts prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-529. Nonresident Boating Safety Infrastructure Fees; Proof of Payment

- A.** Before placing that watercraft on the waterways of this state, a nonresident owner of a recreational watercraft who establishes this state as the state of principal operation shall pay the applicable Nonresident Boating Safety Infrastructure Fee (NBSIF) as authorized under A.R.S. §§ 5-326 and 5-327:
- 1. Twelve feet and less: \$80
 - 2. Twelve feet one inch through sixteen feet: \$88
 - 3. Sixteen feet one inch through twenty feet: \$192
 - 4. Twenty feet one inch through twenty-six feet: \$224
 - 5. Twenty-six feet one inch through thirty-nine feet: \$253
 - 6. Thirty-nine feet one inch through sixty-four feet: \$286
 - 7. Sixty-four feet one inch and over: \$429
 - 8. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
- B.** The nonresident recreational watercraft owner shall carry and display proof of payment of the fee while the watercraft is underway, moored, or anchored on the waterways of this state. Acceptable proof of payment includes any one of the following:
- 1. A current Arizona Watercraft Certificate of Number indicating the NBSIF was paid,
 - 2. A current Arizona Watercraft Temporary Certificate of Number indicating the NBSIF was paid, or
 - 3. A current Arizona Watercraft Registration Decal indicating the NBSIF was paid.

Historical Note

Adopted effective October 22, 1976 (Supp. 76-5). Former Section R12-4-90 renumbered as Section R12-4-529 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section made by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-530. Authorized Third-party Providers; Agents

- A.** The Department may enter into a contract with a private entity to perform limited or specific services on behalf of the Department in accordance with state procurement laws and rules.
- 1. The Department may authorize a person to be a third-party provider. An authorized third-party provider shall meet the requirements established by the Department and shall be selected through a competitive bid process.
 - 2. The Department may authorize a third-party provider to perform any one or more of the following services:
 - a. Watercraft transfer.
 - b. Watercraft registration renewal.
 - c. Duplicate watercraft registration and decal.

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- d. New watercraft registration.
- B.** A person shall not engage in any business pursuant to this Section unless the Department authorizes the person to engage in the business.
- C.** The Department shall establish minimum quality standards of service and a quality assurance program for authorized third-party providers to ensure that an authorized third-party provider is complying with the minimum standards.
- D.** The Department may:
1. Conduct investigations.
 2. Conduct audits.
 3. Make on-site inspections in compliance with A.R.S. § 41-1009.
 4. Require an authorized third-party or employees or agents of an authorized third-party be certified to perform the services prescribed in this Article.
- E.** An authorized third-party provider shall remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
1. An authorized third-party provider may collect and retain a reasonable and commensurate fee for its services.
 2. Each authorized third-party provider that holds itself out as providing services to the public shall identify to the applicant the Department's registration fee and the non-resident boating safety infrastructure fee, when applicable, separately from any other costs.
- F.** A third-party who is authorized pursuant to this Section shall:
1. Maintain records in a form and manner prescribed by the Department.
 2. Allow access to the records during regular business hours to authorized representatives of the Department or any law enforcement agency to ensure compliance with all applicable statutes and rules.
- G.** The Department may suspend or cancel an authorization or certification, or both, granted pursuant to this Section if the Department determines that the third-party provider or certificate holder has done any of the following:
1. Made a material misrepresentation or misstatement in the application for authorization or certification.
 2. Has been convicted of fraud or a watercraft related felony in any state or jurisdiction of the U.S. within the ten years immediately preceding the date a criminal records check is complete.
 3. Has been convicted of a felony, other than a felony described in subsection (G)(2), in any state or jurisdiction of the U.S. within the five years immediately preceding the date a criminal records check is complete.
 4. Violated a rule or policy adopted by the Department.
 5. Failed to keep and maintain records required by this Section.
 6. Failed to remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
 7. Allowed an unauthorized person to engage in any business pursuant to this Section.
- K.** If the Department has reasonable grounds to believe that a certificate holder or other person employed by an authorized third-party provider has committed a serious violation, the Department may order a summary suspension of the third provider's authorization granted pursuant to this Section pending formal suspension or cancellation proceedings. For the purposes of this subsection, "serious violation" means:
1. Watercraft registration fraud.
 2. Improper disclosure of personal information.
 3. Bribery.
 4. Theft.
- L.** On determining that grounds for suspension or cancellation of an authorization or certification, or both, exist, the Department shall give written notice to the third-party provider or certificate holder to appear at a hearing before the Department to show cause why the authorization or certification should not be suspended or canceled.
1. After consideration of the evidence presented at the hearing, the Department shall serve notice of the finding and order to the third-party or certificate holder.
 2. If a third-party authorization or a certification is suspended or canceled, the third-party or certificate holder may appeal the decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Subsection reference in subsection (G)(3) corrected (Supp. 21-1).

R12-4-531. Reserved

R12-4-532. Reserved

R12-4-533. Reserved

R12-4-534. Reserved

R12-4-535. Reserved

R12-4-536. Reserved

R12-4-537. Reserved

R12-4-538. Reserved

R12-4-539. Reserved

R12-4-540. Reserved

R12-4-541. Repealed

Historical Note

Former Section R12-4-88 renumbered as Section R12-4-541 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 5, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-542. Repealed

Historical Note

Adopted as an emergency effective August 31, 1981, valid for ninety (90) days after filing pursuant to A.R.S. § 41-1003 (Supp. 81-4). Former Section R12-4-542 adopted as an emergency now adopted as permanent with further amendment effective March 5, 1982 (Supp. 82-2). Amended effective March 29, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-543. Repealed

Historical Note

Adopted effective January 29, 1982 (Supp. 82-1). Amended effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended effective March 29, 1985 (Supp. 85-2). Correction, subsection (A), paragraph (2) as certified effective March 29, 1985 (Supp. 86-3). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Amended as an emergency effective May, 15, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Amended and readopted as an emer-

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gency effective August 25, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Emergency amendments adopted with changes effective January 5, 1990 (Supp. 90-1). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-544. Repealed**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-545. Repealed**Historical Note**

Adopted effective April 5, 1985 (Supp. 85-2). Amended by emergency effective May 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted effective August 28, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Repealed effective May 27, 1992 (Supp. 92-2).

ARTICLE 6. RULES OF PRACTICE BEFORE THE COMMISSION**R12-4-601. Definitions**

The following definitions apply to this Article unless otherwise specified:

“Appealable agency action” has the same meaning as provided under A.R.S. § 41-1092.

“Business day” means any day other than a furlough day, Saturday, Sunday, or holiday.

“Commission Chair” means the person who presides over the Arizona Game and Fish Commission.

“Contested case” has the same meaning as provided under A.R.S. § 41-1001.

“Ex parte communication” means any oral or written communication with a Commissioner by a party concerning a substantive issue in a contested proceeding that is not part of the public record.

“Party” has the same meaning as provided under A.R.S. § 41-1001.

“Respondent” means the person named as the respondent in a notice of hearing issued by the Department.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Section R12-4-601 renumbered to R12-4-602; new Section R12-4-601 made by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-602. Petition for Rule or Review of Practice or Policy

A. A person may petition the Commission under A.R.S. § 41-1033 for a:

1. Rulemaking action relating to a Commission rule, including making a new rule or amending or repealing an existing rule; or
 2. Review of an existing Department practice or substantive policy statement alleged to constitute a rule.
- B. To act under A.R.S. § 41-1033 and this Section, a person shall submit a petition form to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The form is available at any Department office and on the Department’s website.
- C. A petitioner shall address only one rule, practice, or substantive policy in the petition.
- D. A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department’s website. A petitioner shall provide all of the following information:
1. Petitioner identification:
 - a. When the petition is submitted by a private person, the person’s:
 - i. Name;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number; and
 - iv. Email, when available;
 - b. When the petition is submitted by an organization or private group:
 - i. Name of organization or group;
 - ii. Name and title of the organization’s or group’s representative;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Representative’s contact telephone number; and
 - v. Email, when available;
 - c. When the petition is submitted by a public agency:
 - i. Name of the public agency;
 - ii. Name and title of the agency’s representative;
 - iii. Physical and mailing address if different from the physical address;
 - iv. Representative’s contact telephone number; and
 - v. Email, when available;
 2. Type of request:
 - a. Adopt, amend, or repeal a rule, or
 - b. Review of a practice or substantive policy statement;
 3. When the petition is for rulemaking action:
 - a. Statement of the rulemaking action sought, including the *Arizona Administrative Code* citation of all existing rules, and the specific language of a new rule or rule amendment; and
 - b. Reasons for the rulemaking action, including an explanation of why an existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;
 4. When the petition is for a review of an existing practice or substantive policy statement:
 - a. Subject matter of the existing practice or substantive policy statement, and
 - b. Reasons why the existing practice or substantive policy statement constitutes a rule;
 5. When the petitioner is a public agency, a summary of issues raised in any public meeting or hearing regarding

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the petition or any written comments offered by the public.

6. Any other information required by the Department;
 7. Petitioner's signature; and
 8. Date on which the petition was signed.
- E.** In addition to the requirements listed under subsection (D), a person may submit supporting information with a petition, including:
1. Statistical data; and
 2. A list of other persons likely to be affected by the rulemaking action or the review, with an explanation of the likely effects.
- F.** When a petitioner submits a petition that addresses the same substantive issue considered by the Commission within the previous year, the petitioner shall also provide an additional written statement that includes rationale not previously considered by the Commission in making the previous decision.
- G.** The Department shall determine whether the petition complies with this Section within 15 business days after the date on which the petition was received.
1. If the petition complies with this Section:
 - a. The Department shall place the petition on a Commission open meeting agenda.
 - b. The petitioner may present oral testimony at that open meeting under R12-4-604.
 - c. The Commission shall render a final decision on the petition as prescribed under A.R.S. § 41-1033.
 2. If a petition does not comply with this Section:
 - a. The Director shall return the petition to the petitioner, and
 - b. Indicate in writing why the petition does not comply with this Section. The petitioner shall be afforded the opportunity to resubmit a corrected petition.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-602 renumbered to R12-4-603; new Section R12-4-602 renumbered from R12-4-601 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-603. Written Comments on Proposed Rules

- A.** Under A.R.S. § 41-1023, a person may submit written statements, arguments, data, and views on a proposed rulemaking published by the Secretary of State in the Arizona Administrative Register.
- B.** A person submitting a written comment to the Commission for consideration in a final decision on the rulemaking may voluntarily provide their name and mailing address. The Commission may only consider written comments that:
1. Are received on or before the close of record date, as published by the Secretary of State in the Arizona Administrative Register; and
 2. Are submitted to the agency contact identified in the Department's notice of proposed rulemaking as published by the Secretary of State in the Arizona Administrative Register.
 3. In addition, a person submitting a comment submitted on behalf of a group or organization shall include a statement that the comment represents the official position of the group or organization. A comment submitted on behalf of a group or organization that does not contain this statement shall be considered the comment of the

person submitting the comment, and not that of the group or organization.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended effective November 10, 1997 (Supp. 97-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-603 renumbered to R12-4-604; new Section R12-4-603 renumbered from R12-4-602 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-604. Oral Proceedings Before the Commission

- A.** The Commission may allow an oral proceeding on any matter on the Commission's agenda. At an oral proceeding, the Commission Chair:
1. Is responsible for conducting the proceeding.
 2. May administer an oath to a witness before receiving testimony.
 3. May order the removal of any person who is disrupting a proceeding.
 4. May limit the number of presentations or the time for testimony regarding a particular issue.
- B.** A person desiring to speak at an oral proceeding shall first request permission to speak from the Commission Chair.
- C.** Technical rules of evidence do not apply to an oral proceeding, and no informality in any proceeding or in the manner of taking testimony invalidates any order, decision, or rule made by the Commission.
- D.** The Commission authorizes the Director to designate a hearing officer for oral proceedings to take public input on proposed rulemaking.
- E.** The Commission authorizes the Director to continue a scheduled proceeding to a later Commission meeting. To request a continuance, a petitioner shall:
1. Deliver the request to the Director no later than 24 hours before the scheduled proceeding;
 2. Demonstrate that the proceeding has not been continued more than twice; and
 3. Demonstrate good cause for the continuance.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-604 renumbered to R12-4-605; new Section R12-4-604 renumbered from R12-4-603 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-605. Ex Parte Communication

- A.** A party shall not communicate, either directly or indirectly, with a Commissioner about any substantive issue in a pending contested case or appealable agency action, unless:
1. All parties are present;
 2. The communication occurs during the scheduled proceeding, where an absent party failed to appear after proper notice; or
 3. It is by written motion with a copy provided to all parties.
- B.** A Commissioner who receives an ex parte communication shall place on the public record of the proceeding:
1. A copy of the written communication;
 2. A summary of the oral communication; and
 3. The Commissioner's response to any such ex parte communication.

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- C. The provisions of this Section apply from the date that a notice of hearing for a contested case or an appealable agency action is served on the parties.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-605 renumbered to R12-4-606; new Section R12-4-605 renumbered from R12-4-604 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-606. Standards for Revocation, Suspension, or Denial of a License

- A. Under A.R.S. § 17-340, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke, suspend, or deny any hunting, fishing, or trapping license for a person convicted of any of the following offenses:
1. Killing or wounding a big game animal during a closed season.
 2. Possessing a big game animal taken during a closed season.
 3. Destroying, injuring, or molesting livestock while hunting, fishing, or trapping.
 4. Damaging or destroying personal property, growing crops, notices or signboards, or other improvements while hunting, fishing, or trapping.
 5. Bartering, selling, or offering to sell unlawfully taken wildlife or wildlife parts.
 6. Careless use of a firearm while hunting, fishing, or trapping that results in the injury or death of any person.
 7. Applying for or obtaining a license or permit by fraud or misrepresentation in violation of A.R.S. § 17-341.
 8. Knowingly allowing another person to use the person's big game tag, except as provided under A.R.S. § 17-332(D).
 9. Entering upon a game refuge or other area closed to hunting, trapping or fishing and taking, driving, or attempting to drive wildlife from the area in violation of A.R.S. §§ 17-303 and 17-304.
 10. Unlawfully posting state or federal lands in violation of A.R.S. § 17-304(B).
 11. Unlawfully using aircraft to take, assist in taking, harass, chase, drive, locate, or assist in locating wildlife in violation of A.R.S. § 17-340(A)(8).
 12. Unlawfully taking or possessing big game.
 13. Unlawfully taking or possessing small game or fish.
 14. Unlawfully taking or possessing wildlife species.
 15. Unlawful take of any bird or the removal of its nest or eggs.
 16. Littering a public hunting or fishing area while taking wildlife.
 17. Waste of edible portions of a game species under A.R.S. § 17-309, in violation of A.R.S. § 17-309(A)(5).
 18. Any violation for which a license can be revoked under A.R.S. § 17-340.
 19. Any violation of A.R.S. § 17-306.
- B. Under A.R.S. §§ 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke any fur dealer, guide, taxidermy, license dealers license, or special license (as defined under

R12-4-401) in any case where license revocation is authorized by law.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
Amended effective November 10, 1997 (Supp. 97-4).
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-606 renumbered to R12-4-607; new Section R12-4-606 renumbered from R12-4-605 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-607. Proceedings for License Revocation, Suspension, or Denial of Right to Obtain a License, and Civil Damages

- A. The Director may commence a proceeding for the Commission to revoke, suspend or deny a license under A.R.S. §§ 17-236, 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364. The Director may also commence a proceeding for the Commission to impose a civil penalty under A.R.S. § 17-314.
- B. The Commission shall conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license in accordance with the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10. In a proceeding conducted under A.R.S. § 17-340, a respondent shall limit testimony to facts that show why the license should not be revoked or denied. Because the Commission does not have the authority to consider or change the conviction, a respondent is not permitted to raise this issue in the proceeding. The Commission shall permit a respondent to offer testimony or evidence relevant to the Commission's decision to impose a civil penalty or order a civil action for the recovery of wildlife parts.
- C. If a respondent does not appear for a hearing on the date scheduled, at the time and location noticed, no further opportunity to be heard shall be provided, unless a rehearing or review is granted under R12-4-608. If the respondent does not wish to attend the hearing, the respondent may submit written testimony to the Department before the hearing date designated in the Notice of Hearing. The Commission shall ensure that written testimony received at the time of the hearing is read into the record at the hearing.
- D. The Commission shall base its decision on the officer's case report, a summary prepared by the Department, a certified copy of the court record, and any testimony presented at the hearing. The Department shall supply the respondent with a copy of each document provided to the Commission for use in reaching a decision.
- E. Any party may apply to the Commission for issuance of a subpoena to compel the appearance of any witness or the production of documents at any Commission hearing. No less than 10 calendar days before the hearing, the party shall file a written application that provides the name and address of the witness, the subject matter of the expected testimony, the documents sought to be produced, and the date, time, and place of the hearing. The Commission Chair has the authority to issue the subpoenas.
1. A party shall have a subpoena served as prescribed in the Arizona Rules of Civil Procedure, Rule 45. An employee of the Department may serve a subpoena at the request of the Commission Chair.
 2. A party may request that a subpoena be amended at any time before the deadline provided in this Section for filing the application. The party shall have the amended subpoena served as provided in subsection (E)(1).

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- F. The Commission may vote to use the services of the office of administrative hearings to conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license and to make a recommendation to the Commission, which shall review and accept, reject or modify the recommendation and issue its decision in an open meeting. When the Department receives a recommendation from the administrative law judge at least 30 days prior to the next regularly scheduled Commission meeting, the Department shall place the recommendation on the agenda for that meeting. A recommendation from the administrative law judge received after this time shall be considered at the next regularly scheduled open meeting.
- G. A license revoked by the Commission is suspended on the date of the hearing and revoked upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order revoking a license, the license is revoked after all appeals have been exhausted. A denial of the right to obtain a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.
- H. A license suspended by the Commission is suspended on the date of the hearing, and suspended upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order suspending a license, the license is suspended after all appeals have been exhausted. The suspension of a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.
- D. The Commission has the authority to grant rehearing or review for any of the following causes materially affecting the moving party's rights:
 1. Irregularity in the proceedings of the Commission, or any order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct of the Commission, its staff, an administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the proceeding; or
 7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- E. The Commission may either deny the motion for rehearing or review or grant a rehearing or review for any of the reasons listed under subsection (E). The Commission's order granting a rehearing or review shall specify the grounds for the order, and any rehearing shall cover only those grounds upon which the rehearing or review was granted.
- F. After giving the party notice and an opportunity to be heard, the Commission may grant a motion for a rehearing or review for a reason not stated in the motion.
- G. Within the time-frame for filing the motion for rehearing or review, the Commission may grant a rehearing or review on its own initiative for any reason for which the Commission may have granted relief on motion of a party.
- H. When the Commission grants a rehearing or review, the Commission shall hold the rehearing or review at its next regularly scheduled meeting or within 90 days of issuance of the order granting the rehearing or review. With the consent of the parties, the Commission may proceed to conduct the rehearing or review in the same meeting in which the Commission granted the rehearing or review.
- I. The Commission may take additional testimony, amend findings of fact and conclusions of law, and affirm, modify or reverse the original decision.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered without change as Section R12-4-607 effective December 22, 1987 (Supp. 87-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-607 renumbered to R12-4-608; new Section R12-4-607 renumbered from R12-4-606 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-608. Rehearing or Review of Commission Decisions

- A. A party shall exhaust the party's administrative remedies by filing a motion for rehearing or review as provided in this Section. Failure to file a motion for rehearing or review within 30 days of service of the Commission's decision has the effect of prohibiting the party from seeking judicial review of the Commission's decision.
- B. A party in a contested case or appealable agency action before the Commission may file a motion for rehearing or review of a Commission decision, specifying the grounds upon which the motion is based. The motion for rehearing or review shall be filed within 30 calendar days after service of the Commission's decision. For purposes of this subsection a decision is served when personally delivered or mailed by certified mail to the party's last known residence or place of business.
- C. A party may amend a motion for rehearing or review at any time before the Commission rules upon the motion. A written response to a motion for rehearing or review may be filed and served within 15 days after service of the motion for rehearing or review. The Commission may require that the parties file supplemental memoranda on any issue raised in a motion or response, and allow for oral argument.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-1). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective January 31, 2002 (Supp. 02-1). New Section R12-4-608 renumbered from R12-4-607 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-609. Commission Orders

- A. Except as provided under subsection (B):
 1. At least 14 calendar days before a meeting where the Commission will consider a Commission Order, the Department shall:
 - a. Post a public meeting notice and agenda in accordance with A.R.S. § 38-431.02; and
 - b. Issue a public notice of the recommended Commission Order in print and electronic media.
 2. The Department shall ensure the public meeting notice and agenda includes:

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- a. The date, time, and location of the Commission meeting where the Commission Order will be considered;
- b. A statement that the public may attend and present written comments at or before the meeting; and
- c. A statement that a copy of the proposed Commission Order shall be made available to the public 10 calendar days before the meeting. Copies are available for public inspection on the Department's website and at Department offices in Phoenix, Pinetop, Flagstaff, Kingman, Yuma, Tucson, and Mesa.
- 3. The Commission may make changes to the recommended Commission Order at the Commission meeting.
- B.** The requirements of subsection (A) do not apply to a Commission Order that establishes:
 - 1. A supplemental hunt as authorized under R12-4-115;
 - 2. A special season for persons who possess a special license tag issued under A.R.S. § 17-346 and R12-4-120,
 - 3. A special season that allows fish to be taken by additional methods on waters where a fish die-off is imminent as established under R12-4-317(C), and
 - 4. A limited-entry fishing or hunting season as established under R12-4-116.
- C.** The Department shall publish the content of all Commission orders and make them available to the public free of charge.

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

R12-4-610. Petitions for the Closure of State or Federal Lands to Hunting, Fishing, Trapping, or Operation of Motor Vehicles

- A.** A person requesting that the Commission consider closing state or federal land to hunting, fishing, or trapping as provided under A.R.S. § 17-304(B) or R12-4-110, or closing roads or trails on state lands as provided under R12-4-110, shall submit a petition as prescribed in this Section before the Commission will consider the request.
 - B.** A petitioner shall not address more than one contiguous closure request in a petition.
 - C.** A petitioner submitting a petition that addresses the same contiguous closure request previously considered and denied by the Commission shall provide an additional written statement that includes rationale not previously considered by the Commission.
 - D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
 - 1. Petitioner identification:
 - a. When the petitioner is the leaseholder of the area proposed for closure:
 - i. Name of person;
 - ii. Lease number;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Contact telephone number; and
 - v. Email, when available;
 - b. When the petitioner is anyone other than the leaseholder of the area proposed for closure:
 - i. Name of person;
 - ii. Lease number;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Contact telephone number;
 - v. Email, when available; and
 - vi. Name of each group or organization or organizations that the petitioner represents; or
 - c. When the petitioner is a public agency:
 - i. Name of person;
 - ii. Name of agency;
 - iii. Petitioner's title;
 - iv. Lease number;
 - v. Agency's physical and mailing address, if different from the physical address;
 - vi. Contact telephone number; and
 - vii. Email, when available;
 - 2. Type of closure requested:
 - a. Hunting,
 - b. Fishing,
 - c. Trapping, or
 - d. Operation of motor vehicles.
 - 3. Reason for petition:
 - a. Each reason why the closure should be considered under R12-4-110, A.R.S. § 17-304(B), or A.R.S. § 17-452(A);
 - b. Any data or other justification supporting the reasons for the closure with clear reference to any exhibits that may be attached to the petition;
 - c. Each person or segment of the public the petitioner believes will be impacted by the closure, including any other valid licensees, lessees, or permittees that will or may be affected, and how they will be impacted, including both positive and negative impacts;
 - d. If the petitioner is a public agency, a summary of issues raised in any public hearing or public meeting regarding the petition and a copy of written comments received by the petitioning agency; and
 - e. A proposed alternate access route, under R12-4-110.
- E.** A concise map identifying the specific location of the proposed closure;
5. Petitioner's signature;
6. Date on which the petition was signed; and
7. Any other information required by the Department.
- The Department shall determine whether the petition complies with the requirements established under A.R.S. § 17-452, R12-4-110, and this Section within 15 business days after receiving the petition.
- 1. If the petition meets these requirements, and provided the petitioner has not agreed to an alternative solution or withdrawn the petition, the Department, in accordance with the schedule in subsection (F), shall place the petition on the agenda for the Commission's next regularly scheduled open meeting and provide written notice to the petitioner of the meeting date.

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2. If a petition does not comply with the requirements prescribed under A.R.S. § 17-452, R12-4-110, and this Section:
 - a. The Department shall return the petition to the petitioner, and
 - b. Indicate in writing why the petition does not comply with this Section.
3. If the Department returns a petition to a petitioner for a reason that cannot be corrected, the Department shall serve on the petitioner a notice of appealable agency action under A.R.S. § 41-1092.03.
- F. When the Department receives a petition not less than 60 calendar days before a regularly scheduled Commission meeting, the Department shall place the petition on the agenda for that meeting. A petition received after this time will be considered at the next regularly scheduled open meeting.
- G. The petitioner may:
 1. Present oral testimony in support of the petition at the Commission meeting, in accordance with the provisions established under R12-4-604.
 2. Withdraw the petition or request a continuance to a later regularly scheduled open meeting at any time.
 - v. Contact telephone number, and
 - vi. Email, when available;
2. Statement of Facts and Issues:
 - a. Description of issue to be resolved, and
 - b. Any facts relevant to resolving the issue;
3. Specific proposed remedy;
4. Petitioner's signature;
5. Date on which the petition was signed; and
6. Any other information required by the Department.
- C. If a petition does not comply with this Section, the Department shall:
 1. Return the petition to the petitioner, and
 2. Indicate in writing why the petition does not comply with this Section.
- D. After the Department receives a petition that complies with this Section, the Department shall place the petition on the agenda of a regularly scheduled Commission meeting.
- E. If the Commission votes to deny a petition, the Department shall not accept a subsequent petition on the same issue, unless the petitioner presents new evidence or reasons for considering the subsequent petition.
- F. This Section does not apply to the following:
 1. An action related to a license revocation, suspension, denial, or civil penalty;
 2. An unsuccessful hunt permit-tag draw application that did not involve an error on the part of the Department; or
 3. The reinstatement of a bonus point, except as authorized under R12-4-102.02(E).

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-611. Petition for a Hearing Before the Commission When No Remedy is Provided in Statute, Rule, or Policy

- A. A person may request a hearing before the Commission when an administrative remedy does not exist under statute, rule, or policy by submitting a petition as prescribed by this Section.
- B. A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Care-free Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
 1. Petitioner identification:
 - a. When the petitioner is a private person:
 - i. Name of person;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number; and
 - iv. Email, when available;
 - b. When the petitioner is a private group or organization:
 - i. Name of the person designated as the contact for the group or organization;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number;
 - iv. Email, when available; or
 - c. When the petitioner is a public agency:
 - i. Name of person,
 - ii. Name of agency,
 - iii. Petitioner's title,
 - iv. Agency's physical and mailing address, if different from the physical address,

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

ARTICLE 7. HERITAGE GRANTS**R12-4-701. Heritage Grant Definitions**

In addition to the definitions provided under A.R.S. §§ 17-101 and 17-296, the following definitions apply to this Article:

"Administrative subunit" means a branch, chapter, department, division, section, school, or other similar divisional entity of an eligible applicant. For example, an individual:

Administrative department, but not an entire city government;

Field office or project office, but not an entire agency; or

School, but not an entire school district.

"Eligible applicant" means any public agency, non-governmental organization, or nonprofit organization that meets the applicable requirements of this Article.

"Facilities" means any structure or site improvements.

"Fund" means the Arizona Game and Fish Commission Heritage Fund, established under A.R.S. § 17-297.

"Grant agreement" means a document that details the terms and conditions of a grant project.

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“Grant effective date” means the date the Department Director signs the Grant Agreement.

“In-kind” means contributions other than cash, which include individual and material resources that the applicant makes available to the project, e.g. a public employee’s salary, volunteer time, materials, supplies, space, or other donated goods and services.

“Participant” means an eligible applicant who has been awarded a grant from the Heritage Fund.

“Project” means an activity, or series of related activities, or services described in the specific project scope of work and results in specific end products.

“Project period” means the time during which a participant shall complete all approved work and related expenditures associated with an approved project.

“Public agency” means the federal government or any federal department or agency, an Indian tribe, this state, all state departments, agencies, boards, and commissions, counties, school districts, public charter schools, cities, towns, all municipal corporations, administrative subunits, and any other political subdivision.

“Publicly held lands” means federal, public, and reserved land, State Trust Land, and other lands within Arizona that are owned, controlled, or managed by the federal government, a state agency, or political subdivision.

“Term of public use” means the time period during which the project or facility is expected to be maintained for public use.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-702. General Provisions; Heritage Grant Fund Requirements

- A.** The Department, in its sole discretion, may make Heritage Fund Grants available for projects that:
 1. Are located in Arizona or benefit Arizona wildlife or its habitat; and
 2. Meet the criteria established in the Heritage Grant application materials.
- B.** The Department shall:
 1. Provide public notice of the time, location, and due date for application submission; and
 2. Furnish materials necessary to complete the application.
- C.** An applicant seeking Heritage Grant funding shall submit to the Department a Heritage Fund Grant application according to a schedule of due dates determined by the Director. An applicant shall provide the following information on the Heritage Grant application form:
 1. The name of the applicant;
 2. Any county and legislative district where the project will be developed or upon which the project will have a direct impact;
 3. The name, title, mailing address, e-mail address, and telephone number of the individual responsible for the day-to-day management of the proposed project;

4. Identification of the application criterion established in the Heritage Grant application materials;
 5. A descriptive project title;
 6. The name of the site, primary location, and any other locations of the project;
 7. Description of the:
 - a. Scope of work and the objective of the proposed project,
 - b. Methods for achieving the objective, and
 - c. Desired result of the project;
 8. The beginning and ending dates for the project;
 9. The resources needed to accomplish the project, including grant monies requested, and, if applicable, evidence of secured matching funds or contributions; and
 10. Any additional supporting information required by the Department.
 11. Signature and date. The person signing the grant application form shall have the authority to enter into agreements, accept funding, and fulfill the terms of the Grant Agreement on behalf of the applicant.
- D.** A person applying for multiple projects shall submit a separate application for each project.
 - E.** An applicant shall demonstrate ownership or control of the project. Ownership or control may be demonstrated through fee title, lease, easement, or agreement. For all other project types related to sites not controlled by an applicant, an applicant shall provide written permission from the property owner authorizing the project activities and access. The applicant’s proof of ownership or control or written permission shall demonstrate:
 1. Permission for access is not revocable at will by the property owner, and
 2. Public access will be granted to the project site for the life of the project, unless the purpose of the project proposal is to limit access.
 - F.** Heritage Grant proposals are competitive and the Department shall make awards based on a proposed project’s compatibility with the priorities of the Department, as approved by the Commission.
 - G.** The Department may require an applicant to modify the application prior to awarding a Heritage Grant, if the Department determines that the modification is necessary for the successful completion of the project.
 - H.** When applicable, the Department shall not release Heritage Grant funds until after the Department has consulted with the State Historic Preservation Office regarding the proposed project’s potential impact on historic and archaeological properties and resources.
 - I.** The Department shall notify an applicant in writing of the results of the applicant’s submission and announce Heritage Grant awards at a regularly scheduled open meeting of the Commission.
 - J.** A participant shall:
 1. Sign the Grant Agreement before the Department transfers any grant funds.
 2. Deposit transferred Heritage Grant funds in a dedicated account carrying the name and number of the project. In the event the funds are deposited in an interest-bearing account, any interest earned shall be:
 - a. Used for the purpose of furthering the project, with prior approval from the Department; or
 - b. Remitted to the Department upon completion of the project.

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3. Complete the project as specified under the terms and conditions of the Grant Agreement.
 4. Use awarded Heritage Grant funds solely for the project described in the application and as approved by the Department.
 5. Bear full responsibility for performance of its subcontractors to ensure compliance with the Grant Agreement.
 6. Pay all costs associated with the operation and maintenance of properties, facilities, equipment, services, publications, and other media funded by a Heritage Grant for the term of public use as specified in the Grant Agreement.
 7. Submit records that substantiate the expenditure of Heritage Grant funds. In addition, each participant shall retain and shall contractually require each subcontractor to retain all books, accounts, reports, files, and any other records relating to the acquisition and performance of the contract for a period of five years from the end date of the project period. The Department may inspect and audit participant and subcontractor records as prescribed under A.R.S. § 35-214. Upon the Department's request, a participant or subcontractor shall produce a legible copy of these records.
 8. Allow Department employees or agents to conduct inspections and reviews:
 - a. To ensure compliance with all terms and conditions established under the Grant Agreement.
 - b. Before release of the final payment.
 9. Give public acknowledgment of Heritage Fund grant assistance for the term of public use of a project. If a project involves acquisition of property, development of public access, or renovation of a habitat site, the participant shall install a permanent sign describing the funding sources. The participant may include the cost of this signage as part of the original project. The participant is responsible for maintenance or replacement of the sign as required. For other project types, the participant shall include Heritage Fund grant funding acknowledgment on any publicly available or accessible products resulting from the project.
- K.** A participant shall not:
1. Begin a project described in the application until after the grant effective date.
 2. Use Heritage Grant funds for the purpose of producing income unless authorized by the Department. A participant shall use all income generated to further the purpose of the approved project or surrender the income to the original funding source.
 3. Comingle Heritage Grant funds with any other funds.
 4. Use Heritage Grant funds to pay the salary of any public agency employee. A participant may use a public agency's employee's time as in-kind match for the project specified in the Grant Agreement.
- L.** The parties may amend the terms of the Grant Agreement by mutual written consent. The Department shall prepare any approved amendment in writing, and both the Department and the Grantee shall sign the amendment.
- M.** The Department and the participant may amend the Grant Agreement during the project period. A participant seeking to amend the Grant Agreement shall submit a written request that includes justification to amend the Grant Agreement. The Department shall prepare any approved amendment in writing and both the Department and the participant shall sign the amendment.
- N.** A participant shall submit project status reports, as required in the Grant Agreement. If a participant fails to submit a project status report, the Department may not release any remaining grant monies until the participant has submitted all past due project status reports. The project status report shall include the following information, as applicable:
1. Progress in completing approved work;
 2. Itemized, cumulative project expenditures;
 3. A financial accounting of:
 - a. Heritage Grant Funds,
 - b. Matching funds,
 - c. Donations, and
 - d. Income derived from project funds;
 4. Any delays or problems that may prevent the on-time completion of the project; and
 5. Any other information required by the Department.
- O.** At the end of the project period and for each year until the end of the term of public use, a participant shall:
1. Certify compliance with the Grant Agreement, and
 2. Complete a post-completion report form furnished by the Department.
- P.** Upon completion of approved project elements, if a balance of awarded Heritage Grant funds remains, the participant may:
1. Use the unexpended funds for an additional project consistent with the original scope of work, when approved by the Department; or
 2. Surrender the unexpended funds to the Department.
- Q.** Upon completion of the project a participant shall:
1. Surrender equipment with an acquisition cost of more than \$500 to the Department upon completion, or
 2. Use equipment purchased with Heritage Grant funds in a manner consistent with the purposes of the Grant Agreement.
- R.** A participant may request an extension beyond the approved project period by writing to the Department.
1. Requests for an extension shall be submitted by the participant no later than 30 days before the end of the project period.
 2. If approved, an extension shall be signed by both the participant and the Department.
- S.** A participant that has a Heritage Grant funded project in extension shall not apply for, nor be considered for, further Heritage Grants until the administrative subunit's project under extension is completed.
- T.** In addition, the Department may administratively extend the project period for good cause such as, but not limited to, inclement weather, internal personnel changes, or to complete the final closure documents.
- U.** A participant that failed to comply with the terms and conditions of a Grant Agreement shall not apply for, nor be considered for, further Heritage Grants until the participant's project is brought into compliance.
- V.** If a participant is not in compliance with the Grant Agreement, the Department may:
1. Terminate the Grant Agreement,
 2. Seek recovery of grant monies awarded, and
 3. Classify the participant as ineligible for Heritage Fund Grants for a period of up to five years.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective

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June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-703. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-703 renumbered to R12-4-705; new Section R12-4-703 made by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-704. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-704 repealed; new Section R12-4-704 renumbered from R12-4-709 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-705. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-705 repealed; new Section R12-4-705 renumbered from R12-4-703 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-706. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-706 repealed; new Section R12-4-706 renumbered from R12-4-710 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-707. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-707 repealed; new Section R12-4-707 renumbered from R12-4-711 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-708. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13

A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-708 repealed; new Section R12-4-708 renumbered from R12-4-712 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-709. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-709 renumbered to R12-4-704 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-710. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-710 renumbered to R12-4-706 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-711. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-711 renumbered to R12-4-707 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-712. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-712 renumbered to R12-4-708 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

ARTICLE 8. WILDLIFE AREAS AND DEPARTMENT PROPERTY**R12-4-801. General Provisions****A. Wildlife Areas:**

1. Wildlife areas shall be established to:
 - a. Provide protective measures for wildlife, habitat, or both;
 - b. Allow for hunting, fishing, and other recreational activities that are compatible with wildlife habitat conservation and education;
 - c. Allow for special management or research practices; and
 - d. Enhance wildlife and habitat conservation.
2. Wildlife areas shall be:
 - a. Lands owned, leased, or otherwise managed by the Commission;
 - b. Federally-owned lands of unique wildlife habitat where cooperative agreements provide wildlife management and research implementation; or
 - c. Any lands with property interest conveyed to the Commission by any entity, through an approved land use agreement, including but not limited to

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deeds, patents, leases, conservation easements, special use permits, licenses, management agreements, inter-agency agreements, letter agreements, and right-of-entry, where the property interest conveyed is sufficient for management of the lands consistent with the objectives of the wildlife area.

3. Land qualified for wildlife areas shall be:
 - a. Lands with unique topographic or vegetative characteristics that contribute to wildlife,
 - b. Lands where certain wildlife species are confined because of habitat demands,
 - c. Lands that can be physically managed and modified to attract wildlife, or
 - d. Lands that are identified as critical habitat for certain wildlife species during critical periods of their life cycles.
4. The Department may restrict public access to and public use of wildlife areas and the resources of wildlife areas for up to 90 days when necessary to protect property, ensure public safety, or to ensure maximum benefits to wildlife. Closures or restrictions exceeding 90 days shall require Commission approval.
5. Closures of all or any part of a wildlife area to public entry, and any restriction to public use of a wildlife area, shall be listed in this Article or shall be clearly posted at each entrance to the wildlife area. No person shall conduct an activity restricted by this Article or by such posting.
6. When a wildlife area is posted against travel except on existing roads, no person shall drive a motor-operated vehicle over the countryside except by road.
7. The Department may post signs that place additional restrictions on the use of wildlife areas. Such restrictions may include the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
8. A person shall not access or use any wildlife area or facility in violation of any Department actions authorized under subsection (A)(7) when signs are posted providing notice of the restrictions.

B. Commission-owned real property and -managed lands other than Wildlife Areas:

1. The Department may take action to manage public access and use of any Commission-owned real property or facilities. Such actions may include restrictions on the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
2. A person shall not access or use any Commission-owned real property, facilities, or -managed lands in violation of any Department actions authorized under subsection (B)(1), if signs are posted providing notice of the restrictions.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

R12-4-802. Wildlife Area and Other Department Managed

Property Restrictions

A. No person shall violate the following restrictions on Wildlife Areas:

1. Alamo Wildlife Area (located in Units 16A and 44A):
 - a. Posted portions closed to all public entry.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
2. Allen Severson Wildlife Area (located in Unit 3B):
 - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Posted portions closed to discharge of all firearms from April 1 through July 25 annually.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from April 1 through July 25 annually.
3. Aravaipa Canyon Wildlife Area (located in Units 31 and 32):
 - a. Access through the Aravaipa Canyon Wildlife Area within the Aravaipa Canyon Wilderness Area is by permit only, available through the Safford Office of the Bureau of Land Management.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
4. Arivaca Lake Wildlife Area (located in Unit 36B):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping in the wildlife area allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
5. Arlington Wildlife Area (located in Unit 39):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Target or clay bird shooting permitted in designated areas only.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Posted portions around Department housing are closed to the discharge of all firearms; and
 - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.

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6. Base and Meridian Wildlife Area (located in Units 39, 26M, and 47M):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel is not permitted on the wildlife area, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. No target or clay bird shooting.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
7. Becker Lake Wildlife Area (located in Unit 1):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. The Becker Lake boat launch access road and parking areas along with any other posted portions of the wildlife area will be closed to all public entry from one hour after sunset to one hour before sunrise daily.
 - f. Posted portions closed to all public entry.
 - g. Posted portions closed to hunting.
 - h. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rifled firearms.
8. Bog Hole Wildlife Area (located in Unit 35B):
 - a. Motorized vehicle travel is not permitted on the wildlife area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
 - b. Open to all hunting in season, by foot access only, as permitted under R12-4-304 and R12-4-318.
9. Chevelon Canyon Ranches Wildlife Area (located in Unit 4A):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. No target or clay bird shooting.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
10. Chevelon Creek Wildlife Area (located in Unit 4B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
- d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- e. Posted portions closed to all public entry.
- f. Additional posted portions closed to all public entry from October 1 through February 1 annually.
- g. No target or clay bird shooting.
- h. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 1 through February 1 annually.
11. Cibola Valley Conservation and Wildlife Area (located in unit 43A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
12. Clarence May and C.H.M. May Memorial Wildlife Area (located in Unit 29):

Closed to hunting, except for predator hunts authorized by Commission Order.
13. Cluff Ranch Wildlife Area (located in Unit 31):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions around Department housing and Pond Three are closed to discharge of all firearms.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
14. Coal Mine Spring Wildlife Area (located in Unit 34A):
 - a. Overnight public camping allowed for no more than 14 days within a 30-day period.
 - b. Motorized vehicle travel is not permitted on the wildlife area, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
15. Colorado River Nature Center Wildlife Area (located in Unit 15D):
 - a. No open fires.

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- b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
 - e. Closed to the discharge of firearms.
 - f. Closed to hunting.
16. Fool Hollow Lake Wildlife Area (located in Unit 3C):
- a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. The parking area adjacent to Sixteenth Avenue and other posted portions of the wildlife area will be closed to all public entry daily from one hour after sunset to one hour before sunrise, except for anglers possessing a valid fishing license accessing Fool Hollow Lake/Show Low Creek.
 - f. Closed to the discharge of firearms.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of firearms.
17. House Rock Wildlife Area (located in Unit 12A):
- a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 - c. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of the House Rock bison herd, except when taking bison or accompanied by Department personnel.
18. Jacques Marsh Wildlife Area (located in Unit 3B):
- a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rimfire and centerfire rifled firearms.
19. Lamar Haines Wildlife Area (located in Unit 7):
- a. No open fires.
 - b. Wood cutting by permit only and collecting limited to dead and down material, for noncommercial use only. Members of the public shall obtain a wood cutting permit from the Flagstaff Game and Fish Department regional office.
 - c. Overnight public camping allowed for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
20. Lower San Pedro River Wildlife Area (located in Units 32 and 37B):
- a. Open fires allowed in designated areas only. The following acts are prohibited:
 - i. Building, attending, maintaining, or using a fire without removing all flammable material from around the fire to adequately prevent the fire from spreading from the fire pit.
 - ii. Carelessly or negligently throwing or placing any ignited substance or other substance that may cause a fire.
 - iii. Building, attending, maintaining, or using a fire in any area that is closed to fires.
 - iv. Leaving a fire without completely extinguishing it.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
 - g. Parking allowed within 300 feet of designated open roads and in designated areas only.
 - h. Discharge of a firearm or pre-charged pneumatic weapon prohibited within 1/4 mile of buildings.
 - i. A person shall not use a metal detector or similar device except as authorized by the Department. This subsection does not apply to law enforcement officers in the scope of their official duties, or to persons duly licensed, permitted, or otherwise authorized to investigate historical or cultural artifacts by a government agency with regulatory authority over cultural or historic artifacts.
21. Luna Lake Wildlife Area (located in Unit 1):
- a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Posted portions closed to all public entry from February 15 through July 31 annually.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except when closed to hunting from April 1 through July 31 annually.
22. Manhattan Claims Wildlife Area (located in Unit 29):
- a. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - b. Overnight public camping allowed for no more than 14 days within a 30-day period.

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- c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- 23. Mittry Lake Wildlife Area (located in Unit 43B):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Mittry Lake is a "No Ski" waterway as defined under R12-4-501.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
- 24. Planet Ranch Conservation and Wildlife Area (located in Units 16A and 44A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H), outside the posted Lower Colorado River Multi-Species Conservation Program habitat area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
- 25. Powers Butte (Mumme Farm) Wildlife Area (located in Unit 39):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Posted portions around Department housing are closed to the discharge of all firearms; and
 - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.
- 26. Quigley-Achee Wildlife Area (located in Unit 41):
 - a. No open fires.
 - b. No overnight public camping.
 - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
- 27. Raymond Wildlife Area (located in Unit 5B):
 - a. Open fires allowed in designated areas only.
 - b. Overnight public camping permitted in designated sites only, for no more than 14 days within a 30-day period.
 - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). All-terrain and utility type vehicles are prohibited. For the purpose of this subsection, all-terrain and utility type vehicle means a motor vehicle having three or more wheels fitted with large tires and is designed chiefly for recreational use over roadless, rugged terrain. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry from May 1 through July 29 annually.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting periodically during hunting seasons.
 - f. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of the Raymond bison herd, except when taking bison or accompanied by Department personnel.
- 28. Robbins Butte Wildlife Area (located in Unit 39):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Parking in designated areas only.
 - f. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318 except the wildlife area is closed to the discharge of centerfire rifled firearms.
- 29. Roosevelt Lake Wildlife Area (located in Units 22, 23, and 24B):
 - a. Posted portions closed to all public entry from November 15 through February 15 annually.
 - b. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel

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- is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from November 15 through February 15 annually.
30. Santa Rita Wildlife Area (located in Unit 34A):
Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
31. Sipe White Mountain Wildlife Area (located in Unit 1):
- Open fires allowed in designated areas only.
 - No firewood cutting or gathering.
 - Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions around Department housing is closed to the discharge of all firearms.
32. Springerville Marsh Wildlife Area (located in Unit 2B):
- No open fires.
 - No firewood cutting or gathering.
 - No overnight public camping.
 - Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - Closed to the discharge of all firearms.
 - Open to all hunting as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
33. Sunflower Flat Wildlife Area (located in Unit 8):
- Overnight public camping allowed for no more than 14 days within a 30-day period.
 - Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
34. Three Bar Wildlife Area (located in Unit 22):
- Motorized vehicle travel:
 - Is permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H).
 - Is prohibited within the Three Bar Wildlife and Habitat Study Area.
 - This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - Open to all hunting in season, as permitted under R12-4-304 and R12-4-318.
35. Tucson Mountain Wildlife Area (located in Unit 38M):
- Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - Portions posted closed to hunting,
 - Portions closed to hunting as identified on the online check-in system wildlife area map, and
 - Firearms and pre-charged pneumatic weapons are prohibited for the take of wildlife.
 - Archery hunters must check-in online with the Arizona Game and Fish Department prior to going afield.
36. Upper Verde River Wildlife Area (located in Unit 8 and 19A):
- No open fires.
 - No firewood cutting or gathering.
 - No overnight public camping allowed.
 - Motorized vehicle travel is not permitted, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire department, or other emergency vehicles.
 - Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
37. Wenima Wildlife Area (located in Unit 2B):
- No open fires.
 - No firewood cutting or gathering.
 - No overnight public camping.
 - Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - No target or clay bird shooting.
 - Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
38. White Mountain Grasslands Wildlife Area (located in Unit 1):
- No open fires.
 - No firewood cutting or gathering.
 - Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - Posted portions closed to all public entry.
 - If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
39. Whitewater Draw Wildlife Area (located in Unit 30B):
- No open fires except as authorized by the Department.
 - Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does

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not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.

- d. Posted portions closed to all public entry from October 15 through March 15 annually.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. The wildlife area is closed to the discharge of centerfire rifled firearms, and
 - ii. Posted portions closed to hunting from October 15 through March 15 annually.
40. Willcox Playa Wildlife Area (located in Unit 30A):
- a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry from October 15 through March 15 annually.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 15 through March 15 annually.

- B. Notwithstanding Commission Order 40, public access and use of the Hirsch Conservation Education Area and Biscuit Tank is limited to activities conducted and offered by the Department and in accordance with the Department's special management objectives for the property, which include, but are not limited to, flexible harvest, season, and methods that:

1. Allow for a variety of fishing techniques, fish harvest, fish consumption, and catch and release educational experiences;
2. Maintain a healthy, productive, and balanced fish community; and
3. Provide public education activities and training courses that are compatible with the management of aquatic wildlife.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 8 A.A.R. 2107, effective May 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 10 A.A.R. 1976, effective May 14, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 12 A.A.R. 1698, effective May 19, 2006 (Supp. 06-2). Amended by exempt rulemaking at 13 A.A.R. 1741, effective May 18, 2007 (Supp. 07-2). Amended by exempt rulemaking at 14 A.A.R. 1841, effective April 22, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19

A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

R12-4-803. Wildlife Area and Other Department Managed Property Boundary Descriptions

- A. For the purposes of this Section:

"B.C." means brass cap.

"B.C.F." means brass cap flush.

"G&SRB&M" means Gila and Salt River Base and Meridian.

"M&B" means metes and bounds.

"R" means Range line.

"T" means Township line.

- B. Wildlife Areas are described as follows:

1. Alamo Wildlife Area: The Alamo Wildlife Area shall be those areas described as follows:
T10N, R13W; Section 3 N1/2, SW1/4, SE1/4 Mohave County only; Section 4, E1/2SW1/4, SE1/4; Section 9, NE1/4, E1/2NW1/4; Section 10, NW1/4NW1/4, NE1/4NW1/4 within designated Wilderness Area. T11N, R11W; Section 7, S1/2SW1/4; Section 18, N1/2 NW1/4; T11N, R12W; Section 4, Lots 2, 3 and 4, SW1/4NE1/4, S1/2NW1/4, SW1/4, W1/2SE1/4; Section 5, Lot 1, SE1/4NE1/4, E1/2SE1/4; Section 7, S1/2, SE1/4 NE1/4; Section 8, NE1/4, S1/2NW1/4, S1/2; Section 9; Section 10, S1/2NW1/4, S1/2; Section 11, S1/2S1/2; Section 12, S1/2S1/2; Section 13, N1/2, N1/2SW1/4, NW1/4SE1/4; Section 14, N1/2, E1/2SE1/4; Section 15, N1/2, SW1/4SW1/4, SW1/4SE1/4; Section 16, 17, 18 and 19; Section 20, N1/2, N1/2SW1/4; Section 21, NW1/4; Section 29, SW1/4, SW1/4SE1/4; Section 30; Section 31, N1/2, N1/2S1/2; Section 32, NW1/4, N1/2SW1/4; T11N, R13W; Section 12, SE1/4SW1/4, SW1/4SE1/4, E1/2SE1/4; Section 13; Section 14, S1/2NE1/4, SE1/4SW1/4, SE1/4; Section 22, S1/2SW1/4, SE1/4; Section 23, E1/2, E1/2NW1/4, NW1/4NW1/4, SW1/4; Section 24, 25 and 26; Section 27, E1/2, E1/2W1/2; Section 34, E1/2, E1/2NW1/4, SW1/4; Section 35 W1/2, W1/2NE1/4; T12N, R12W; Section 19, E1/2, SE1/4SW1/4; Section 20, NW1/4NW1/4, SW1/4SW1/4; Section 28, W1/2SW1/4; Section 29, W1/2NW1/4, S1/2, SE1/4NW1/4; Section 30, E1/2, E1/2NW1/4, NE1/4SW1/4; Section 31, NE1/4NE1/4; Section 32, N1/2, N1/2SE1/4, SE1/4SE1/4; Section 33, W1/2E1/2, W1/2; all in G&SRB&M, Mohave and La Paz Counties, Arizona.
2. Allen Severson Memorial Wildlife Area: The Allen Severson Memorial Wildlife Area shall be that area including Pintail Lake and South Marsh lying within the fenced and posted portions of:
T11N, R22E; Section 32, SE1/4; Section 33, S1/2SW1/4; T10N, R22E; Section 4, N1/2NW1/4; T10N, R22E; Section 4: the posted portion of the NW1/4SW1/4; all in G&SRB&M, Navajo County, Arizona, consisting of approximately 300 acres.
3. Aravaipa Canyon Wildlife Area: The Aravaipa Canyon Wildlife Area shall be that area within the flood plain of Aravaipa Creek and the first 50 vertical feet above the

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streambed within the boundaries of the Aravaipa Canyon Wilderness Area administered by the Bureau of Land Management (BLM), Graham and Pinal Counties, Arizona.

4. Arivaca Lake Wildlife Area: The Arivaca Lake Wildlife Area shall be those areas described as:

A parcel or land located in Sections 6, 7 and 8 all of which being situated in T22S, R11E of the G&SRB&M, Pima County, Arizona described as follows: Commencing at the N1/4 corner of said Section 7 run thence S 43°42'30" E (assumed bearing) a distance of 742.14 feet to point 1, the point of Beginning; thence N 81°26'32" E a distance of 705.76 feet to point 2; thence N 09°54'25" E a distance of 305.96 feet to point 3; thence N 21°43'49" E a distance of 872.20 feet to point 4; thence S 84°14'14" E a distance of 471.36 feet to point 5; thence N 28°12'16" E a distance of 357.98 feet to point 6; thence N 85°30'7" E a distance of 110.05 feet to point 7; thence S 02°03'27" W a distance of 417.50 feet to point 8; thence N 88°20'00" E a distance of 141.99 feet to point 9; thence S 27°29'57" W a distance of 341.84 feet to point 10; thence N 60°20'59" W a distance of 297.87 feet to point 11; thence S 38°10'38" W a distance of 363.79 feet to point 12; thence S 03°36'24" E a distance of 222.07 feet to point 13; thence S 59°52'05" E a distance of 133.71 feet to point 14 from which the northeast corner of said Section 7 bears N 76°07'51" E a distance of 689.94 feet, said northeast corner also being the common Section corner of Sections 5, 6, 7 and 8 of said Township and Range; thence S 59°18'56" W a distance of 225.86 feet to point 15; thence S 14°38'09" W a distance of 184.94 feet to point 16; thence N 73°08'58" E a distance of 282.60 feet to point 17; thence S 33°21'50" W a distance of 275.24 feet to point 18; thence S 16°37'03" E a distance of 294.45 feet to point 19; thence S 60°13'45" E a distance of 187.22 feet to point 20; thence N 09°21'57" E a distance of 502.65 feet to point 21; thence S 57°19'17" E a distance of 175.82 feet to point 22; thence S 06°20'39" W a distance of 405.88 feet to point 23; thence S 73°13'57" E a distance of 307.36 feet to point 24; thence N 72°27'59" E a distance of 108.77 feet to point 25; thence N 13°07'02" E a distance of 316.07 feet to point 26; thence N 15°41'38" E a distance of 292.54 feet to point 27; thence S 16°25'12" E a distance of 338.44 feet to point 28; thence N 60°53'52" E a distance of 349.03 feet to point 29; thence N 68°30'49" E a distance of 286.09 feet to point 30; thence S 09°14'22" W a distance of 396.67 feet to point 31; thence S 42°27'47" W a distance of 265.50 feet to point 32; thence N 86°09'01" W a distance of 253.50 feet to point 33; thence S 34°29'33" W a distance of 500.53 feet to point 34; thence S 59°56'05" W a distance of 120.42 feet to point 35; thence N 71°17'44" W a distance of 228.54 feet to point 36; thence S 69°42'17" W a distance of 120.88 feet to point 37; thence S 12°12'05" E a distance of 146.20 feet to point 38; thence S 83°22'20" E a distance of 339.63 feet to point 39; thence N 34°26'45" E a distance of 345.01 feet to point 40; thence N 88°14'41" E a distance of 272.60 feet to point 41; thence S 54°11'52" E a distance of 246.09 feet to point 42; thence S 76°42'33" W a distance of 304.58 feet to point 43; thence S 25°02'30" W a distance of 515.24 feet to point 44; thence N 54°58'47" W a distance of 330.22 feet to point 45; thence S 59°01'38" W a distance of 443.06 feet to point 46; thence S 28° 40' 19" E a dis-

tance of 381.98 feet to point 47; thence S 42°18'41" E a distance of 436.71 feet to point 48 from which the E1/4 corner of said Section 7 and common to the W1/4 corner of said Section 8 bears N 04°23'16" E a distance of 126.73 feet; thence N 87°40'07" E a distance of 385.96 feet to point 49; thence S 46°57'39" E a distance of 243.05 feet to point 50; thence S 13°06'06" W a distance of 183.34 feet to point 51; thence N 55°28'27" W a distance of 228.94 feet to point 52; thence S 55°08'41" W a distance of 330.40 feet to point 53; thence S 48°10'36" E a distance of 218.70 feet to point 54; thence S 06°38'09" E a distance of 140.86 feet to point 55; thence S 28° 04'14" E a distance of 892.21 feet to point 56; thence S 12°20'35" W a distance of 181.98 feet to point 58; thence S 63°52'33" E a distance of 230.70 feet to point 59; thence S 72°30'09" E a distance of 335.12 feet to point 60; thence S 41°39'07" W a distance of 498.00 feet to point 61; thence N 86°49'30" W a distance of 330.81 feet to point 62; thence N 34°09'15" W a distance of 1380.92 foot to point 63; thence S 86°14'38" W a distance of 310.49 feet to point 64; thence N 04°22'03" W a distance of 206.30 feet to point 65; thence N 70°41'46" E a distance of 226.45 feet to point 66; thence N 10°01'58" E a distance of 468.22 feet to point 67; thence N 67°59'02" W a distance of 220.56 feet to point 68; thence N 36°50'14" W a distance of 360.36 feet to point 69; thence N 04°31'00" E a distance of 187.56 feet to point 69A; thence N 53°13'11" W a distance of 85.56 feet to point 69B; thence S 31°01'48" W a distance of 322.05 feet to point 70; thence S 16°55'20" W a distance of 1033.42 feet to point 71; thence S 32°45'38" E a distance of 209.12 feet to point 72; thence S 64°28'24" W a distance of 319.54 feet to point 73; thence S 24°35'49" W a distance of 264.49 feet to point 74; thence S 42°38'39" W a distance of 428.36 feet to point 75; thence N 88°49'40" W a distance of 549.92 feet to point 76 from which the S1/4 corner of said Section 7 bears S 28°36'15" W a distance of 730.77 feet; thence N 27°38'55" W a distance of 456.55 feet to point 76A; thence N 21°18'02" E a distance of 2170.03 feet to point 78; thence N 00°01'17" E a distance of 958.28 feet to point 79; thence S 89°36'36" W a distance of 624.49 feet to point 80; thence N 00°05'06" E a distance of 553.06 feet to point 81 from which the N1/4 corner of said Section 7 bears N 14°02'18" W a distance of 734.38 feet; thence N 62°15'48" E a distance of 378.12 feet to the point of beginning; consisting of approximately 195.04 acres.

5. Arlington Wildlife Area: The Arlington Wildlife Area shall be those areas described as follows:

T1S, R5W, Section 33, E1/2SE1/4; T2S, R5W, Section 3, W1/2W1/2, Section 4, E1/2, and Parcel 401-58-001A as described by the Maricopa County Assessor's Office; a parcel of land lying within Section 4, T2S, R5W, more particularly described as follows: commencing at the southwest corner of said Section 4, 2-inch aluminum cap (A.C.) in pothole stamped "RLS 36562", from which the northwest corner of said Section, a 1 1/2-inch B.C. stamped "T1S R5W S32 S33 S5 S4 1968", bears N 00°09'36" E (basis of bearing) a distance of 4130.10 feet, said southwest corner being the point of beginning; thence along the west line of said Section, N 00°09'36" E a distance of 16.65 feet; thence leaving said west line, S 89°48'28" E a distance of 986.79 feet; thence N 00°47'35" E a distance of 2002.16 feet; thence N 01°07'35" E a dis-

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tance of 2102.65 feet to the north line of said Section; thence along said north line S 89°18'45" E a distance of 1603.61 feet to the N1/4 corner of said Section, a 1/2-inch metal rod; thence leaving said north line, along the north-south midsection line of said Section, S 00°08'44" E a distance of 4608.75 feet to the S1/4 corner of said Section, a 3-inch B.C.F. stamped "T2S R5W 1/4S4 S9 RLS 46118 2008"; thence leaving said north-south midsection line, along the south line of said Section, N 79°10'54" W a distance of 2719.41 feet to the point of beginning. Subject to existing rights-of-way and easements. This parcel description is based on the Record of Survey for Alma Richardson Property, recorded in Book 996, page 25, Maricopa County Records and other client provided information. This parcel description is located within an area surveyed by Wood, Patel & Associates, Inc. during the month of April, 2008 and October, 2009 and any monumentation noted in this parcel description is within acceptable tolerance (as defined in Arizona Boundary Survey Minimum Standards dated 02/14/2002) of said positions based on said survey; all in G&SRB&M, Maricopa County, Arizona. Section 9; NW1/4 and SW1/4; Section 3; LOT 4 SW1/4NW1/4, W1/2SW1/4 NE1/4SE1/4; Section 3; M&B in LOT 1 SE1/4NE1/4E1/2SE1/4; Section 9; M&B in NE1/4NE1/4; Section 10; SW1/4NW1/4; Section 15; those portions of S1/2W1/4 and N1/2SW1/4 lying west of the primary through road; Section 16; W1/2 M&B in E1/2E1/2 W1/2E1/2; Section 21; NE1/4NW1/4 and Parcel 401-61-008D as described by the Maricopa County Assessor's Office, more particularly described as follows: commencing at the BLM B.C. marking the northeast corner of said Section 21, from which the BLM B.C. marking the northwest corner of said Section 21 bears N 82°26'05" W a distance of 5423.64 feet; thence N 82°26'05" W along the north line of Section 21 a distance of 2711.82 feet to the NW1/4 corner of said Section 21; thence S 00°33'45" W along the north-southerly midsection line of said Section 21 a distance of 33.25 feet to the True Point of Beginning; thence continuing S 00° 33'45" W along said north-south midsection line a distance of 958.00 feet to a point on a line which is parallel with and 983.85 feet southerly, as measured at right angles from the north line of said Section 21; thence N 82°26'05" W along said parallel line a distance of 925.54 feet; thence N 26°12'18" W a distance of 153.32 feet; thence N 13°26'18" W a distance of 303.93 feet; thence N 34°15'49" W a distance of 189.27 feet; thence N 21°32'45" W a distance of 215.60 feet; thence N 89°25'47" W a distance of 95.37 feet to a point on the west line of the NE1/4N1/4 of said Section 21; thence N 00°34'13" E, along said west line a distance of 223.54 feet to a point on a line which is parallel with and 33.00 feet southerly, as measured at right angles from the north line of said Section 21; thence S 82°26'05" E along said parallel line, a distance of 1355.91 feet to the True Point of Beginning; all in G&SRB&M, Maricopa County, Arizona.

6. Base and Meridian Wildlife Area: The Base and Meridian Wildlife Area shall be those areas described as follows: T1N, R1E, Section 31; Maricopa County APN 101-44-023, also known as Lots 3, 5, 6, 7, 8 and NE1/4SW1/4, and Maricopa County APN 101-44-003J, also known as the S1/2S1/2SW1/4NW1/4 except the west 55 feet thereof; and 101-44-003K, also known as the S1/2S1/

2SW1/4NW1/4 except the west 887.26 feet thereof; and Maricopa County APN 104-44-002S, also known as that portion of the N1/2SE1/4, described as follows: commencing at the aluminum cap set at the E1/4 corner of said Section 31, from which the 3" iron pipe set at the southeast corner of said Section 31, S 00°20'56" W a distance of 2768.49 feet; thence S 00°20'56" W along the east line of said SE1/4 of Section 31 a distance of 1384.25 feet to the southeast corner of said N1/2SE1/4; thence S 89°25'13" W along the south line of said N1/2SE1/4 a distance of 2644.35 feet to the southwest corner of said N1/2SE1/4 and the point of beginning; thence N 00°03'37" W along the west line of said SE1/4 a distance of 746.86 feet to the south line of the north 607.00 feet of said N1/2SE1/4; thence N 88°46'12" E along said south line of the north 607.00 feet of the N1/2SE1/4 a distance of 656.09 feet; thence S 00°03'37" E parallel with said west line of the SE1/4 a distance of 754.31 feet to said south line of the N1/2SE1/4; Thence S 89°25' 13" W along said south line of the N1/2SE1/4 a distance of 655.98 feet to the point of beginning. T1N, R1W, Section 34, N1/2SE1/4; Section 35, S1/2; Section 36. The Maricopa County APN 500-69-099; the W1/2SE1/4NE1/4. APN 500-69-099, 500-69-100, also known as that portion of the SE1/4SE1/4NE1/4. 500-69-010C, also known as that portion of the W1/2SE1/4NE1/4, except any portion of said W1/2SE1/4NE1/4 of Section 36 lying within the following described four parcels: Exception 1: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°10' E a distance of 846.16 feet to the point of beginning; thence continuing S 00°18' E a distance of 141.17 feet; thence S 87°51'15" W a distance of 570.53 feet; thence S 00°29' E a distance of 310.00 feet to the south line of said W1/2SE1/4NE1/4 of Section 36; thence N 89°29' W along the west line of said W1/2SE1/4NE1/4 of Section 36 a distance of 425.93 feet; said point bears S 00°29' E a distance of 895.93 feet from the northwest corner of said W1/2SE1/4NE1/4 of Section 36; thence N 85°54'33" E a distance of 647.01 feet to the point of beginning. Exception 2: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18' E a distance of 846.16 feet to the point of beginning; said point being on the northerly line of the Flood Control District of Maricopa County parcel as shown in Document 84-26119, Maricopa County Records; thence S 85°54'33" W a distance of 647.01 feet to the west line of said W1/2SE1/4NE1/4 of Section 36; thence N 00°29' W along said west line a distance of 30 feet; thence N 84°23'15" E a distance of 228.19 feet; thence N 87°17'06" E a distance of 418.85 feet to the east line of the W1/2SE1/4NE1/4 of Section 36; thence S 00°18' E along said east line a distance of 26.00 feet to the point of beginning. Exception 3: the South 37.6 feet of said W1/2SE1/4NE1/4 of Section 36. Except all oil, gas and other hydrocarbon substances, helium or other substance of gaseous nature, coal, metals, minerals, fossils, fertilizer of every name and description and except all materials which may be essential to the production of fissionable material as reserved in Arizona Revised Statutes. Exception 4: that part of the W1/2SE1/4NE1/4 of Section 36, T1N, R1W lying north of the following described line: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the

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east line thereof S 00°18'00" E a distance of 820.16 feet, to the point of beginning; said point being on the northerly line of the Flood District of Maricopa County parcel as shown in Document 85-357813, Maricopa County Records; thence S 87°17'06" W a distance of 418.85 feet; thence S 84°23'15" W a distance of 228.19 feet to the west line of said W1/2SE1/4NE1/4 of Section 36 and the point of terminus. The above described parcel contains 162,550 sq. ft. or 3.7316 acres 500-69-001L and 500-69-001M, also known as the N1/2SE1/4, except the south 892.62 feet thereof. 500-69-001N, 500-69-001P, 500-69-001Q, 500-69-001R, 500-69-001T, 500-69-001X, 500-69-001Y, also known as that portion of the south 892.62 feet of the N1/2SE1/4. The SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, except the south 37.6 feet of said SE1/4SE1/4NE1/4, and except the east 55 feet of said SE1/4SE1/4NE1/4, and except that part of said SE1/4SE1/4NE1/4 lying north of the most southerly line of the parcel described in Record 84-026119, Maricopa County Records, said southerly line being described as follows: beginning at the NE1/4S1/2NE1/4SE1/4NE1/4 of said Section 36; thence S 00°07' E along the east line of Section 36, a distance of 50.70 feet; thence S 89°53' W a distance of 55.00 feet to a point on the west line of the east 55.00 feet of said Section 36; thence S 00°07' E along said line, a distance of 510.00 feet; thence S 81°44'3" W a distance of 597.37 feet to a terminus point on the west line of said SE1/4SE1/4NE1/4 of Section 36, and except that part of said SE1/4SE1/4NE1/4 described as follows: commencing at the E1/4 corner of said Section 36; thence N 89°37'23" W along the south line of said SE1/4SE1/4NE1/4 of Section 36, a distance of 241.25 feet; thence N 18°53'04" E a distance of 39.65 feet to the point of beginning; thence continuing N 18°53'04" E a distance of 408.90 feet; thence S 81°04'43" W a distance of 222.55 feet; thence S 18°53'04" W a distance of 370.98 feet; thence S 89°37'23" E a distance of 207.58 feet to the point of beginning. That portion of land lying within the SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, and the S1/2SW1/4NW1/4 of Section 31, T1N, R1E, as described in Document Number 99-1109246. Except the west 22 feet of the property described in Recorder Number 97-0425420, also known as APN 101-44-003G; and except the west 22 feet of the property described in Recorder Number 97-566498, also known as APN 101-44-013; all in G&SRB&M, Maricopa County, Arizona.

7. Becker Lake Wildlife Area: The Becker Lake Wildlife Area shall be that area including Becker Lake lying within the fenced and posted portions of: T9N, R29E, Section 19, SE1/4SE1/4 also known as APN. 105-07-001; Section 20, SW1/4SW1/4; beginning at a point 1012 feet north of the southwest corner of the SE1/4SW1/4 of Section 20, T9N, R29E; thence north 1285 feet; thence east a distance of 462 feet; thence south a distance of 2122 feet, more or less to the center of U.S. Highway 60; thence in a northwesterly direction along the center of U.S. Highway 60 a distance of 944 feet, more or less; thence west a distance of 30 feet, more or less to the point of beginning, also known as APN 105-08-002; Section 29, W1/2NW1/4, NW1/4SW1/4, also known as APN 105-15-003; beginning at the S1/4 corner of said Section 29, said point being the True Point of Beginning; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29, a distance of

1329.15 feet to the center-south 1/16 corner of said Section 29; thence S 89°53'01" W along the southern boundary of the NE1/4SW1/4 of said Section 29, a distance of 99.69 feet; thence N 00°43'20" E a distance of 417.54 feet; thence S 89°31'37" E a distance of 99.69 feet; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29 a distance of 374.40 feet; thence N 88°49'48" E a distance of 474.94 feet; thence N 27°35'15" E a distance of 99.21 feet; thence N 04°13'26" W a distance of 160.59 feet; thence N 37°38'44" E a distance of 12.27 feet; thence S 26°22'25" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet; thence S 26°22'27" E a distance of 1203.23 feet; thence S 63°58'58" W a distance of 200.00 feet; thence S 36°24'36" E a distance of 375.11 feet; thence S 00°24'06" W a distance of 490.79 feet; thence S 01°22'24" E a distance of 110.21 feet; thence S 22°27'23" E a distance of 44.27 feet; thence N 89°48'03" W a distance of 1331.98 feet to the True Point of Beginning, also known as APN 105-15-014E; beginning at the corner of Sections 28, 29, 32 and 33, T9N, R29E of G&SRB&M, Apache County, Arizona; thence N 54°21'09" W a distance of 1623.90 feet; thence N 26°00'59" W a distance of 100.00 feet; thence N 26°22'14" W a distance of 1203.23 feet to the True Point of Beginning; thence N 26°22'27" W a distance of 351.19 feet; thence S 55°14'10" W a distance of 38.42 feet; thence S 37°38'44" W a distance of 12.38 feet; thence S 26°22'14" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet to the True Point of Beginning, also known as APN 105-15-014C. S1/2SW1/4, except the following described parcel: commencing at a 2-inch aluminum cap monument stamped LS 8906 located at the Section corner common to Sections 29, 30, 31 and 32 of said Township and Range; thence bear S 89°46'16" E along the Section line common to Sections 29 and 32, a distance of 1038.05 feet to the True Point of Beginning; thence N 35°17'33" E along the northwest boundary of the Springerville Municipal Airport a distance of 328.32 feet; thence S 39°31'26" E a distance of 349.55 feet to a point on the Section line common to Sections 29 and 32; thence N 89°46'44" W a distance of 131.96 feet to the W1/16 corner of Sections 29 and 32; thence N 89°46'16" W a distance of 280.18 feet to the True Point of Beginning. Section 30, NE1/4SE1/4, E1/2NE1/4 also known as APN 105-16-001; W1/2NE1/4, W1/2NE1/4 also known as APN 105-16-002; Section 32, beginning at the N1/4 corner of said Section 32, said point being the True Point of Beginning; thence S 89°48'03" E along the north line of said Section 32 a distance of 1331.98 feet; thence S 21°49'15" E a distance of 198.07 feet; thence S 20°56'35" W a distance of 191.75 feet; thence S 19°53'23" W a distance of 24.65 feet; thence S 39°17'55" W a distance of 86.61 feet; thence S 01°41'36" E a distance of 13.60 feet; thence S 50°13'33" W a distance of 1.29 feet; thence S 02°24'23" E a distance of 906.39 feet; thence S 00°44'11" W a distance of 466.82 feet; thence S 35°26'56" W a distance of 218.51 feet; thence S 89°57'05" W a distance of 1141.87 feet; thence N 07°57'52" E a distance of 328.83 feet; thence N 77°39'30" W a distance of 68.79 feet; thence N 00°30'56" W a distance of 334.16 feet to a 1/16th section corner; thence N 00°30'56" W a distance of 1349.10 feet to the True Point of Beginning. Except therefrom any portion lying in the S1/2SW1/4NE1/4 of said Section 32 also

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known as APN 105-18-008A; all that portion of the NE1/4NW1/4 of Section 32, T9N, R29E of G&SRB&M, Apache County, Arizona, lying east of the Becker Lake Roadway; except for the following described parcel: from the NW1/16 corner of said Section 32; thence S 89°45'28" E along the 1/16 line a distance of 736.55 feet to the True Point of Beginning, said point being in the west rights-of-way limits of Becker Lake Rd.; thence N 06°09'00" W along the west line of said right-of-way a distance of 266.70 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 263.42 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 198.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence N 78°43'10" E a distance of 158.40 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 47°05'42" E a distance of 65.65 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 29°24'20" E a distance of 202.48 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 48°03'17" W a distance of 146.19 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 19°36'10" W a distance of 115.75 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 00°38'05" East a distance of 74.66 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 14°52' 53" E a distance of 125.09 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 15°08'20" E a distance of 136.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 89°58'07" W a distance of 144.13 feet to the True Point of Beginning, also known as APN 105-18-012G.

8. Bog Hole Wildlife Area: The Bog Hole Wildlife Area lying in Sections 29, 32 and 33, T22S, R17E shall be the fenced and posted area described as follows: beginning at the southeast corner of Section 32, T22S, R17E, G&SRB&M, Santa Cruz County, Arizona; thence N 21°42'20" W a distance of 1394.86 feet to the True Point of Beginning; thence N 9°15'26" W a distance of 1014.82 feet; thence N 14°30'58" W a distance of 1088.82 feet; thence N 36°12'57" W a distance of 20.93 feet; thence N 50°16'38" W a distance of 1341.30 feet; thence N 57°51'08" W a distance of 1320.68 feet; thence N 39°03'53" E a distance of 1044.90 feet; thence N 39°07'43" E a distance of 1232.32 feet; thence S 36°38'48" E a distance of 1322.93 feet; thence S 43°03'17" E a distance of 1312.11 feet; thence S 38°19'38" E a distance of 1315.69 feet; thence S 13°11'59" W a distance of 2083.31 feet; thence S 69°42'45" W a distance of 920.49 feet to the True Point of Beginning.
9. Chevelon Canyon Ranches Wildlife Area: The Chevelon Canyon Ranches Wildlife Area shall be those areas described as follows:
Duran Ranch: T12N, R14E; Sections 6 and 7, more particularly bounded and described as follows: beginning at Corner 1, from which the Standard Corner to Section 31 in T13N, R14E and Section 36 T13N, R13E, bears N 11°41' W 21.53 chains distant; thence S 26°5' E 6.80 chains to Corner 2; thence S 66° W 12.74 chains to Corner 3; thence S 19°16' W 13.72 chains to Corner 4; thence S 29°1' W 50.02 chains to Corner 5; thence N 64°15' W five chains to Corner 6; thence N 28°54' E 67.97 chains to Corner 7; thence N 55°36' E 11.02 to Corner 1; the place

of beginning; all in G&SRB&M, Coconino County, Arizona. Dye Ranch: T12N, R14E Sections 9 and 16, more particularly described as follows: beginning at Corner 1 from which the Standard corner to Sections 32 and 33 in T13N, R14E, bears N 2° 24' E 127.19 chains distant; thence S 50°20' E 4.96 chains to corner 2; thence S 29°48' W 21.97 chains to Corner 3; thence S 14°45' W 21.00 chains to Corner 4; thence N 76°23' W 3.49 chains to Corner 5; thence N 10°13' W 14.02 chains to Corner 6; thence N 19°41' E 8.92 chains to Corner 7; thence N 38°2' E 24.79 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Tillman Ranch: T12N, R14E land included in H.E. Survey 200 embracing a portion of approximately Sections 9 and 10 in T12N, R14E of G&SRB&M; all in G&SRB&M, Coconino County, Arizona. Vincent Ranch: T12N, R13E; Sections 3 and 4, more particularly described as follows: beginning at Corner 1, from which the south corner to Section 33, T13N, R13E, bears N 40°53' W 16.94 chains distance; thence S 53° 08' E 2.98 chains to Corner 2; thence S 11°26' W 6.19 chains to Corner 3; thence S 49°43' W 22.41 chains to Corner 4; thence S 22°45' W 30.03 chains to Corner 5; thence N 67°35' W 6.00 chains to Corner 6; thence N 23° E 30.03 chains to Corner 7; thence N 42°18' E 21.19 chains to Corner 8; thence N 57°52' E 8.40 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Wolf Ranch: T12N, R14E, Sections 18 and 19, more particularly bounded and described as follows: beginning at Corner 1, from which the U.S. Location Monument 184 H. E. S. bears S 88°53' E 4.41 chains distant; thence S 34°4' E 11.19 chains to Corner 2; thence S 40°31' W 31.7 chains to Corner 3; thence S 63°3' W 7.97 chains to Corner 4; thence S 23°15' W 10.69 chains to Corner 5; thence N 59° W 2.60 chains to Corner 6; thence N 18°45' E 10.80 chains to Corner 7; thence N 51°26' E 8.95 chains to Corner 8; thence N 30°19' E 34.37 chains to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona.

10. Chevelon Creek Wildlife Area: The Chevelon Creek Wildlife Area shall be those areas described as follows:
Parcel 1: The S1/2S1/2NW1/4SW1/4 of Section 23, T18N, R17E of G&SRB&M; Parcel 2: Lots 1, 2, 3 and 4 of Section 26, T18N, R17E of G&SRB&M; Parcel 1: That portion of the NE1/4 of Section 26 lying northerly of Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona, all in T18N, R17E of G&SRB&M, Navajo County, Arizona. Parcel 2: That part of Tract A, Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona lying northerly of the following described line: beginning at the southwest corner of Lot 3 of said subdivision; thence southwesterly in a straight line to the southwest corner of Lot 6 of said subdivision.
11. Cibola Valley Conservation and Wildlife Area: The Cibola Valley Conservation and Wildlife Area shall be those areas described as follows:
Parcel 1: this parcel is located in the NW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as

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indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the northeast corner of the NW1/4 of said Section 36; thence south and along the east line of the NW1/4 of said Section 36, a distance of 2646.00 feet to a point being the southeast corner of the NW1/4 of said Section 36; thence westerly and along the south line of the NW1/4 a distance of 1711.87 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly and along said east line of the aforementioned right of way, a distance of 2657.20 feet along a curve concave easterly, having a radius of 9260.00 feet to a point of intersection with the north line of the NW1/4 of said Section 36; thence easterly and along the north line of the NW1/4 of said Section 36, a distance of 1919.74 feet to the point of beginning. Parcel 2: this parcel is located in the U.S. Government Survey of Lot 1 and the E1/2SW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the S1/4 corner of said Section 36; thence westerly and along the south line of said Section 36, a distance of 610.44 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly along said east line of the of the aforementioned right of way and along a curve concave south-westerly, having a radius of 17350.00 feet, a distance of 125.12 feet; thence continuing along said right of way line and along a reverse curve having a radius of 9260.00 feet, a distance of 2697.10 feet to a point of intersection with the east-west midsection line of said Section 36; thence easterly along said east-west midsection line, a distance of 1711.87 feet to a point being the center of said Section 36; thence south and along the north-south mid-section line, a distance of 2640.00 feet to the point of beginning. Parcel 3: this parcel is located in the E1/2NE1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona. Parcel 4: this parcel is located in the E1/2NW1/4SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of U.S.A. Levee; except therefrom that portion lying within Cibola Sportsman's Park, according to the plat thereof recorded in Book 4 of Plats, Page 58, records of Yuma (now La Paz) County, Arizona; and further excepting the N1/2E1/2NW1/4SW1/4. Parcel 5: this parcel is located in the S1/2SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Except the west 33.00 feet thereof; and further excepting that portion more particularly described as follows: the N1/2NW1/4SW1/4SW1/4 of said Section, excepting the north 33.00 feet and the east 33.00 feet thereof. Parcel 6: this parcel is located in the SW1/4SE1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 7: this parcel is located in Sections 24 and 25, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and east of Meander line per BLM Plat 2647C. Parcel 8: this parcel is located in the W1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River. Except that portion in condemnation suit Civil

5188PHX filed in District Court of Arizona entitled USA -vs- 527.93 acres of land; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 9: this parcel is located in the N1/2NE1/4SE1/4; and the W1/2SW1/4NE1/4SE1/4; and that portion of the SE1/4NE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of the U.S.B.R. Levee; except the east 33.00 feet thereof; and further excepting that portion more particularly described as follows: commencing at the northeast corner of the SE1/4 of said Section 20; thence S 0°24'00" E along the east line, a distance of 380.27 feet; thence S 89°36'00" W a distance of 50.00 feet to the True Point of Beginning; thence continuing S 89°36'00" W a distance of 193.00 feet; thence N 0°24'00" W a distance of 261.25 feet; thence S 70°11'00" E a distance of 205.67 feet to the west line of the east 50.00 feet of said SE1/4 of Section 20; thence S 0°24'00" E a distance of 190.18 feet to the True Point of Beginning; excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 10: this parcel is located in the S1/2SE1/4 Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the east 33.00 feet thereof. Parcel 11: This parcel is located in the SW1/4NE1/4; and the NW1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and west of the Meander line per BLM Plat 2546B; except any portion thereof lying within U.S.A. Lots 5 and 6 of said Section 20, as set forth on BLM Plat 2546B; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 12: this parcel is located in the SE1/4NE1/4SE1/4; and the E1/2SW1/4NE1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 13: this parcel is located in the E1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River; except the W1/2W1/2SE1/4SW1/4SE1/4; except the E1/2E1/2SW1/4SW1/4SE1/4; except the SW1/4SW1/4NE1/4; except the W1/2SE1/4SW1/4NE1/4; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 14: this parcel is located in the SW1/4SW1/4NE1/4; and the W1/2SE1/4SW1/4NE1/4 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and protection levees and front work, excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 15: this parcel is located in the W1/2 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the west 133.00 feet thereof; except any portion lying within the U.S. Levee or Channel right of way or any portion

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claimed by the U.S. for Levee purposes or related works; and except the SE1/4SE1/4SW1/4 of said Section 20. Parcel 16: this parcel is located in the SE1/4SE1/4SW1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona.

12. Clarence May and C.M.H. May Memorial Wildlife Area: The Clarence May and C.M.H. May Memorial Wildlife Area shall be the SE1/4 of Section 8 and N1/2NE1/4 of Section 17, T17S, R31E, and the W1/2SE1/4, S1/2NW1/4, and SW1/4 of Section 9, T17S, R31E, G&SRB&M, Cochise County, Arizona, consisting of approximately 560 acres.
13. Cluff Ranch Wildlife Area: The Cluff Ranch Wildlife Area is that area within the fenced and posted portions of Sections 13, 14, 23, 24, and 26, T7S, R24E, G&SRB&M, Graham County, Arizona; consisting of approximately 788 acres.
14. Coal Mine Spring Wildlife Area: The Coal Mine Spring Wildlife Area shall be those areas described as:
Phase I: That portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float No. 3 in Santa Cruz County, Arizona according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows: Beginning at the southeast corner of Lot 128, as shown on the record of survey of Salero Ranch Unit 7, recorded in Book 2 of Records of Survey, page 455, records of Santa Cruz County, Arizona. Thence the following 13 courses and distances upon the boundary line of said Salero Ranch Unit 7; N 29°42'21" E a distance of 2605.96 feet; S 58°19'30" E a distance of 1154.77 feet; thence N 19°14'52" E a distance of 1039.92 feet; thence N 56°11'38" E a distance of 1160.51 feet; thence N 26°24'15" W a distance of 1201.99 feet; thence N 12°43'46" W a distance of 1774.13 feet; thence N 60°37'49" W a distance of 1403.00 feet; thence S 87°25'09" W a distance of 2733.59 feet; thence S 69°40'43" W a distance of 1437.62 feet; thence S 90°00'00" W a distance of 640.89 feet; thence N 5°17'55" E a distance of 1274.34 feet; thence N 11°18'44" E a distance of 2193.00 feet; thence N 2°31'52" W a distance of 1109.93 feet to the northeast corner of Lot 110 of said Salero Ranch Unit 7, on the southerly boundary line of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence S 77°20'10" E a distance of 1403.77 feet upon said southerly boundary line; thence N 85°19'15" E a distance of 415.73 feet upon said southerly boundary line; thence N 83°19'40" E a distance of 1332.97 feet upon said southerly boundary line; thence S 53°17'58" E a distance of 2353.56 feet; thence S 79°45'10" E a distance of 2127.16 feet; thence N 78°08'19" E a distance of 1754.99 feet; thence S 76°40'30" E a distance of 645.76 feet; thence N 8°06'04" E a distance of 2439.25 feet; thence N 83°38'56" E a distance of 2626.58 feet; thence S 4°32'48" E a distance of 1300.66 feet; thence S 22°28'06" E a distance of 1289.33 feet; thence S 41°28'30" E a distance of 693.93 feet; thence N 64°37'22" E a distance of 1137.61 feet; thence S 22°10'49" E a distance of 2355.11 feet; thence S 27°36'21" W a distance of 931.18 feet; thence S 42°06'28" E a distance of 800.14 feet; thence S 23°50'04" W a distance of 5166.49 feet; thence S 0°00'00" W a dis-

tance of 853.11 feet to the easterly projection of the south line of said Salero Ranch Unit 7; thence S 90°00'00" W 6 a distance of 239.35 feet upon said easterly projection; thence S 0°00'00" E a distance of 376.92 feet to a 1/2-inch rebar at the northeast corner of the abandonment and reversion to acreage plat, recorded in Book 4 of Maps and Plats at page 35, records of Santa Cruz County, Arizona, also being the northeast corner of the Sonoita Creek State Natural Area, recorded in Book 2 of Records of Survey at page 68, records of Santa Cruz County, Arizona; thence N 89°36'12" W a distance of 4547.83 feet upon the north line of said abandonment and reversion to acreage plat and said Sonoita Creek Natural State Area; thence N 29°42'21" E a distance of 397.69 feet to the point of beginning.

Phase II: Portions of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 17", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, also being the southwest corner of Lot 102 of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence N 58°47'17" E a distance of 1817.43 feet upon the boundary line of said Salero Ranch Unit 4; thence N 34°12'25" E a distance of 2213.94 feet upon said boundary line; thence N 62°07'32" E a distance of 792.65 feet upon said boundary line; thence departing said boundary line, N 80°16'25" E a distance of 2588.25 feet; thence S 66°29'16" E a distance of 913.97 feet; thence S 48°56'10" E a distance of 3171.87 feet to "PT 23" of said record of survey of Coal Mine Canyon; thence the following 6 courses upon said boundary line of said record of survey; thence S 83°38'56" W a distance of 2626.58 feet; thence S 8°06'04" W a distance of 2439.25 feet; thence N 76°40'30" W a distance of 645.76 feet; thence S 78°08'19" W a distance of 1754.99 feet; thence N 79°45'10" W a distance of 2127.16 feet; thence N 53°17'58" W a distance of 2353.56 feet to the point of beginning. Containing approximately 634.858 acres.

Parcel 2: Beginning at "PT 23", as shown in the record of survey Coal Mine Canyon; thence S 42°44'49" E a distance of 6724.97 feet; thence S 23°50'04" W a distance of 4984.18 feet; thence S 58°24'44" W a distance of 1555.88 feet to the easterly boundary line of said record of survey; thence N 23°50'04" E a distance of 4583.50 feet upon said easterly line to "PT 30"; thence following 7 courses upon the boundary line of said record of survey; thence N 42°06'28" W a distance of 800.14 feet; thence N 27°36'21" E a distance of 931.18 feet; thence N 22°10'49" W a distance of 2355.11 feet; thence S 64°37'22" W a distance of 1137.61 feet; thence N 41°28'30" W a distance of 693.93 feet; thence N 22°28'06" W a distance of 1289.33 feet; thence N 4°32'48" W a distance of 1300.66 feet to the point of beginning. Containing approximately 238.928 acres, with both parcels containing approximately 873.8 acres.

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Phase III: A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel I: Beginning at "PT 32", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, thence N 00°00'0" E a distance of 853.11 feet upon the east line of said Coal Mine Canyon; thence N 23°50'04" E a distance of 582.99 feet upon said east line; thence departing said east line, N 58°24'44" E a distance of 1555.88 feet; thence N H 23°50'04" E a distance of 4984.07 feet; thence N 42°44'46" W a distance of 6725.01 feet to "PT 23" of said record of survey; thence N 48°56'1 0" W a distance of 248.35 feet to the most southerly corner of Lot 167 of Salero Ranch Amended Unit 5, a record of survey recorded in Book 2 of Surveys at page 890, records of Santa Cruz County, Arizona; thence N 64°11'14" E a distance of 1596.01 feet upon the southerly line of said lot 167; thence departing said southerly line, N 05°09'36" E a distance of 1369.85 feet; thence N 53°17'18" E a distance of 65.27 feet; thence N 35°52'16" E a distance of 125.74 feet; thence N 74°11'01" E a distance of 169.04 feet; thence N 55°03'38" E a distance of 178.31 feet; thence N 85°27'03" E a distance of 214.56 feet; thence N 69°11'45" E a distance of 152.18 feet; thence N 38°28'18" E a distance of 21.66 feet; thence N 85°02'24" E a distance of 41.31 feet; thence N 38°28'18" E a distance of 586.88 feet; thence N 50°53'07" E a distance of 190.20 feet; thence S 18°53'17" E a distance of 63.40 feet; thence S 08°07'48" E a distance of 102.38 feet to a tangent curve concave northeasterly; thence southeasterly upon said arc of said curve to the left, having a radius of 380.00 feet and a central angle of 77°14'41", for an arc distance of 512.31 feet to a tangent line; thence S 85°22'29" E a distance of 279.02 feet; thence S 70°54'30" E a distance of 129.90 feet; thence N 83°37'47" E a distance of 142.49 feet; thence S 62°23'38" E a distance of 198.13 feet; thence S 36°56'10" E a distance of 113.72 feet; thence S 58°09'14" E a distance of 170.59 feet; thence N 87°32'08" E a distance of 64.89 feet T to a tangent curve concave southerly; thence easterly upon the arc of said curve to the right, having a radius of 700.00 feet and a central angle of 23°48'20", for an arc distance of 290.84 feet to a compound curve concave southwesterly; thence southeasterly upon the arc of said curve to the right, having a radius of 100.00 feet and a central angle of 55°43'08", for an arc distance of 97.25 feet to a reverse curve concave northerly; thence easterly upon said arc of said curve to the left, having a radius of 100.00 feet and a central angle of 176°30'32", for an arc distance of 308.07 feet to a non-tangent line; thence N 80°33'04" E a distance of 772.85 feet; thence S 00°31'59" W a distance of 1378.17 feet; thence S 57°01'50" E a distance of 565.37 feet; thence S 11°27'08" E a distance of 1517.29 feet; thence S 61°34'44" W a distance of 493.92 feet to the south line of Lot 162 of said Salero Ranch Amended Unit 5; thence continue S 61°34'44" W a distance of 125.58 feet; thence S 90°00'00" W a distance of 333.31 feet; thence S 00°00'00" W a distance of 807.64 feet; thence S 48°51'24" W a distance of 807.64 feet;

thence S 12°09'23" E a distance of 879.27 feet; thence S 04°52'34" W a distance of 1219.26 feet; thence S 08°58'33" E a distance of 630.90 feet; thence S 02°41'39" W a distance of 683.84 feet; thence S 38°57'06" W a distance of 883.05 feet; thence S 00°36'34" W a distance of 695.56 feet; thence S 33°38'55" W a distance of 695.56 feet; thence S 39°38'10" E a distance of 521.88 feet; thence S 00°28'11" E a distance of 521.88 feet; thence S 89°31'49" W a distance of 980.46 feet; thence S 20°25'57" W a distance of 836.32 feet; thence S 36°28'11" E a distance of 2307.36 feet; thence S 00°00'00" W a distance of 611.63 feet to the south line of the N1/2 of said Baca Float No. 3; thence N 89°52'37" W a distance of 3334.98 feet upon said south line; thence N 00°00'00" W a distance of 200.46 feet to the point of beginning.

Phase IV: Portions of APN: 112-43-002B. A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel A: Beginning at the southwest corner of lot 161 of Salero Ranch 2nd Amended Unit 5 recorded as document No. 2008-01905, said records of the Santa Cruz County Recorder, said corner also being labeled as "PT 57" on the record of survey for trust for public land Phase II, recorded as document No. 2008-04365, said records of the Santa Cruz County Recorder; thence S 04°52'34" W a distance of 1219.26 feet upon the east line of Parcel 1, as shown on said survey for trust for public land Phase II, to the corner labeled "PT 56" on said record of survey; thence S 08°58'33" E a distance of 630.90 feet upon said east line to the corner labeled "PT 55"; thence S 02°41'39" W a distance of 683.84 feet upon said east line to the corner labeled "PT 54"; thence S 38°57'06" W a distance of 450.07 feet upon said east line; thence departing said east line, N 72°31'14" E a distance of 380.13 feet; thence N 42°04'28" E a distance of 168.63 feet; thence N 06°07'23" E a distance of 458.79 feet; thence N 09°13'50" W a distance of 428.46 feet; thence N 16°07'21" W a distance of 689.05 feet; thence N 10°00'14" E a distance of 341.00 feet; thence N 00°15'23" W a distance of 754.93 feet to the point of beginning.

Parcel B: Commencing at said above noted corner labeled "PT 54" on said east line as shown on said record of survey of the trust for public land Phase III, thence S 38°57'06" W a distance of 883.05 feet upon said east line to the corner labeled "PT 53", the point of beginning; thence S 00°36'34" W a distance of 695.56 feet upon said east line to the corner labeled "PT 52"; thence N 30°38'23" E a distance of 217.38 feet; thence N 03°24'47" W a distance of 299.47 feet; thence N 22°12'34" W a distance of 226.35 feet to the point of beginning.

15. Colorado River Nature Center Wildlife Area: The Colorado River Nature Center Wildlife Area is Section 10 of T19N, R22W, bordered by the Fort Mojave Indian Reservation to the west, the Colorado River to the north, and residential areas of Bullhead City to the south and east, G&SRB&M, Mohave County, Arizona.
16. Fool Hollow Lake Wildlife Area: The Fool Hollow Lake Wildlife Area shall be that area lying in those portions of

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the S1/2 of Section 7 and of the N1/2N1/2 of Section 18, T10N, R22E, G&SRB&M, described as follows: beginning at a point on the west line of the said Section 7, a distance of 990 feet south of the W1/4 corner thereof; thence S 86°12' E a distance of 2533.9 feet; thence S 41°02' E a distance of 634.7 feet; thence east a distance of 800 feet; thence south a distance of 837.5 feet, more or less to the south line of the said Section 7; thence S 89°53' W along the south line of Section 7 a distance of 660 feet; thence S 0°07' E a distance of 164.3 feet; thence N 89°32' W a distance of 804.2 feet; thence N 20°46' W a distance of 670 feet; thence S 88°12' W a distance of 400 feet; thence N 68°04' W a distance of 692 feet; thence S 2°50' W a distance of 581 feet; thence N 89°32' W a distance of 400 feet; thence N 12°40' W a distance of 370.1 feet, more or less, the north line of the SW1/4SW1/4 of said Section 7; thence west a distance of 483.2 feet, more or less, along said line to the west line of Section 7; thence north to the point of beginning.

17. House Rock Wildlife Area: The House Rock Wildlife Area is that area described as follows: beginning at the common 1/4 corner of Sections 17 and 20, T36N, R4E; thence east along the south Section lines of Sections 17, 16, 15, 14, 13 T36N, R4E, and Section 18, T36N, R5E, to the intersection with the top of the southerly escarpment of Bedrock Canyon; thence southeasterly along the top of said escarpment to the top of the northerly escarpment of Fence Canyon; thence along the top of said north escarpment to its intersection with the top of the southerly escarpment of Fence Canyon; thence northeasterly along the top of said southerly escarpment to its intersection with the top of the escarpment of the Colorado River; thence southerly along top of said Colorado River escarpment to its intersection with Boundary Ridge in Section 29, T34N, R5E; thence westerly along Boundary Ridge to its intersection with the top of the escarpment at the head of Saddle Canyon; thence northerly along the top of the westerly escarpment to its intersection with a line beginning approximately at the intersection of the Cockscomb and the east fork of South Canyon extending southeast to a point approximately midway between Buck Farm Canyon and Saddle Canyon; thence northwest to the bottom of the east fork of South Canyon in the SW1/4SW1/4 of Section 16, T34N, R4E; thence northerly along the west side of the Cockscomb to the bottom of North Canyon in the SE1/4 of Section 12, T35N, R3E; thence northeasterly along the bottom of North Canyon to a point where the slope of the land becomes nearly flat; thence northerly along the westerly edge of House Rock Valley to the point of beginning; all in G&SRB&M, Coconino County, Arizona.
18. Jacques Marsh Wildlife Area: The Jacques Marsh Wildlife Area is that area within the fenced and posted portions of the SE1/4, SW1/4SW1/4NE1/4, SE1/4NW1/4, SW1/4NW1/4, Section 11; and NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, Section 14; T9N, R22E, G&SRB&M, Navajo County, Arizona.
19. Lamar Haines Wildlife Area: The Lamar Haines Wildlife Area is that area described as: T22N, R6E, Section 12 NW1/4, G&SRB&M, Coconino County, Arizona.
20. Lower San Pedro River Wildlife Area: The Lower San Pedro River Wildlife Area shall be those areas described as follows:

For the Triangle Bar Ranch Property: Parcel 1: that portion of the SE1/4 of Section 22, T7S, R16E, G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the southeast corner of Section 22, to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence N 00°38'57" W along the east line of the SE1/4 of Section 22 a distance of 2626.86 feet to a point being the E1/4 corner of Section 22 a 2.5" Aluminum Cap stamped PLS 35235; thence S 89°00'32" W along the north line of the SE1/4 of Section 22 a distance of 1060.80 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 12°30'55" E a distance of 673.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 36°31'44" E a distance of 491.55 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 689 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 00°31'09" W a distance of 400.00 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 1320.00 feet to a point on the west line of the SE1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°31'09" E a distance of 1454.09 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E a distance of 1387.86 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 53°14'11" E a distance of 322.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'49" W a distance of 321.71 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E along said South line of Section 22 a distance of 1011.31 feet to the point of beginning; containing 110.65 acres, more or less. Parcel 2: that portion of Sections 23 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the point on the south line of Section 23, which point is 720 feet east of the southwest corner of Section 23, said point being a 1/2" Iron Pin tagged PLS 35235; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 on the west line of Section 23; thence S 00°38'57" E a distance of 1691.03 feet (south, record) to the southwest corner of Section 23 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence along the south line of Section 23 N 89°02'45" E a distance of 720.00 feet (east, a distance of 720.00 feet, recorded) to the point of beginning; containing 13.98 acres, more or less. Parcel 3: lots 2 and 3, and the NE1/4NW1/4, SE1/4NW1/4, and NE1/4SW1/4 of Sections 18 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: commencing at the northwest corner of Section 18, said point being a GLO B.C. stamped Sec 18 CC; thence S 89°47'17" E along the north line of Section 18, a distance of 1271.33 feet to a point being a 1/2" Iron Pin tagged PLS 35235, and being the point of beginning, said point is the northwest corner of the NE1/4NW1/4; thence S 89°47'17" E a distance of 1320.00 feet to a point being the N1/4 corner of Section 18, to a point being a found stone marked 1/4; thence S 01°35'23" E a distance of 4020.67 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 to a point being the southeast corner or the NE1/4SW1/4 of Section 18; thence N 89°37'16" W a distance of 2610.28 feet to a point on the west line of Section 18 to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the southwest corner of Lot 3; thence N 01°17'05" W along the

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west line of Section 18, a distance of 1360.825 feet to a point being the W1/4 corner of Section 18, to a point being a found stone marked 1/4; thence N 01°20'34" W along the west line of Section 18 a distance of 1325.845 feet to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the northwest corner of Lot 2; thence S 89°32'47" E a distance of 1279.09 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 approximately 0.8 feet down from natural grade, to a point being the northeast corner of Lot 2; thence N 01°40'11" W along the west line of the NE1/4NW1/4 of Section 18, a distance of 1331.47 feet to a point on the north line of Section 18 and the point of beginning; containing 200.78 acres, more or less. Parcel 4: lots 3, 4, 5, 6, and 7 of Section 9, T7S, R16E, of G&SRB&M, Pinal County, Arizona more particularly described as follows: beginning at the S1/4 corner of said Section 9, to a point being a 1.5" Open Iron Pipe with added tag PLS 35235; thence N 00°00'03" E along the north-south midsection line a distance of 2641.16 feet (N 00°38'48" E a distance of 2641.20 feet, record) to the center section of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence continuing N 00°00'03" E along the north-south midsection line, a distance of 1349.83 feet (N 00°38'48" E a distance of 1349.83 feet, record) to the northeast corner of Lot 5 to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence S 89°09'38" W along the north line of Lot 5 a distance of 1346.80 feet (S 89°44'19" W a distance of 1347.21 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, and the northwest corner of Lot 5 and the southeast corner of Lot 3; thence N 00°58'35" E along the east line of Lot 3 a distance of 1357.74 feet (N 00°37'27" E a distance of 1357.74 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the northeast corner of Lot 3; thence N 89°24'33" W along the north line of Lot 3 a distance of 1323.90 feet (N 89°56'37" W a distance of 1323.945 feet, record) to the northwest corner of Section 9 to a point being a found Drill Steel with added tag PLS 35235; thence S 01°56'29" W along the west line of Section 9 a distance of 712.90 feet to a point on the west boundary line of Old Camp Grant and to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 23°03'26" E along said west boundary line of Old Camp Grant, a distance of 5011.05 feet to a point on the south line of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°13'21" E along the south line of Section 9 a distance of 709.50 feet (N 89°51'39" E a distance of 709.50 feet, record) to the point of beginning; containing 181.71 acres, more or less. Together with those parts of Sections 15 and 22, T7S, R16E, of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point being a 1/2" Iron Pin tagged PLS 35235, N 89°00'32" E along the south line of the NE1/4 of Section 22, a distance of 2251.00 feet (east a distance of 2251 feet, record) of the center section corner of Section 22; thence N 47°16'51" W a distance of 1275.05 feet (N 46°47'00" W a distance of 1275.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 79°57'00" W a distance of 1344.00 feet (N 7°27'00" W a distance of 1344.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 65°05'02" W a distance of 399.00 feet (N 59°46'00" W a distance of 399.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N

17°49'24" W a distance of 1382.47 feet (N 17°34'00" W a distance of 1385.00 feet, record) to a point on the Section line between Sections 15 and 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 21°43'45" W a distance of 1408.97 feet (N 20°49'00" W a distance of 1412.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the Center corner of the SW1/4 of Section 15; thence S 01°06'32" W along the west line of the SE1/4SW1/4 of Section 15, a distance of 1317.07 feet (south, record) to a point on the south line of Section 15 and the southwest corner of the SE1/4SW1/4 of Section 15 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°27'15" E along the west line of the E1/2NW1/4 of Section 22, a distance of 2637.50 feet (south, record) to a point on the south line of the NW1/4 of Section 22 and the southwest corner of the E1/2NW1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°00'56" E along said south line of the NW1/4 of Section 22 a distance of 1320.895 feet (east, record) to the center section corner of Section 22 to a point being a found 2.5" Aluminum Cap stamped C1/4 PLS 35235; thence N 89°00'32" E along the south line of the NE1/4 of Section 22 a distance of 2251.00 feet (east, record) to the point of beginning; containing 110.28 acres, more or less. Parcel 5: those parts of Sections 26 and 35 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 89°31'56" E a distance of 571.74 feet (record 572 a distance of feet east) of the center section of Section 35 said point being a 1/2" Iron Pin tagged PE 9626; thence N 16°07'19" W a distance of 1369.92 feet (N 15°44'00" W a distance of 1371 feet, record) to a point being a Power Pole tagged PLS 35235; thence N 46°55'33" W a distance of 279.77 feet (N 45°00'00" W a distance of 283.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 79°45'23" W a distance of 500.00 feet (N 80°00'00" W a distance of 500.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 21°10'05" W a distance of 1104.18 feet (N 20°38'00" W a distance of 1104.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being a distance of 3.55 feet south of the north line of Section 35; thence N 07°46'25" E a distance of 1334.00 feet (N 08°08'00" E a distance of 1334.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°37'04" W a distance of 630.00 feet to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence N 01°11'34" W a distance of 1314.34 feet (north a distance of 1320.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the north line of the SW1/4; thence along the north line of the SW1/4 N 89°18'34" E a distance of 282.00 feet (east a distance of 282.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being S 89°18'34" W a distance of 992.74 from the center section corner of Section 26; thence N 13°48'15" W a distance of 1351.04 feet (N 13°40'00" W a distance of 1358.00 feet, record) to a point on the north line of the SE1/4NW1/4 of Section 26 to a point being a 1/2" Iron Pin tagged PLS 35235, said point being N 89°10'39" E a distance of 26.52 feet from the northwest corner of the SE1/4NW1/4 of Section 26; thence N 26°31'53" W a distance of 1458.00 feet (N

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23°43'00" W a distance of 1442.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, that is on the north line of Section 26 said point being N 89°02'45" E along the north line of Section 26, a distance of 720.00 feet from the northwest corner of Section 26; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the west line of Section 23; thence S 00°38'57" E along the west line of Section 23, a distance of 1690.37 feet (south, record) to the southwest corner of Section 23 and northwest corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S 01°16'16" E along the west line of Section 26 a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the W1/4 corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence S 01°16'16" E along the west line of Section 26, a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the southwest corner of Section 26 and northwest corner of Section 35 to a point being a 2.25" Capped Iron Pipe stamped with added tag PLS 35235; thence S 00°45'30" E along the west line of Section 35, a distance of 1317.94 feet (south a distance of 1320.00 feet, record) to a point being a 2.5" Capped Iron Pipe stamped with added tag PLS 35235, said point being the southwest corner of the N1/2NW1/4 of Section 35; thence N 89°41'45" E along the south line of the N1/2NW1/4 of Section 35, a distance of 2630.87 feet (east a distance of 2644.00 feet, record) to a point being an Oblong Iron Pin with added tag PLS 35235 said point being the southeast corner of the N1/2NW1/4 of Section 35; thence S 01°11'23" E a distance of 1319.08 (south a distance of 1320.00 feet, record) to a point being an Oblong Iron Pin, with added tag PLS 35235, said point being the center section corner of Section 35; thence N 89°31'56" E along the south line of the NE1/4 of Section 35 a distance of 571.74 feet (east a distance of 572.00 feet, record) to the point of beginning; excepting therefrom any portion of said lands lying and within Section 23, T7S, R16E, G&SRB&M; CONTAINING containing 249.46 acres, more or less. Parcel 6: that portion of Section 1, T8S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 88°25'39" E a distance of 507.07 feet (east a distance of 510 feet record) of the southwest corner of the SE1/4SW1/4 of Section 1 said point being a 1/2" Iron Pin tagged RLS 10046; thence N 18°38'44" E a distance of 1399.18 feet (record N 19°41' E a distance of 1402 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 03°51'10" W a distance of 1314.74 feet (record N 02°44' W a distance of 1321 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence S 88°45'59" W a distance of 918.71 feet (record west, a distance of 919 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence N 01°02'04" W a distance of 977.00 feet (record north a distance of 977 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 72°26'42" W a distance of 1384.43 feet (record N 71°22' W a distance of 1393 feet) to a point on the west line of Section 1 to a point being a 1/2" Iron Pin PLS 35235; thence S 01°07'43" E along the west line of Section 1, a distance of 1422.00 feet (record south a distance of 1412 feet) to the W1/4 corner of Section 1, said point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S

01°07'43" E along the west line of Section 1, a distance of 1320.00 feet (record south a distance of 1320 feet) to the southwest corner of the NW1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°37'29" E a distance of 1311.56 feet (record east to the southwest corner of the NE1/4SW1/4) to the southwest corner of the NE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'24" E a distance of 1316.31 feet (record, south a distance of 1320 feet) to the southwest corner of the SE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°25'39" E a distance of 507.07 feet (record, east a distance of 510 feet) to the point of beginning; containing 126.84 acres, more or less. For the ASARCO Property: Parcel 1: Section 15: the W1/2SE1/4 and E1/2SW1/4 of Section 15, T7S, R16E of G&SRB&M, Pinal county, Arizona; except that portion of land situated in Government Lot 9 lying west of the center line of the San Pedro River, said portion being APN 300-35-002. Section 22: That portion of the NE1/4NW1/4 and the NE1/4 of Section 22 T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 23: that portion of the SW1/4 of Section 23, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 26: that portion of the N1/2NW1/4 of Section 26, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Parcel 2: Section 15: Government Lots 1, 2, 3, 4, 5, 6, and 7 of Section 15, T7S, R16E of G&SRB&M, Pinal County, Arizona. Parcel 3: Section 4: Government Lots 5, 8, 9, 11, 12, and 13 of Section 4 except that portion of land situated in Government Lot 13 lying east of State Highway 77 right-of-way, said portion of land being APN 300-31-005B. Section 5: Government Lots 2, 3, 4 and 5, except that portion of land situated in Government Lot 2, more particularly described as follows: beginning at the northeast corner of said Lot 2; thence along the east boundary of said Lot 2 due south 599.94 feet; thence leaving said east boundary due west 283.27 feet to the County Rd. right-of-way (El Camino Rd.); thence along said County Rd. right-of-way N 04°18'56" E a distance of 95.16 feet; thence continuing along said County Rd. right-of-way N 16°30'21" E a distance of 384.05 feet; thence continuing along said County Rd. right-of-way N 14°33'05" E a distance of 141.35 feet to the north boundary of said County Rd. right-of-way due east a distance of 131.48 feet along the north boundary of Government Lot 1 to the point of beginning.

21. Luna Lake Wildlife Area: The Luna Lake Wildlife Area shall be the fenced, buoyed, and posted area lying north of U.S. Highway 180 T5N, R31E, Section 17 N1/2, G&SRB&M, Apache County, Arizona.
22. Manhattan Claims Wildlife Area: Manhattan Claims Wildlife Area: The Manhattan Claims Wildlife Area shall be those areas described as the following mines or mining claims, situated in the California Mining District, in Cochise County, State of Arizona, to-wit: being Sections 3, 4, 5, 9, 10, in T17S., R30E., G&SRB&M, being known as the "Manhattan Group," Cochise County, State of Arizona. Erion Cap: Fraction: Monarch: and Mogul Patented Mines, the United States patent to which is of record in the Recorder's Office in Book 23 of Deeds of Mines, at page 396; Copper trust' Smith No. 1' Iron Cap; wedge; Smith No. 2; Rodea; Standard Extension; Smith No. 4;

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- Smith No. 3; JHU; Cottonwood; Tucson; Prince; Hidden Treasure; Joe Wheeler fraction; Bride of the West; Mackey; Sun Beam; Queen; Last Turn; Winner; and Winner Fraction; patented mines, in the U.S. Patent to which is of record in the Recorder's Office in Book 23 Deeds of Mines, at page 368. Badger; Badger Fraction; patented mines, the U.S. Patent to which is of record in said Recorder's Office, in Book 23 Deeds of Mines, at page 388; Standard patented mine, the U.S. Patent to which is of record in said Recorder's Office in Book 23 Deeds of Mines at page 393; The following patented mining claims situated in said California Mining District, patent records of which are set out with name of claim as follows: Bull Dog, Docket No. 27, at page No. 558; Copper King, Docket No. 27, at page No. 555; Copper Bluff, Docket No. 27, at page No. 552; Copper Top, Docket No. 27, at page No. 558; Copper Glance, Docket No. 27, at page No. 558; and AETNA, Docket No. 27, at page No. 558.
23. Mitty Lake Wildlife Area: The Mitty Lake Wildlife Area shall be those areas described as follows: T6S, R21W, Section 31: All of Lots 1, 2, 3, 4, E1/2W1/2, and that portion of E1/2 lying westerly of Gila Gravity Main Canal Right-of-Way; T7S, R21W; Section 5: that portion of SW1/4SW1/4 lying westerly of Gila Gravity Main Canal Right-of-Way; Section 6: all of Lots 2, 3, 4, 5, 6, 7 and that portion of Lot 1, S1/2NE1/4, SE1/4 lying westerly of Gila Gravity Main Canal R/W; Section 7: all of Lots 1, 2, 3, 4, E1/2W1/2, W1/2E1/2, and that portion of E1/2E1/2 lying westerly of Gila Gravity Main Canal R/W; Section 8: that portion of W1/2W1/2 lying westerly of Gila Gravity Main Canal R/W; Section 18: all of Lots 1, 2, 3, 4, E1/2NW1/4, and that portion of NE1/4, E1/2SW1/4, NW1/4SE1/4 lying westerly of Gila Gravity Main Canal R/W; T6S, R22W; Section 36: all of Lot 1. T7S, R22W; Section 1: all of Lot 1; Section 12: all of Lots 1, 2, SE1/4SE1/4; Section 13: all of Lots 1, 2, 3, 4, 5, 6, 7, 8, NE1/4, N1/2SE1/4, and that portion of S1/2SE1/4 lying northerly of Gila Gravity Main Canal R/W; all in G&SRB&M, Yuma County, Arizona.
 24. Planet Ranch Conservation and Wildlife Area: The Planet Ranch Wildlife Area shall be those areas described as follows: Mohave County (Parcels 1 through 5) Parcel No. 1: the S1/2S1/2 of Section 28, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 2: all of sections 32 and 34 T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 3: the S1/2S1/2 of Section 27, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 4: all of Section 33 and 35, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 5: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. La Paz County (Parcels 6 through 9) Parcel No. 6: that portion of the S1/2 of Lot 2, all of Lots 3, and 4, the S1/2SE1/4NW1/4 and the S1/2S1/2NE1/4 of Section 31, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57, of Dockets, Page 310. Parcel No. 7: all of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except any part of Section 32 lying within the Copper Hill Mining Claim as shown on the Plat of Mineral Survey Number 2675; except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona, described as follows: commencing at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet to the point of beginning; thence north 634.31 feet; thence S 76°41'15" W a distance of 94.09 feet to the southeasterly line of the Planet Ranch Road; thence along said line S 28°55'W a distance of 101.23 feet; thence southwesterly 250.25 feet through an angle of 54°22', along a tangent curve concave to the northwest, having a radius of 263.73 feet to a point of tangency, from which a radial line bears N 07°05' W; thence along said line S 82°55' W a distance of 96.52 feet; thence westerly 184.42 feet through an angle of 17°40'14" along a tangent curve concave to the north, having a radius of 597.96 feet to a point of tangency from which a radial line bears N 10°35'14" E; thence N 79°24'46" W a distance of 260.38 feet; thence leaving the southwesterly line of said Planet Ranch Road, south a distance of 429.61 feet to the south line of said Section 32; thence south along said south line east a distance of 874.42 feet more or less back to the point of beginning; and except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, La Paz County, Arizona, described as follows: beginning at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet; thence north a distance of 634.31 feet; thence S 76°41'15" W a distance of 214.08 feet; thence N 13°18'45" W a distance of 25 feet; thence N 76°41'15" E a distance of 220 feet; thence east a distance of 1270.58 feet; thence south a distance of 660 feet back to the point of beginning. Parcel No. 8: those portions of Sections 33, 34, and 35, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record (Section 34); also except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57 of Dockets, Page 310 (Section 33 and 35). Parcel No. 9: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other

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- hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record.
25. Powers Butte (Mumme Farm) Wildlife Area: The Powers Butte Wildlife Area shall be that area described as follows:
T1S, R5W, Section 25, N1/2SW1/4, SW1/4SW1/4; Section 26, S1/2; Section 27, E1/2SE1/4; Section 34. T2S, R5W, Section 3, E1/2W1/2, W1/2SE1/4, NE1/4SE1/4, NE1/4; Section 10, NW1/4, NW1/4NE1/4; Section 15, SE1/4SW1/4; Section 22, E1/2NW1/4, NW1/4NW1/4; all in G&SRB&M, Maricopa County, Arizona.
 26. Quigley-Achee Wildlife Area: The Quigley-Achee Wildlife Area shall be those areas described as follows:
T8S, R17W; Section 13, W1/2SE1/4, SW1/4NE1/4, and a portion of land in the W1/2 of Section 13, more particularly described as follows: beginning at the S1/4 corner; thence S 89°17'09" W along the south line of said Section 13 a distance of 2627.50 feet to the southwest corner of said Section 13; thence N 41°49'46" E a distance of 3026.74 feet; thence N 0°13'30" W a distance of 1730.00 feet to a point on the north 1/16th line of said Section 13; thence N 89°17'36" E along said north 1/16th line a distance of 600.00 feet to the center of said Section 13; thence S 0°13'30" E. along the north-south midsection line a distance of 3959.99 feet to the point of beginning. Section 23, SE1/4NE1/4, and a portion of land in the NE1/4NE1/4 of Section 23, more particularly described as follows: beginning at the northeast corner; thence S 0°10'19" E along the east line of said Section 23, a distance of 1326.74 feet to a point on the south line of the NE1/4NE1/4 of said Section 23; thence S 89°29'58" W along said south line, a distance of 1309.64 feet; thence N 44°17'39" E a distance of 1869.58 feet to the point of beginning. Section 24, NW1/4, N1/2SW1/4, W1/2NE1/4, N1/2SE1/4NE1/4; all in G&SRB&M, Yuma County, Arizona.
 27. Raymond Wildlife Area: The Raymond Wildlife Area is that area described as follows: All of Sections 24, 25, 26, 34, 35, 36, and the portions of Sections 27, 28, and 33 lying east of the following described line: beginning at the W1/4 corner of Section 33; thence northeasterly through the 1/4 corner common to Sections 28 and 33, 1/4 corner common to Sections 27 and 28 to the N1/4 corner of Section 27 all in T19N, R11E. All of Sections 15, 16, 17, 19, 20, 21, 22, 27, 28, 29, 30, 31, 32, 33, and 34 all in T19N, R12E.; all in G&SRB&M, Coconino County, Arizona.
 28. Robbins Butte Wildlife Area: The Robbins Butte Wildlife Area shall be those areas described as follows:
T1S, R3W, Section 17, S1/2NE1/4, SE1/4, NW1/4SW1/4; Section 18, Lots 3, 4, and E1/2SW1/4, S1/2NE1/4, W1/2SE1/4, NE1/4SE1/4. T1S, R4W, Section 13, all except that portion of W1/2SW1/4SW1/4 lying west of State Route 85; Section 14, all except the W1/2NW1/4 and that portion of the SW1/4 lying north of the Arlington Canal; Section 19, S1/2SE1/4; Section 20, S1/2S1/2, NE1/4SE1/4; Section 21, S1/2, S1/2NE1/4, SE1/4NW1/4; Section 22, all except for NW1/4NW1/4; Section 23; Section 24, that portion of SW1/4, W1/2SW1/4NW1/4 lying west of State Route 85; Section 25, that portion of the NW1/4NW1/4 lying west of State Route 85; Section 26, NW1/4, W1/2NE1/4, NE1/4NE1/4; Section 27, N1/2, SW1/4; Section 28; Section 29, N1/2N1/2, SE1/4NE1/4; Section 30, Lots 5, 6, 7, 8, NE1/4, SE1/4SE1/4; all in G&SRB&M, Maricopa County, Arizona.
 29. Roosevelt Lake Wildlife Area: The Roosevelt Lake Wildlife Area is that area described as follows: beginning at the junction of A-Cross Rd. and Arizona Highway 188; south on Arizona Highway 188 to the main entrance of Roosevelt Lake Marina; northeast on this road towards the main marina launch; northeast across Roosevelt Lake to the south tip of Bass Point; northerly to Long Gulch Rd.; northeast on this road to the A-Cross Rd.; northwest on the A-Cross Rd. to the point of beginning; all in G&SRB&M, Gila County, Arizona.
 30. Santa Rita Wildlife Area: The Santa Rita Experimental Range is that area described as follows: Concurrent with the Santa Rita Experimental Range boundary and includes the posted portion of the following sections: Sections 33 through 36, T17S, R14E, Section 25, Section 35 and Section 36, T18S, R13E, Sections 1 through 4, Sections 9 through 16, and Sections 21 through 36, T18S, R14E, Sections 3 through 9, Sections 16 through 21, Sections 26 through 34, T18S, R15E, Sections 1 through 6, Sections 9 through 16, Section 23, T19S, R14E, Sections 3 through 10, Sections 16 through 18, T19S, R15E; all in G&SRB&M, Pima County, Arizona, and all being coincidental with the Santa Rita Experimental Range Area.
 31. Sipe White Mountain Wildlife Area: The Sipe White Mountain Wildlife Area shall be those areas described as follows:
T7N, R29E, Section 1, SE1/4, SE1/4NE1/4, S1/2NE1/4NE1/4, SE1/4SW1/4NE1/4, NE1/4SE1/4SW1/4, and the SE1/4NE1/4SW1/4. T7N, R30E, Section 5, W1/2W1/2SE1/4SW1/4, and the SW1/4SW1/4; Section 6, Lots 1, 2, 3, 7, and 8, SW1/4NW1/4NW1/4, S1/2NW1/4NE1/4SE1/4, N1/2SE1/4SE1/4, E1/2SE1/4SE1/4SE1/4, SW1/4SE1/4 and the SE1/4SW1/4; Section 7, Parcel 10: Lots 1 and 2, E1/2NW1/4, E1/2E1/2NE1/4NE1/4, W1/2SW1/4NE1/4, NW1/4SE1/4, W1/2NE1/4SE1/4, NE1/4SW1/4, E1/2NW1/4SW1/4, and the NW1/4NE1/4; Section 8, NW1/4NW1/4, and the W1/2W1/2NE1/4NW1/4. T8N, R30E; Section 31, SE1/4NE1/4, SE1/4, and the SE1/4SW1/4; all in G&SRB&M, Apache County, Arizona.
 32. Springerville Marsh Wildlife Area: The Springerville Marsh Wildlife Area shall be those areas described as follows: S1/2 SE1/4 Section 27 and N1/2 NE1/4 Section 34, T9N, R29E, G&SRB&M, Apache County, Arizona.
 33. Sunflower Flat Wildlife Area: The Sunflower Flat Wildlife Area shall be those areas described as follows:
T20N, R3E; Section 11, NE1/4SE1/4, N1/2NW1/4SE1/4, SE1/4NW1/4SE1/4, NE1/4SE1/4SE1/4, W1/2SE1/4NE1/4, S1/2SE1/4SE1/4NE1/4, E1/2SW1/4NE1/4; Section 12, NW1/4SW1/4SW1/4, NW1/4NE1/4SW1/4SW1/4, SW1/4NW1/4SW1/4, S1/2NW1/4NW1/4SW1/4, W1/2SE1/4NW1/4SW1/4, SW1/4NE1/4NW1/4 SW1/4; all in the G&SRB&M, Coconino County, Arizona.
 34. Three Bar Wildlife Area: The Three Bar Wildlife Area shall be that area described as follows: beginning at Roosevelt Dam, northwesterly on 188 to milepost 252 (Bumble Bee Wash); westerly along the boundary fence for approximately 7 1/2 miles to the boundary of Gila and Maricopa counties; southerly along this boundary

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through Four Peaks to a fence line south of Buckhorn Mountain; southerly along the barbed wire drift fence at Ash Creek to Apache Lake; northeasterly along Apache Lake to Roosevelt Dam.

35. Tucson Mountain Wildlife Area: The Tucson Mountain Wildlife Area shall be that area described as follows: beginning at the northwest corner of Section 33; T13S, R11E on the Saguaro National Park boundary; due south approximately one mile to the El Paso Natural Gas Pipeline; southeast along this pipeline to Sandario Rd.; south on Sandario Rd. approximately two miles to the southwest corner of Section 15; T14S, R11E, east along the section line to the El Paso Natural Gas Pipeline; southeast along this pipeline to its junction with State Route 86, also known as the Ajo Highway; easterly along this highway to the Tucson city limits; north along the city limits to Silverbell Rd.; northwest along this road to Twin Peaks Rd.; west along this road to Sandario Rd.; south along this road to the Saguaro National Park boundary; west and south along the park boundary to the point of beginning, all in G&SRB&M, Pima County, Arizona.
36. Upper Verde River Wildlife Area: The Upper Verde River Wildlife Area consists of eight parcels totaling 1102.54 acres located eight miles north of Chino Valley in Yavapai County, Arizona, along the upper Verde River and lower Granite Creek described as follows:
Sullivan Lake: located immediately downstream of Sullivan Lake, the headwaters of the Verde River: the NE1/4NE1/4 lying east of the California, Arizona, and Santa Fe Railway Company right-of-way in Section 15, T17N, R2W; and also the NW1/4NE1/4 of Section 15 consisting of approximately 80 acres. Granite Creek Parcel: includes one mile of Granite Creek to its confluence with the Verde River: The SE1/4SE1/4 of Section 11; the NW1/4SW1/4 and SW1/4NW1/4 of Section 13; the E1/2NE1/4 of Section 14; all in T17N, R1W consisting of approximately 239 acres. E1/2SW1/4SW1/4, SE1/4SW1/4, NE1/4SW1/4 and NW1/4SE1/4 of Section 12, NW1/4NW1/4 of Section 13, T17N, R2W consisting of approximately 182.26 acres. Campbell Place Parcel: NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, SE1/4NW1/4, SW1/4NE1/4, SE1/4NE1/4, NE1/4SW1/4, NW1/4SE1/4, NE1/4SE1/4, NW1/4SW1/4, NE1/4SW1/4, and NW1/4SE1/4 in Section 7, T17N, R1W and SE1/4SE1/4 Section 12, T17N, R2W consisting of 315 acres. Tract 39 Parcel: the E1/2 of Tract 39 within the Prescott National Forest boundary, SE1/2SW1/4 and SW1/4SE1/4 of Section 5, T18N, R1W; and the W1/2 of Tract 39 outside the Forest boundary, SW1/4SW1/4, and SW1/4SW1/4 of Section 5 and NW1/4NW1/4 of Section 8, T18N, R1W consisting of approximately 163 acres. Wells Parcels: Parcel 1 and Parcel 2: all that portion of Government Lots 9 and 10, Section 7, along with Lot 3 and the SW1/4NW1/4, Section 8, located in T17N, R1W, of G&SRB&M, Yavapai County, Arizona, also known as APN 306-39-004L and 306-39-004M. Parcel 3 and Parcel 4: all that portion of the NE1/4SW1/4, NW1/4SE1/4, SW1/4SW1/4, and E1/2SW1/4SW1/4 of Section 12 and the NW1/4NW1/4 of Section 13, T17N, R2W, of G&SRB&M, Yavapai County, Arizona.
37. Wenima Wildlife Area: The Wenima Wildlife Area shall be those areas described as follows:
T9N, R29E; Section 5, SE1/4 SW1/4, and SW1/4 SE1/4 except E1/2 E1/2 SW1/4 SE1/4, Section 8, NE1/4 NW1/4

4, and NW1/4 NE1/4; Sections 8, 17 and 18, within the following boundary: From the 1/4 corner of Sections 17 and 18, the True Point of Beginning; thence N 00°12'56" E a distance of 1302.64 feet along the Section line between Sections 17 and 18 to the N1/16 corner; thence N 89°24'24" W a distance of 1331.22 feet to the NE1/16 corner of Section 18; thence N 00°18'02" E a distance of 1310.57 feet to the E1/16 corner of Sections 7 and 18; thence S 89°03'51" E a distance of 1329.25 feet to the northeast Section corner of said Section 18; thence N 01°49'10" E a distance of 1520.28 feet to a point on the Section line between Sections 7 and 8; thence N 38°21'18" E a distance of 370.87 feet; thence N 22°04'51" E a distance of 590.96 feet; thence N 57°24'55" E a distance of 468.86 feet to a point on the east-west midsection line of said Section 8; thence N 89°38'03" E a distance of 525.43 feet along said midsection line to the center W1/16 corner; thence S 02°01'25" W a distance of 55.04 feet; thence S 87°27'17" E a distance of 231.65 feet; thence S 70°21'28" E a distance of 81.59 feet; thence N 89°28'36" E a distance of 111.27 feet; thence N 37°32'54" E a distance of 310.00 feet; thence N 43°58'37" W a distance of 550.00 feet; thence N 27°25'53" W a distance of 416.98 feet to the NS1/16 line of said Section 8; thence N 02°01'25" E a distance of 380.04 feet along said 1/16 line to the NW1/16 corner of said Section 8; thence N 89°45'28" E a distance of 1315.07 feet along the east-west middle 1/16 line; thence S 45°14'41" E a distance of 67.69 feet; thence S 49°28'18" E a distance of 1099.72 feet; thence S 08°04'43" W a distance of 810.00 feet; thence S 58°54'47" W a distance of 341.78 feet; thence 50°14'53" W a distance of 680.93 feet to a point in the center of that cul-de-sac at the end of Jeremy's Point Rd.; thence N 80°02'20" W a distance of 724.76 feet, said point lying N 42°15'10" W a distance of 220.12 feet from the northwest corner of Lot 72; thence N 34°19'23" E a distance of 80.64 feet; thence N 15°54'25" E a distance of 51.54 feet; thence N 29°09'53" E a distance of 45.37 feet; thence N 40°09'33" E a distance of 69.21 feet; thence N 25°48'58" E a distance of 43.28 feet; thence N 13°24'51" E a distance of 63.12 feet; thence N 16°03'10" W a distance of 30.98 feet; thence N 57°55'25" W a distance of 35.50 feet; thence N 80°47'38" W a distance of 48.08 feet; thence S 87°28'53" W a distance of 82.84 feet; thence S 72°07'06" W a distance of 131.85 feet; thence S 43°32'45" W a distance of 118.71 feet; thence S 02°37'48" E a distance of 59.34 feet; thence S 23°03'29" E a distance of 57.28 feet; thence S 28°30'39" E a distance of 54.75 feet; thence S 36°39'47" E a distance of 105.08 feet; thence S 24°55'07" W a distance of 394.78 feet; thence S 61°32'16" W a distance of 642.77 feet to the northwest corner of Lot 23; thence N 04°35'23" W a distance of 90.62 feet; thence S 85°24'37" W a distance of 26.00 feet; thence N 64°21'36" W a distance of 120.76 feet; thence S 61°07'57" W a distance of 44.52 feet; thence S 39°55'58" W a distance of 80.59 feet; thence S 11°33'07" W a distance of 47.21 feet; thence S 19°53'19" E a distance of 27.06 feet; thence S 54°26'36" E a distance of 62.82 feet; thence S 24°56'25" W a distance of 23.92 feet; thence S 48°10'38" W a distance of 542.79 feet; thence S 17°13'48" W a distance of 427.83 feet to the northwest corner of Lot 130; thence S 29°10'58" W a distance of 104.45 feet to the southwest corner of Lot 130; thence southwesterly along a curve having a radius

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of 931.52 feet, and arc length of 417.52 feet to the southwest corner of Lot 134; thence S 15°04'25" W a distance of 91.10 feet; thence S 04°29'15" W a distance of 109.17 feet; thence S 01°41'24" W a distance of 60.45 feet; thence S 29°16'05" W a distance of 187.12 feet; thence S 14°44'00" W a distance of 252.94 feet; thence S 15°42'24" E a distance of 290.09 feet; thence S 89°13'25" E a distance of 162.59 feet; thence S 37°19'54" E a distance of 123.03 feet to the southeast corner of Lot 169; thence S 20°36'30" E a distance of 706.78 feet to the northwest corner of Lot 189; thence S 04°07'31" W a distance of 147.32 feet; thence S 29°11'19" E a distance of 445.64 feet; thence S 00°31'40" E a distance of 169.24 feet to the east-west midsection line of Section 17 and the southwest corner of Lot 194; thence S 89°28'20" W a distance of 891.84 feet along said east-west midsection line to the True Point of Beginning; all in G&SRB&M, Apache County, Arizona.

38. White Mountain Grasslands Wildlife Area: The White Mountain Grasslands Wildlife Area shall be those areas described as follows:

Parcel 1 (CL1): the S1/2 of Section 24; the N1/2NW1/4 of Section 25; the NE1/4 and N1/2SE1/4 of Section 26; all in T9N, R27E of G&SRB&M, Apache County, Arizona; except all coal and other minerals as reserved to the U.S. in the Patent of said land. Parcel 2 (CL2): the SE1/4 and the SE1/4SW1/4 of Section 31, T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 3 (CL3): the NW1/4SW1/4 of Section 28; and the SW1/4S1/2SE1/4 and NE1/4SE1/4 of T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 4 (CL4): the SW1/4SW1/4 of Section 5; the SE1/4SE1/4 of Section 6; the NE1/4NE1/4 of Section 7; the NW1/4NW1/4, E1/2SW1/4NW1/4, W1/2NE1/4, SE1/4NW1/4, and that portion of the S1/2 which lies North of Highway 260, except the W1/2SW1/4 of Section 8; all in T8N, R28E of G&SRB&M, Apache County, Arizona. Parcel 1 (O1): the S1/2N1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona; except that Parcel of land lying within the S1/2NE1/4 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona, more particularly described as follows: From the N1/16 corner of Sections 10 and 11, monumented with a 5/8-inch rebar with a cap marked LS 13014, said point being the True Point of Beginning; thence N 89°44'54" W a distance of 1874.70 feet along the east-west 1/16 line to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 02°26'17" W a distance of 932.00 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 89°44'54" E a distance of 1873.69 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014, said point being on the east line of Section 10; thence N 02°30'00" E a distance of 932.00 feet along said Section line to the True Point of Beginning. Parcel 2 (O2): the N1/2S1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona. Except for that portion lying South of State Highway 260. Parcel 3 (O3): the SE1/4 of Section 25, T9N, R27E, of G&SRB&M, Apache County, Arizona. Parcel 4 (O4): lots 3 and 4; the E1/2SW1/4; W1/2SE1/4; and NE1/4SE1/4 of Section 30, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 5 (O5): lots 1, 2 and 3; the S1/2NE1/4; NW1/4NE1/4; E1/2NW1/4; and NE1/4SW1/4 of Section 31, T9N, R28E, of G&SRB&M,

Apache County, Arizona. Parcel 6 (O6): beginning at the northwest corner of the SE1/4 of Section 27, T9N, R28E, of G&SRB&M, Apache County, Arizona; thence east a distance of 1320.00 feet; thence south a distance of 925.00 feet; thence west a distance of 320.00 feet to the center of a stock watering tub; thence N 83° W a distance of 1000.00 feet; thence north a distance of 740.00 feet to the point of beginning. State Land Special Use Permit: SE1/4SW1/4 of Section 5; E1/2NE1/4 of Section 08; NE1/4NW1/4 of Section 8; M&B in N1/2NW1/4 north of Hwy 260 of Section 17, all in T8N, R28E of the G&SRB&M, Apache County, Arizona. S1/2NW1/4 and SW1/4 of Section 26; all of Section 36, all in T9N, R27E of the G&SRB&M, Apache County, Arizona. SE1/4 lying easterly of Carnero Creek in Section 18; Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4, lying southeasterly of Carnero Creek in Section 19; NW1/4SE1/4 of Section 29, Lots 1 and 2 and NE1/4 and E1/2NW1/4 and SE1/4SE1/4 of Section 30; and Lot 4, and the NE1/4NE1/4 of Section 31; all in T9N, R28E of the G&SRB&M, Apache County, Arizona. State Grazing Lease: Legal Description of the White Mountain Grassland State Land Grazing Lease. Lots 1 thru 4, and S1/2N1/2, SW1/4, N1/2N1/2SE1/4, S SW1/4NW1/4SE1/4, and W1/2SW1/4SE1/4 of Section 3; Lots 1 thru 4, and the S1/2N1/2 and S1/2 of Section 4; SE1/4SW1/4 of Section 5; E1/2NE1/4, NE1/4NW1/4 of Section 8; SE1/4NE1/4 and N1/2N1/2 of Section 9; S1/2NE1/4NE1/4, SE1/4NW1/4NE1/4, W1/2NW1/4NE1/4, N1/2NW1/4, all in Section 10; NE1/4NW1/4 lying north of the centerline of State Highway 260, in Section 17, T8N, R28E of the G&SRB&M, Apache County; NE1/4, S1/2NW1/4, and the SW1/4 of Section 25, and all of Section 36; in T9N, R27E of the G&SRB&M, Apache County; a portion of the SE1/4 of Section 18 lying southeasterly of Carnero Creek, Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4 lying southeast of Carnero Creek in Section 19; all of Section 20 and Section 21; SW1/4NE1/4, S1/2NW1/4, and M&B in N1/2SW1/4, of Section 27; N1/2E1/2SW1/4, SW1/4SW1/4 and SE1/4 of Section 28; Lots 1 and 2, and NE1/4, E1/2NW1/4, and SE1/4SE1/4 of Section 30; Lot 4 and NE1/4NE1/4 of Section 31; all of Section 32 and Section 33, in T9N, R28E, in the G&SRB&M, Apache County. SE1/4NE1/4SE1/4 of Section 31; T09N, R28E, G&SRB&M, Apache County, Arizona.

39. Whitewater Draw Wildlife Area: The Whitewater Draw Wildlife Area shall be those areas described as follows: T21S, R26E; Section 19, S1/2 SE1/4; Section 29, W1/2 NE1/4, and E1/2 NE1/4; Section 30, N1/2 NE1/4; Section 32; T22S, R26E; Section 4, Lots 3 and 4; T22S, R26E; Section 5, Lots 1 to 4, except an undivided 1/2 interest in all minerals, oil, and/or gas as reserved in Deed recorded in Docket 209, page 117, records of Cochise County, Arizona.
40. Willcox Playa Wildlife Area: The Willcox Playa Wildlife Area shall be that area within the posted Arizona Game and Fish Department fences enclosing the following described area: beginning at the Section corner common to Sections 2, 3, 10 and 11, T15S, R25E, G&SRB&M, Cochise County, Arizona; thence S 0°15'57" W a distance of 2645.53 feet to the east 1/4 corner of Section 10; thence S 89°47'15" W a distance of 2578.59 feet to the center 1/4 corner of Section 10; thence N 1°45'24" E a

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distance of 2647.85 feet to the center 1/4 corner of Section 3; thence N 1°02'42" W a distance of 2647.58 feet to the center 1/4 corner of said Section 3; thence N 89°41'37" E to the common 1/4 corner of Section 2 and Section 3; thence S 0°00'03" W a distance of 1323.68 feet to the south 1/16 corner of said Sections 2 and 3; thence S 44°46'30" E a distance of 1867.80 feet to a point on the common Section line of Section 2 and Section 11; thence S 44°41'13" E a distance of 1862.94 feet; thence S 44°42'35" E a distance of 1863.13 feet; thence N 0°13'23" E a distance of 1322.06 feet; thence S 89°54'40" E a distance of 1276.24 feet to a point on the west right-of-way fence line of Kansas Settlement Rd.; thence S 0°12'32" W a distance of 2643.71 feet along said fence line; thence N 89°55'43" W a distance of 2591.30 feet; thence N 0°14'14" E a distance of 661.13 feet; thence N 89°55'27" W a distance of 658.20 feet; thence N 0°14'39" E a distance of 1322.36 feet; thence N 44°41'19" W a distance of 931.44 feet; thence N 44°40'31" W a distance of 1862.85 feet to the point of beginning. Said wildlife area contains 543.10 acres approximately.

- C. Department Controlled Properties are described as follows: Hirsch Conservation Education Area and Biscuit Tank: The Hirsch Conservation Education Area and Biscuit Tank shall be that area lying in Section 3 T5N R2E, beginning at the northeast corner of Section 3, T5N, R2E, G&SRB&M, Maricopa County, Arizona; thence S 35°33'23.43" W a distance of 2938.12 feet; to the point of true beginning; thence S 81°31'35.45" W a distance of 147.25 feet; thence S 45°46'21.90" W a distance of 552.25 feet; thence S 21°28'21.59" W a distance of 56.77 feet; thence S 16°19'49.19" E a distance of 384.44 feet; thence S 5°27'54.02" W a distance of 73.43 feet; thence S 89°50'44.45" E a distance of 431.99 feet; thence N 4°53'57.68" W a distance of 81.99 feet; thence N 46°49'53.27" W a distance of 47.22 feet; thence N 43°3'3.68" E a distance of 83.74 feet; thence S 47°30'40.79" E a distance of 47.71 feet; thence N 76°2'59.67" E a distance of 105.91 feet; thence N 15°45'0.24" W a distance of 95.87 feet; thence N 68°48'27.79" E a distance of 69.79 feet; thence N 8°31'53.39" W a distance of 69.79 feet; thence N 30°5'32.34" E a distance of 39.8 feet; thence N 46°17'32.32" E a distance of 63.77 feet; thence N 22°17'26.17" W a distance of 517.05 feet to the point of true beginning.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

R12-4-804. Renumbered**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1424, effective June 14, 2003 (Supp. 03-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Section R12-4-804 renumbered to R12-4-125, by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

ARTICLE 9. AQUATIC INVASIVE SPECIES**R12-4-901. Definitions**

In addition to the definitions provided under A.R.S. §§ 5-301 and 17-255, the following definitions apply to this Article, unless otherwise specified:

"Aquatic invasive species" means those species listed in Director's Order 1.

"Certified agent" means a person who meets Department standards to conduct inspections authorized under A.R.S. § 17-255.01(C)(1).

"Conveyance" means a device designed to carry or transport water. Conveyance includes, but is not limited to, dip buckets, water hauling tanks, and water bladders.

"Equipment" means an item used either in or on water; or to carry water. Equipment includes, but is not limited to, trailers used to launch or retrieve watercraft, rafts, inner tubes, kick boards, anchors and anchor lines, docks, dock cables and floats, buoys, beacons, wading boots, fishing tackle, bait buckets, skin diving and scuba diving equipment, submersibles, pumps, sea planes, and heavy construction equipment used in aquatic environments.

"Operator" means a person who operates or is in actual physical control of a watercraft, vehicle, conveyance or equipment.

"Owner" means a person who claims lawful possession of a watercraft, vehicle, conveyance, or equipment.

"Person" has the same meaning as defined under A.R.S. § 1-215.

"Release" means to place, plant, or cause to be placed or planted in waters.

"Transporter" means a person responsible for the overland movement of a watercraft, vehicle, conveyance, or equipment.

"Waters" means surface water of all sources, whether perennial or intermittent, in streams, canyons, ravines, drainage systems, canals, springs, lakes, marshes, reservoirs, ponds, and other bodies or accumulations of natural, artificial, public or private waters situated wholly or partly in or bordering this state.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-901 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-901 renumbered from R12-4-1101 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-902. Aquatic Invasive Species; Prohibitions; Inspection, Decontamination Protocols

A. A person shall not, unless authorized under Article 4:

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1. Possess, import, ship, or transport into or within this state an aquatic invasive species, unless authorized by the Director.
 2. Sell, purchase, barter, or exchange in this state an aquatic invasive species.
 3. Release an aquatic invasive species into waters or into any water treatment facility, water supply or water transportation facility, device or mechanism in this state.
- B.** Upon removing a watercraft, vehicle, conveyance, or equipment from any waters listed in Director's Order 2 and prior to transport, a person shall:
1. Remove all clinging materials such as plants, animals, and mud.
 2. Remove all plugs and other valves or devices that prevent water drainage from all compartments that may retain water, such as ballast tanks, ballast bags, bilges, and ensure plugs or devices remain removed or open during transport.
 3. If no plugs or barriers exist, take reasonable measures to drain or dry all compartments or spaces that may retain water. Reasonable measures include, but are not limited to, emptying bilges, application of absorbents, or ventilation.
- C.** Before transporting a watercraft, vehicle, conveyance, or equipment to any waters located within or bordering this state from waters or locations listed in Director's Order 2, a person shall comply with the mandatory conditions and protocols identified in Director's Order 3 for decontamination of watercraft, vehicles, conveyances, and equipment.
- D.** Department employees, certified agents, and Arizona peace officers authorized under A.R.S. § 17-104 may inspect a watercraft, vehicle, conveyance, or equipment for the purposes of determining compliance with A.R.S. Title 17, Chapter 2, Article 3.1 and this Section.
- E.** If the presence of an aquatic invasive species is documented or suspected on or in a watercraft, vehicle, conveyance, or equipment, a Department employee or any Arizona peace officer may order a person to decontaminate or cause to be decontaminated such watercraft, vehicle, conveyance, or equipment using the mandatory protocols described in Director's Order 3.
- F.** The following Director's Orders are available at any Department office and online at azgfd.gov:
1. Director's Order 1 – Listing of Aquatic Invasive Species for Arizona,
 2. Director's Order 2 – Designation of Waters or Locations Where Listed Aquatic Invasive Species are Present, and
 3. Director's Order 3 – Mandatory Conditions on the Movement of Watercraft, Vehicles, Conveyances, or Other Equipment from Listed Waters Where Aquatic Invasive Species are Present.
- G.** This Section does not apply to owners and operators exempt under A.R.S. § 17-255.04.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-902 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-902 renumbered from R12-4-1102 and amended by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-903. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-903 renumbered to R12-4-904; new Section R12-4-903 renumbered from R12-4-904 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-903 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-904. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-904 renumbered to R12-4-903; new Section R12-4-904 renumbered from R12-4-903 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-904 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-905. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-905 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-906. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-906 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

ARTICLE 10. OFF-HIGHWAY VEHICLES**R12-4-1001. Minimum Standards for an Approved Off-highway Vehicle Educational Course**

The Department may approve an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, provided the course meets the following minimum standards:

1. Course content. The course shall provide information regarding:
 - a. OHV safety;
 - b. Responsibilities of users of OHVs;
 - c. Use of an OHV in a manner that does not harm the natural terrain, plants, or animals;
 - d. Use of an OHV in a manner that minimizes air pollution; and
 - e. State statutes and rules regarding use of OHVs.
2. Course procedures. The course provider shall:
 - a. Use a written examination to measure the extent to which a participant learned the course content; and
 - b. Provide a certificate of completion to a participant who receives a score of 80% or above on the written examination or that demonstrates an equivalent proficiency.

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Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1002. Course-approval Procedure

- A.** To obtain approval of an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, the course provider shall submit an application to the Department's OHV Law Enforcement Program Manager using a form furnished by the Department. The provider shall include the following information on the application form:
1. Name of provider;
 2. If the provider is not an individual, the name of the person who will maintain contact with the Department;
 3. Business address;
 4. Business email address; and
 5. Business and contact telephone numbers.
- B.** In addition to the application form required under subsection (A), a provider shall include a copy of all of the following:
1. The curriculum that will be used to provide the educational course;
 2. Any materials that will be provided to course participants;
 3. The written examination required under R12-4-1001(2)(a); and
 4. The certificate of completion required under R12-4-1001(2)(b).
- C.** The Department shall either approve or deny a request to approve an educational course within 60 days of receiving the application. The Department shall not approve an educational course that fails to meet the requirements established under R12-4-1001 or this Section. The Department shall provide a written notice to the course provider stating the reason for the denial.
- D.** The provider of an educational course of instruction that is not approved by the Department may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1003. Fee for an Approved Course

Under A.R.S. § 28-1175(B), the provider of an approved educational course of instruction in basic off-highway vehicle safety and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$300.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1004. Off-highway Vehicle Sound-level Requirements

- A.** A peace officer who has reason to believe that an off-highway vehicle (OHV) is being operated in violation of A.R.S. § 28-1179(A)(3) may direct the operator to submit the OHV to an onsite test to measure the OHV's sound level. In accordance with A.R.S. § 28-1179(A)(3), the sound level of an OHV shall be measured using the following procedures, which are incorporated by reference and are available for inspection at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, Arizona 85086:
1. All terrain vehicle or motorcycle. Society of Automotive Engineers, J1287, Measurement of Exhaust Sound Pres-

sure Levels of Stationary Motorcycles, April 2017, available from SAE International, 400 Commonwealth Dr., Warrendale, PA 15096 or online at www.sae.org; and

2. Other OHV. International Organization for Standardization, ISO 5130:2007, Acoustics-Measurements of Sound Pressure Level Emitted by Stationary Road Vehicles, 2007, May 31, 2007 Edition 2, available from American National Standards Institute, Attention Customer Service Department, 25 W. 43rd St., 4th Floor, New York, NY 10056 or online at www.iso.org.
- B.** If a peace officer directs the operator of an OHV to submit the OHV to an onsite test to measure the OHV's sound level, the operator shall allow the OHV and associated equipment to be tested. If the peace officer believes that more than one test of the OHV's sound level is necessary to ensure that an accurate measure is obtained, the operator shall allow multiple tests.
- C.** If it is determined that an OHV is being operated in violation of A.R.S. § 28-1179(A)(3), the operator of the OHV shall:
1. Immediately stop operating the OHV; and
 2. Ensure the vehicle is not operated again until it can be operated in compliance with A.R.S. § 28-1179(A)(3), except:
 - a. During a period of emergency; or
 - b. When the operation is directed by a peace officer or other public authority.
- D.** This Section does not include any later amendments or editions of the incorporated materials.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1005. Nonresident Off-highway Vehicle User Indicia

- A.** The owner or operator of an all-terrain vehicle (ATV) or off-highway vehicle (OHV) as defined under A.R.S. § 28-1171 shall not operate the ATV or OHV off-highway in this state without an Arizona off-highway vehicle user indicia. This requirement only applies to an ATV or OHV that:
1. Is designed by the manufacturer primarily for travel over unimproved terrain.
 2. Has an unladen weight of two thousand five hundred pounds or less.
- B.** For lawful Arizona off-highway operation, the owner or operator of a qualifying nonresident ATV or OHV shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Department:
1. The nonresident off-highway vehicle user indicia application furnished by the Department and available on the Department's website,
 2. The fee established under subsection (C)(1), and
 3. The convenience fee established under subsection (C)(2).
- C.** As authorized under A.R.S. § 28-1177:
1. The fee for the nonresident off-highway vehicle user indicia is \$25.
 2. The Department may also collect and retain a reasonable and commensurate fee for its services.
- D.** The owner or operator of the ATV or OHV titled or registered out-of-state shall display the nonresident off-highway user indicia in a manner that is clearly visible to outside inspection:
1. For vehicles with three or more wheels, on the left side rear quadrant of the vehicle.
 2. For two-wheeled vehicles, the indicia shall be displayed on the left fork leg.

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- E. A printed receipt or an electronic copy of the receipt of payment for an annual decal that is purchased online shall serve as a temporary permit for a period of 30 days from the date of purchase.
- F. Under A.R.S. § 28-1178, a person may operate an ATV or OHV in this state without the nonresident off-highway user indicia required under A.R.S. § 28-1177 when any one of the following applies:
1. The person is loading or unloading an ATV or OHV from a vehicle.
 2. The person is participating in an off-highway special event.
 3. The person is operating an ATV or OHV:
 - a. During an emergency or as directed by a peace officer or other public authority.
 - b. Exclusively for agriculture, ranching, construction, mining or building trade purposes.
 - c. Exclusively on private land.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

ARTICLE 11. RENUMBERED**R12-4-1101. Renumbered****Historical Note**

New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-

1101 renumbered to R12-4-901 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-1102. Renumbered**Historical Note**

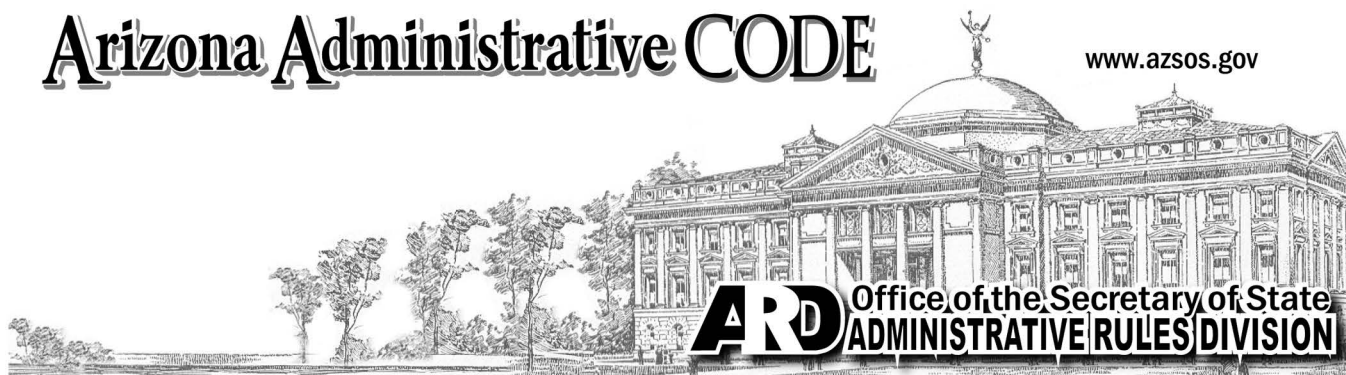
New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1102 renumbered to R12-4-902 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-1103. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).

R12-4-1104. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).



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Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Mahogany Kennedy
Title: Constable, Board Member
Telephone: (602) 525-3319
Email: mahogany.kennedy@maricopa.gov
Address: 1415 N. 7th Ave.
Phoenix, AZ 85007
Website: www.cestb.az.gov

The release of this Chapter in Supp. 25-3 replaces Supp. 18-2, 1-4 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

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

PERSONAL USE/COMMERCIAL USE

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

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

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Administrative Rules Division

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TITLE 13. PUBLIC SAFETY

CHAPTER 14. CONSTABLE ETHICS, STANDARDS AND TRAINING BOARD

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CHAPTER 14. CONSTABLE ETHICS, STANDARDS AND TRAINING BOARD

ARTICLE 1. GENERAL PROVISIONS

R13-14-101. Definitions

In this Chapter, unless the context requires otherwise:

“Board” means the Constable Ethics, Standards, and Training Board established under A.R.S. § 22-136(A).

“Business day” means the hours between 8:00 a.m. and 5:00 p.m. Monday through Friday, except for state holidays.

“Case” means administrative action initiated by a written complaint.

“Complainant” means a person, other than the Board, that files a complaint regarding a constable.

“Constable” means an individual elected under A.R.S. § 22-102 and any deputy constable appointed, employed, or authorized by the county board of supervisors.

“Final administrative decision” has the meaning specified at A.R.S. § 41-1092.

“For cause” means a reason for disciplinary action under A.R.S. Title 22, Chapter 1, Article 3, or this Chapter.

“Just cause” means the standard the Board will meet before taking disciplinary action against a constable. Just cause involves all of the following:

The constable had notice of the required conduct,

The required conduct is reasonable,

The constable was provided due process,

There was a preponderance of evidence establishing the conduct leading to disciplinary action occurred,

The Board took similar disciplinary action against others with similar conduct,

The disciplinary action is not excessive, and

The disciplinary action is reasonable related to the seriousness of the conduct.

“Party” has the meaning specified at A.R.S. § 41-1001.

“Person” has the meaning specified at A.R.S. § 1-215.

“Respondent” means a constable against whom a complaint is filed.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 3058 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R13-14-102. Conduct of the Board

- A. Board members shall elect the officers specified under A.R.S. § 22-136(B) annually. An individual elected as an officer may serve successive terms without limit.
- B. The Board shall comply with A.R.S. Title 38, Chapter 3, Article 3.1 regarding open meetings. A person that wishes to have an item placed on the agenda of the Board for discussion and action shall submit the item in writing to the Board at least 48 hours before the Board meeting.
- C. A Board member present at a Board meeting in real time by telephone or other electronic means is present for the purpose of determining a quorum.
- D. Board members shall comply with A.R.S. Title 38, Chapter 3, Article 8 regarding conflicts of interest.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2).

R13-14-103. Constable Code of Conduct

- A. A constable shall:
 1. Comply with all federal, state, and local law;
 2. Act in a manner that promotes public confidence in the constable’s office;
 3. Be honest and conscientious in all professional and personal interactions;
 4. Avoid a conflict of interest, including the appearance of a conflict of interest, in the performance of constable duties;
 5. Perform constable duties without:
 - a. Bias or prejudice; and
 - b. Regard for kinship, social or economic status, political interests, public opinion, or fear of criticism or reprisal;
 6. Maintain accurate public information regarding the performance of the constable’s duties including the daily activity log required under A.R.S. § 11-445. If a deputy constable is not required to maintain a daily activity log, the elected constable with whom the deputy constable works shall maintain the log of the deputy constable’s daily activity;
 7. Provide complete and accurate answers to questions regarding court and other procedures available to an individual who comes in contact with the constable’s office;
 8. Act at all times in a manner appropriate for an elected public official;
 9. Be courteous, patient, and respectful toward all individuals who come in contact with the constable’s office;
 10. Inform an individual who asks for legal advice that as a matter of law, a constable is not allowed to give legal advice while performing the constable’s official duties; and
 11. Comply with all training requirements relating to being a constable.
- B. A constable shall not:
 1. Use or attempt to use the constable position to obtain a privilege or exemption for the constable or any other person;
 2. Use public funds, property, or other resources for a private or personal purpose;
 3. Solicit or accept a gift or favor from any person known to do business with an Arizona justice court;
 4. Solicit or accept payment other than mandated compensation for providing assistance that is part of an official duty;
 5. Use words or engage in other conduct that a reasonable person would believe reflects bias or prejudice based on race, gender, religion, national origin, disability, age, sexual orientation, or socioeconomic status;
 6. Disclose confidential information received in the course of performing an official duty unless disclosure is required by law;
 7. Use information received in the course of performing an official duty for personal gain or advantage; or
 8. Engage in retaliatory behavior against a person that files a complaint under R13-14-201.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2). Amended by

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final rulemaking at 31 A.A.R. 3058 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

ARTICLE 2. COMPLAINTS; HEARINGS; DISCIPLINARY ACTION

R13-14-201. Filing a Complaint; Jurisdiction

- A. A person may submit to the Board a written complaint regarding a constable using the complaint form on the Board's website. A written complaint may be submitted in person at the Board office or by U.S. Postal Service or email. The complainant shall include facts that allege the constable failed to comply fully with A.R.S. Title 22, Chapter 1, Article 3, or R13-14-103 within the last four years. The complainant may include with the complaint any documents or other evidence relevant to the complaint.
- B. If the Board finds after a hearing that a complainant is a vexatious litigant, as defined at A.R.S. § 12-3201, the Board may take the same action with regard to the complainant as the Superior Court would be allowed to take under A.R.S. § 12-3201.
- C. Following receipt of a complaint submitted under subsection (A), the Board shall complete an initial investigative review within 10 business days. At the monthly Board meeting following the initial investigative review of the written complaint, the Board shall:
 1. Determine the complaint is within the Board's jurisdiction if the complaint meets the standards in subsection (A). If the Board determines the complaint is within the Board's jurisdiction, the Board shall process the complaint as described in R13-14-202.
 2. Determine the complaint is not within the Board's jurisdiction if the complaint does not meet the standards in subsection (A). During the meeting at which the Board determines the complaint is not within the Board's jurisdiction, the Board shall dismiss the complaint and provide notice to the complainant and the respondent.
 3. At the request of at least one Board member, determine additional information is needed and instruct Board staff to continue an investigation of the complaint. When the additional information is obtained, the Board shall act under subsection (C)(1) or (C)(2).
- D. The Board shall not release a written complaint or investigative report to the public until the Board makes a determination under subsection (C)(1) or (C)(2) or issues a final administrative decision regarding the complaint. Before allowing review of a complaint investigative file, the Board shall redact information as prescribed by law.
- E. If the Board obtains information the Board believes may indicate a constable failed to comply fully with A.R.S. Title 22, Chapter 1, Article 3, or R13-14-103 within the last four years, the Board may initiate a complaint against the constable and process the complaint as described in R13-14-202.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 3058 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R13-14-202. Complaint Processing

- A. Following the meeting at which the Board determines a complaint is within the Board's jurisdiction, as described under R13-14-201, the Board shall send notice to the respondent and:
 1. A copy of the complaint received, including any documents or other evidence included with the complaint form; and
 2. A request that the respondent submit a written response to the allegations in the complaint within 45 days after the date on the notice.

- B. Following receipt of the written response requested under subsection (A)(2) or 45 days after providing notice under subsection (A), the Board shall complete an investigative review of the written response within 10 business days. At the monthly Board meeting following completion of the investigative review of the written response, the Board may:
 1. Determine additional investigation is needed,
 2. Dismiss the complaint, or
 3. Determine just cause exists for one of the following actions:
 - a. Discipline specified under A.R.S. § 22-137(A)(5).
 - b. Referral to the presiding judge of the county the respondent is serving, as authorized under A.R.S. § 22-131(A), or
 - c. Referral to the county attorney of the county the respondent is serving, as authorized under A.R.S. § 22-137(C).
- C. Notice of action.
 1. If the Board determines there is just cause to take action as described under subsection (B)(3), the Board shall notify the respondent of the Board's determination. The Board shall ensure the notice specifies the cause for the action and serve the notice as required by A.R.S. § 41-1092.04.
 2. If the Board determines the complaint is without merit and dismisses it under subsection (B)(2), the Board shall notify the respondent the complaint did not indicate the respondent failed to comply fully with A.R.S. Title 22, Chapter 1, Article 3 or R13-14-103, as required under R13-14-201(A), and will not be disclosed by the Board as a complaint against the respondent.
- D. A respondent may contest the Board's determination of just cause within 30 days after receiving the notice of action provided under subsection (C)(1). To contest the determination of just cause, the respondent shall advise the Board in writing and request a hearing. If the respondent fails to file a written request for hearing within 30 days after receiving the notice of action, the respondent waives the right to a hearing and the Board may consider the case based on available information.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 3058 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R13-14-203. Hearing Procedures

- A. If a respondent requests a hearing in the time and manner specified under R13-14-202(D), the Board may elect to:
 1. Have the hearing conducted by the Office of Administrative Hearings, as described under A.R.S. § 41-1092.01(J); or
 2. Conduct the hearing according to A.R.S. §§ 22-137(B)(5) and 41-1092.01(F).
- B. If the respondent requests a hearing but fails to appear at the scheduled hearing, the Administrative Law Judge or the Board may deem the failure to appear as an admission of the acts and violations alleged in the notice of action and take disciplinary action authorized under R13-14-202(B).

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C. General hearing procedures.

1. The Board shall notify all parties of the date, time, and location of the hearing.
2. The Board has the burden of proof at the hearing. The Board shall establish by a preponderance of the evidence that the Board has just cause before the Board disciplines the respondent.
3. The Board shall sit as a whole at a hearing unless a Board member declares a conflict or is unable to attend. Only a Board member who is present during the hearing may participate in making the decision.
4. The Board shall take the actions authorized under A.R.S. § 22-137(B)(5), as applicable, to facilitate the hearing.
5. The party that asks the Board to issue a subpoena shall pay all expenses associated with the subpoena including, except as specified in subsection (C)(6), the witness fee and mileage allowed under A.R.S. § 12-303.
6. A county official or other employee who appears as a hearing witness while on duty is not entitled to the witness fee and mileage allowed under A.R.S. § 12-303.

D. Discovery.

1. The Board shall provide the respondent with a complete copy of the investigative file within three business days after the respondent requests a hearing under R13-14-202(D). The Board shall include the names and mailing addresses of all persons interviewed during the investigation. The Board is not required to provide a copy of hand-written notes if the content of the hand-written notes is incorporated into the investigative file.
2. The respondent shall provide the Board with a copy of all material relating to the respondent's defense within 10 days after the respondent receives the copy of the investigative file.
3. After the initial exchange of discovery required under subsections (D)(1) and (2), each party shall provide the other party with a copy of all new material relating to the case within 10 days after the new material is received.
4. No later than 15 business days before the scheduled hearing, the parties shall exchange copies of all documents that may be introduced at the hearing and have not been previously disclosed.
5. No later than 10 business days before the scheduled hearing, the parties shall exchange the names of all witnesses who may be called to testify.
6. No later than five business days before the scheduled hearing, each party shall provide to the Board office a copy of all documents that will be used at the hearing and a list of intended witnesses.
7. If a party fails to provide material or identify witnesses as required, the Board may preclude use of the material or witness at the hearing.

E. Witnesses.

1. A witness for one party may be interviewed by the other party only if the witness voluntarily agrees to the interview;
2. A party shall not interfere or attempt to interfere with a witness's decision regarding whether to be interviewed; and
3. A party shall not discipline, retaliate against, or threaten a witness in any way for agreeing or not agreeing to be interviewed or for testifying or providing evidence at a hearing.

F. Motions.

1. A party shall ensure a motion is made in writing, served on the opposing parties, and filed with the Board no later than 20 days before the scheduled hearing.
2. A response to a motion shall be in writing, served on the opposing parties, and filed with the Board within 10 days after service of the motion.
3. Except as provided in subsection (F)(4), the Board chair may designate one or more Board members to hear and rule on each motion.
4. A motion to dispose of the case shall be heard by all Board members who do not have a conflict or are otherwise unable to participate. A majority vote of the Board members hearing the motion to dispose of the case is required for disposal.

G. Depositions.

1. A party may make a motion for the Board to order a witness to provide a deposition.
2. The Board shall order a witness to provide a deposition if:
 - a. The witness does not reside in Arizona or is out of state; or
 - b. The witness is too ill to attend the scheduled hearing; and
 - c. The deposition is relevant to a case before the Board.
3. The party that made the motion under subsection (G)(1) shall pay all expenses associated with the deposition including, unless the witness is a county official or employee, the witness fee and mileage allowed under A.R.S. § 12-303.
4. If a deposed witness is unable to appear at the hearing, the deposition may be used in evidence by a party or the Board.

H. Open hearings.

1. The Board shall ensure all hearings are open to the public.
2. On request of a party, the Board may exclude from the hearing a witness who is not testifying.
3. The Board shall ensure witnesses excluded under subsection (H)(2) are kept separate from and not allowed to communicate with each other until all have been examined.

I. Legal counsel or representative. A party may have legal counsel or other representative appear on the party's behalf at a hearing.

1. Before a hearing begins, a party shall designate the party's legal counsel or representative, if any.
2. The Board shall advise a party without legal counsel that the party may obtain and be represented by counsel at the hearing.
3. A party may request the Board postpone a hearing to enable the party to obtain legal counsel. The Board shall postpone the hearing for a reasonable time.

J. Presentation of evidence.

1. A party may present evidence and witnesses at a hearing.
2. The Board shall exclude evidence it determines is irrelevant.

K. Settlement.

1. The parties may settle a dispute before there is a hearing.
2. If requested by the respondent, the parties may submit the terms of a settlement to the Board for approval. If the Board approves the settlement, the settlement becomes final.

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3. The Board shall not allow evidence of settlement discussion or proposed settlement agreement to be admitted against the respondent in a hearing before the Board.
- L. Final administrative decision.
 1. The Board shall issue a final decision within 20 days after the hearing ends.
 2. The Board shall ensure the final decision is written and contains findings of fact and conclusions of law supporting the decision.
 3. The Board shall include with the final decision an explanation of the respondent's right to appeal the decision and provide information regarding the appeal process.
 4. The Board shall serve the final administrative decision on all parties.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 3058 (September 26, 2025), effective November 2, 2025 (Supp. 25-3).

R13-14-204. Disciplinary Action

If the Board determines disciplinary action under A.R.S. § 22-137(A)(5) is warranted, the Board shall consider factors including, but not limited to, the following when determining the appropriate discipline:

1. Prior disciplinary offenses;
2. Dishonest or self-serving motive;
3. Pattern and frequency of misconduct;
4. Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the Board;
5. Submission of false evidence, false statements, or other deceptive practices during the investigative or disciplinary process;
6. Refusal to acknowledge wrongful nature of conduct; and
7. Harm caused to a member of the public.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2).

R13-14-205. Review or Rehearing of Decision

- A. A party aggrieved by a Board order or decision may:
 1. Seek judicial review of the order or decision under A.R.S. § 12-904; or
 2. Except as provided in subsection (G), file a written motion for review or rehearing with the Board not later than 30 days after service of the order or decision. For purposes of this subsection, service is complete on personal service or five days after the date the Board order or decision was mailed to the party's last known address.
- B. A motion for rehearing or review may be amended at any time before it is ruled on by the Board. A party may file a response within 15 days after service of the motion or amended motion by any other party. The Board may require written briefs regarding the issues raised in the motion and may provide for oral argument.
- C. The Board may grant rehearing or review of a Board order or decision for any of the following causes materially affecting the moving party's rights:
 1. An irregularity in the administrative proceedings of the Board or the prevailing party or any order or abuse of discretion that caused the moving party to be deprived of a fair hearing;
 2. Misconduct of the Board or the prevailing party;

3. An accident or surprise that could not be prevented by ordinary prudence;
4. Newly discovered material evidence that could not with reasonable diligence be discovered and produced at the original hearing;
5. An error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the case; or
6. The order or decision is not justified by the evidence or is contrary to law.
- D. The Board may affirm or modify a Board order or decision or grant a rehearing or review to all or any of the parties, on all or part of the issues, for any of the reasons specified in subsection (C). An order granting a rehearing or review shall specify the grounds on which the rehearing or review is granted, and the rehearing or review shall cover only the matters specified.
- E. Not later than 30 days after a Board order or decision is rendered, the Board may on its own initiative order a rehearing or review of its order or decision for any reason specified in subsection (C). After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion.
- F. When a motion for rehearing or review is based on affidavits, the party shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board for good cause or by written agreement of all parties may extend the period for service of opposing affidavits to a total of 20 days. Reply affidavits are permitted.
- G. If the Board finds that the immediate effectiveness of a Board order or decision is necessary to preserve public peace, health, or safety and that a rehearing or review of the Board order or decision is impracticable, unnecessary, or contrary to the public interest, the Board order or decision may be issued as a final order or decision without an opportunity for a rehearing or review. If a Board order or decision is issued as a final order or decision without an opportunity for rehearing or review, any application for judicial review of the order or decision shall be made within the time permitted for final orders or decisions.
- H. A complainant:
 1. Is not a party to:
 - a. A Board administrative action, decision, or proceeding; or
 - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
 2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2).

ARTICLE 3. TRAINING AND EQUIPMENT PROGRAM GRANTS**R13-14-301. Request for Grant Applications**

- A. As required under A.R.S. § 22-138, the Board makes grants for constable training and support and equipment.
- B. The Board shall issue requests for grant applications that meet the standards required under A.R.S. § 41-2702.
- C. The Board shall post the requests for grant applications on the Board's website at least six weeks before grant applications are due. The Board shall send written notice of the online availability of the requests for grant applications to all constables.

TITLE 13. PUBLIC SAFETY

CHAPTER 14. CONSTABLE ETHICS, STANDARDS AND TRAINING BOARD

bles and any person that has submitted a written request to receive the notice.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2).

R13-14-302. Evaluation of Grant Applications

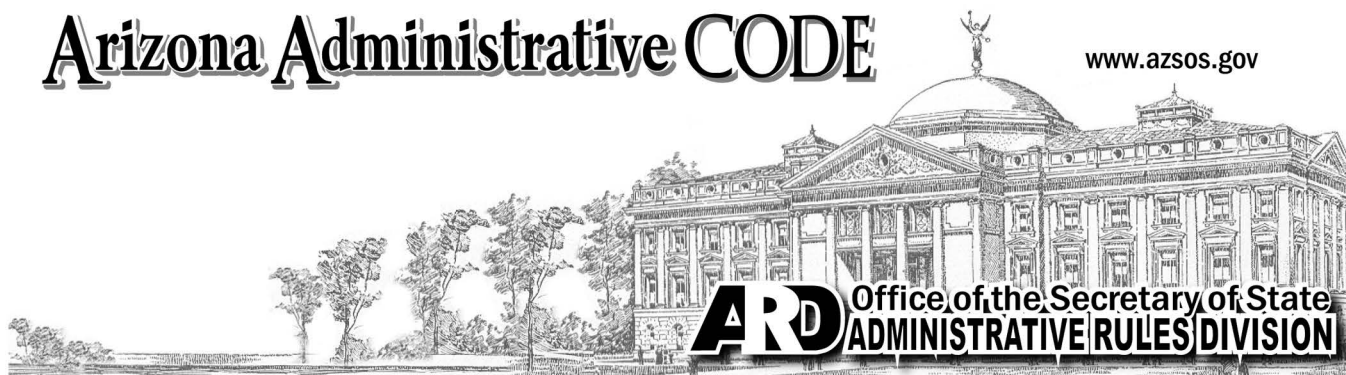
- A. Members of the Board shall review and evaluate each grant application in a manner consistent with A.R.S. § 41-2702. The

Board shall base the Board's decision regarding an application only on the criteria specified in the request for grant applications.

- B. The Board shall vote on each application and award grants at a public meeting.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 1518, effective June 30, 2018 (Supp. 18-2).



TITLE 17. TRANSPORTATION
CHAPTER 3. DEPARTMENT OF TRANSPORTATION - HIGHWAYS
17 A.A.C. 3

Supplement Information
Supp. 25-3

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

For questions, contact:

Name: Candace Olson
Title: Senior Rules Analyst
Telephone: (480) 267-6610
Email: COlson2@azdot.gov
Department: Department of Transportation
Government Relations and Rules
Address: 206 S. 17th Ave., Mail Drop 180A
Phoenix, AZ 85007
Website: <https://azdot.gov/about/government-relations>

The release of this Chapter in Supp. 25-3 replaces Supp. 22-3, 1-27 pages.

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

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

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

THE ADMINISTRATIVE CODE

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

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

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

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

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

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

RULE HISTORY

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

AUTHENTICATION OF PDF CODE CHAPTERS

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

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

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

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

EXEMPTIONS FROM THE APA

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

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

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

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

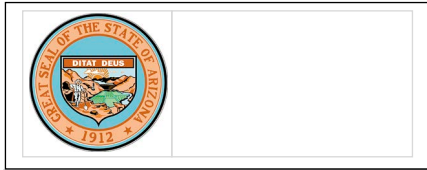
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

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

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Administrative Rules Division

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TITLE 17. TRANSPORTATION

CHAPTER 3. DEPARTMENT OF TRANSPORTATION - HIGHWAYS

Authority: A.R.S. §§ A.R.S. §§ 28-366, 28-7384, and 28-7385

Supp. 25-3

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(Supp. 04-4).

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Editor's Note: The Article 5 heading "Highway Encroachments and Permits" is published as submitted by the Department

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TITLE 17. TRANSPORTATION

CHAPTER 3. DEPARTMENT OF TRANSPORTATION - HIGHWAYS

ARTICLE 1. REPEALED**R17-3-101. Reserved****R17-3-102. Repealed****Historical Note**

Former Rule, ASHC Resolution. Former Section R17-3-10 renumbered without change as Section R17-3-102 (Supp. 88-4). Repealed effective May 31, 1991 (Supp. 91-2).

ARTICLE 2. MANAGEMENT OF CONTRACTOR BIDDING**R17-3-201. General****A. Definitions.**

1. "Application" means a request for contractor prequalification, consisting of an application booklet available from the Department's office of Contracts and Specifications, and a financial statement prepared according to the requirements of this subsection and R17-3-202.
2. "Board" means the Contractor Prequalification Board.
3. "Compiled financial statement" means a financial statement prepared for form, appropriateness, and arithmetic accuracy. It does not express an opinion or provide any assurance regarding the financial statement.
4. "Contractor" means the individual, partnership, firm, corporation, joint venture, or any combination acceptable to the Department, that seeks to contract with the Department for constructing or reconstructing state transportation facilities, unless the context requires otherwise.
5. "Contractor prequalification" means the Department's process of review and evaluation of a contractor's work history and current financial condition before a contractor is allowed to submit a proposal for constructing or reconstructing state transportation facilities.
6. "Department" means the Arizona Department of Transportation.
7. "Examined financial statement" means a financial statement that includes the amounts and disclosures in the firm's financial statement, an assessment of the accounting principles used and the significant estimates made by management, and an evaluation of the overall financial statement presentation.
8. "Financial statement" means a financial report prepared according to generally accepted accounting principles by an independent certified public accountant or an independent public accountant. The financial statement includes a cover letter on the accountant's letterhead, a balance sheet, a statement of cash flows, an income statement, and all notes and appropriate supporting schedules.
9. "Joint venture" means the combination of two or more contractors for the purpose of submitting a proposal to the Department and performing a contract for constructing or reconstructing state transportation facilities.
10. "Prequalification amount" means the dollar limitation of each contract, based on the Department's estimate of contract value, for which a contractor may submit a proposal to the Department for constructing or reconstructing state transportation facilities.
11. "Reviewed financial statement" means a financial statement that includes an inquiry of company personnel, and a review of the analytical procedures applied to the financial data. It does not express an opinion regarding the financial statement taken as a whole.
12. "State Engineer" has the meaning in A.R.S. § 28-6901(3).

B. Contractor Prequalification Board.

1. The State Engineer shall appoint the Board to consider and decide on applications for contractor prequalification.
2. The Board will be comprised of three Department employees, one of whom shall be a professional engineer, registered by the Arizona Board of Technical Registration, and one a certified or licensed public accountant.
3. The Board's authority to determine prequalification does not limit the Department's ability to establish additional criteria for contracts.

Historical Note

Adopted effective March 3, 1987 (Supp. 87-1). Amended by final rulemaking at 8 A.A.R. 79, effective December 10, 2001 (Supp. 01-4).

R17-3-202. Contractor Prequalification**A. Criteria.** An applicant for contractor prequalification shall include on the application and the Board shall consider the following information in determining the prequalification amount for a contractor:

1. Key personnel and their work experience,
2. Organizational structure,
3. History of past or current projects and contracts,
4. Company affiliations,
5. Equipment owned or controlled,
6. Any applicable licenses,
7. Type of work requested,
8. Individuals authorized to act on behalf of the contractor,
9. Any prequalification or bidding disputes with a government agency, and
10. Financial condition.

B. Prequalification Expiration and Extension.

1. Prequalification expires 15 months after the end of a contractor's fiscal year, as reflected on the financial statement. Due to the time necessary to prepare an examined financial statement, the Board may grant up to a 60 day extension on the expiration of prequalification, if:
 - a. The contractor submits a letter from its accountant stating the reasons for delay in preparing the examined financial statement,
 - b. The letter from the accountant states the anticipated completion date of the examined financial statement, and
 - c. The contractor submits an interim compiled or reviewed financial statement that was prepared within the previous six months.
2. The Board will notify each contractor in writing of its decision on the contractor's prequalification amount.

C. Joint Ventures.

1. Each contractor in a proposed joint venture shall be prequalified. The joint venture shall submit a joint venture statement of intent at least five calendar days before the applicable bid opening date.
2. If one or more of the parties to the joint venture are corporations, a copy of a resolution from the Board of Directors authorizing the corporation to enter into the joint venture and execute all contract documents shall be submitted with the statement of intent.
3. Contractors operating as a joint venture on a continuing basis may file for prequalification as a joint venture.
4. The Board may allow a contractor operating as a joint venture to prequalify for a pro rata share of the entire contract amount. The percentage share of work shall not

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exceed each individual contractor's prequalification amount.

D. Classification of Contractors. The Board shall categorize contractors into the following classifications:

1. Inexperienced firms: Firms that have no experience as contractors in transportation facilities construction work;
2. New firms: Recently organized firms that have officers with experience with other contractors in positions of responsibility for transportation facilities construction;
3. Unknown firms: Firms that have experience as contractors but have not completed a transportation facilities construction contract as a contractor for the Department within the past five years or at any time;
4. Known firms: Firms that have successfully completed at least one transportation facilities construction contract within the past five years as a contractor for the Department.

E. Classification of Financial Statements.

1. All financial statements shall be examined, reviewed, or compiled according to generally accepted accounting principles, by either an independent certified public accountant or an independent public accountant, registered and licensed under the laws of any state. A contractor shall not submit a financial statement prepared by either a certified or public accountant who is directly or indirectly interested in or affiliated with the business of the contractor.
2. A contractor that desires a prequalification amount in excess of \$1.5 million shall submit an examined financial statement.
3. A contractor that submits a reviewed financial statement will be limited to a maximum prequalification amount of \$1.5 million.
4. A contractor that submits a compiled financial statement will be limited to a maximum prequalification amount of \$300,000.

F. Prequalification Limits. In determining the prequalification amount for each contractor, the amount set by the Board may be less than the maximum amount set out in this subsection due to the Board's evaluation of the contractor's information under R17-3-202(A).

1. Inexperienced firms. An inexperienced firm will be limited to a maximum prequalification amount of \$300,000 until the contractor has satisfactorily completed at least one transportation facilities construction contract for any public agency.
2. New firms. A new firm will be limited to a maximum prequalification amount of five times the firm's net worth.
3. Unknown firms. An unknown firm will be limited to a maximum prequalification amount of five times the firm's net worth or the amount of the largest transportation facilities construction contract it has successfully completed as a contractor for any other public agency, whichever is larger.
4. Known firms. A known firm will be limited to a maximum prequalification amount of ten times the firm's net worth. An unlimited prequalification amount may be granted if the product of ten times the firm's net worth exceeds \$100 million.
5. All firms. Evidence of additional assets pledged in behalf of a contractor or letters from a contractor's surety company may be considered in establishing higher prequalification amounts than stated in subsections (F)(2) through

(F)(4). A parent company that pledges assets in behalf of a contractor shall submit a financial statement.

G. Reconsideration of Prequalification Determination.

1. If a contractor is dissatisfied with the Board's decision, the contractor may request in writing a hearing, within 15 days of receiving the Board's decision. The hearing shall be conducted under A.R.S. § 41-1062. The letter shall indicate the basis for the request and shall provide supportive data. The Board shall review the request and accompanying information and decide on the request within 30 calendar days of its receipt.
2. If the contractor is still dissatisfied with the decision of the Board, the contractor may appeal to the State Engineer. The Board shall notify the contractor about the appeal procedures.

H. Issuance of Bidding Documents. A contractor shall not request bid documents for a contract for which it is not prequalified.

I. The Department may waive the prequalification requirement on an individual contract when it is in the best interest of the state. The advertisement for bids shall identify if prequalification is waived.

Historical Note

Adopted effective March 3, 1987 (Supp. 87-1). Amended by final rulemaking at 8 A.A.R. 79, effective December 10, 2001 (Supp. 01-4).

R17-3-203. Reduced Prequalification Amounts or Disqualifications

A. The Board may reduce the prequalification amount of a contractor already prequalified or disqualify a contractor from bidding if a contractor:

1. Falsifies any document or misrepresents any material fact in the information furnished to the Department;
2. Fails to enter into a contract with the Department;
3. Defaults on a previous contract with any public agency;
4. Has an unsatisfactory work performance record with the Department on the basis of workmanship, competent superintendence, adequate and proper equipment, timely completion, or failure to submit required documentation for closing out a contract; or
5. Fails to provide notification to the Board, within 30 calendar days of occurrence, of any change in ownership, corporate officers or general partners, bankruptcy, receivership, court supervised reorganization, or the entry of a judgment in a judicial or administrative proceeding adverse to the contractor.

B. The Board shall notify a contractor in writing of its intention to reduce the prequalification amount or to disqualify a contractor. The Board's notice to reduce prequalification or to disqualify a contractor shall become a final determination unless the contractor requests a hearing with the Board within 20 calendar days after receiving such notification. The Board shall notify the contractor about the hearing procedures.

C. The contractor may appeal the Board's decision to the State Engineer. The Board shall notify the contractor about the appeal procedures.

Historical Note

Adopted effective March 3, 1987 (Supp. 87-1). Amended by final rulemaking at 8 A.A.R. 79, effective December 10, 2001 (Supp. 01-4).

R17-3-204. Access to Department Prequalification Files

Prequalification files are considered to be strictly confidential. The files will be available only to:

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CHAPTER 3. DEPARTMENT OF TRANSPORTATION - HIGHWAYS

1. Members of the Board,
2. The Director of the Department or any authorized agents of the Department,
3. Members of the Arizona State Transportation Board,
4. The division administrator of the Federal Highway Administration or any authorized representatives,
5. Agents of surety upon the filing of an application for bond duly signed by an authorizing party of the prequalified contractor,
6. Members of the Arizona State Board of Accountancy or their duly authorized representatives, and
7. The contractor that is the subject of the file.

Historical Note

Adopted effective March 3, 1987 (Supp. 87-1). Amended by final rulemaking at 8 A.A.R. 79, effective December 10, 2001 (Supp. 01-4).

ARTICLE 3. RELOCATION ASSISTANCE

Article 3, consisting of Sections R17-3-301 through R17-3-304, repealed; new Article 3, consisting of Sections R17-3-301 through R17-3-306, made by final rulemaking at 9 A.A.R. 1075, effective May 6, 2003 (Supp. 03-1).

R17-3-301. Relocation Assistance; Adoption of Federal Regulations

- A. The Department incorporates by reference 49 CFR 24.1 through 24.10, 49 CFR 24.201 through 24.209, 49 CFR 24.301 through 24.305, 49 CFR 24.401 through 24.404, 49 CFR 24.501 through 24.503, 49 CFR 24.601 through 24.603, and Appendix A to Part 24 as it relates to Subparts A, C, D, and E, revised as of October 1, 2010, and no later amendments or editions, as amended by this Article. These sections apply to relocation assistance activity provided by the Department. The incorporated material is on file with the Arizona Department of Transportation and is available from the U.S. Government Printing Office, P. O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be ordered online by visiting the U.S. Government Online Bookstore at <http://bookstore.gpo.gov> or is available free of charge at <http://gpo.gov>.
- B. The following definition applies for the purpose of this Article unless indicated otherwise.

“Department” means the Arizona Department of Transportation.

Historical Note

Former Rule, Right of Way Resolution 70-60. Former Section R17-3-12 renumbered without change as Section R17-3-301 (Supp. 88-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 1075, effective May 6, 2003 (Supp. 03-1). Section amended by final rulemaking at 19 A.A.R. 141, effective March 10, 2013 (Supp. 13-1).

R17-3-302. Relocation Assistance; 49 CFR 24, Subpart A - General

- A. 49 CFR 24.2, “Definitions and acronyms” is amended as follows:

“Agency” means the Arizona Department of Transportation.”

“Contribute materially” in paragraph (a)(7) is amended to read:

The term “contribute materially” means that during the two taxable years before the taxable year in which displacement occurs, a business contributed at least 33 1/3%

of the owner’s or operator’s average annual gross income from all sources.

“Decent, safe, and sanitary dwelling” in paragraph (a)(8) is amended to read:

The term decent, safe, and sanitary dwelling means a dwelling that meets applicable housing and occupancy codes. However, any of the following standards that are not met by an applicable code shall apply unless waived for good cause by the federal agency or state agency funding the project. The dwelling shall:

Be structurally sound, weathertight, and in good repair;

Contain a safe electrical wiring system adequate for lighting and other devices; and

Contain heating and cooling systems capable of sustaining a healthful temperature for a displaced person, except in those areas where local climatic conditions do not require such systems.

“Initiation of negotiations” has the same meaning as prescribed in A.R.S. § 28-7141.

“Notice of intent to acquire or notice of eligibility for relocation assistance” as described in 49 CFR 24.203(d) and 49 CFR 24.203(b) means:

Written notice furnished to a person to be displaced that establishes eligibility for relocation benefits before the initiation of negotiations.

“Persons not displaced” in paragraph (a)(9)(ii)(A) is amended to read:

A person who moves before the initiation of negotiations, unless this requirement is waived by the Department due to a move necessitated for reasons beyond the person’s control.

“Program or project” in paragraph (a)(22) is amended to read:

The phrase “program” or “project” means any displacing activity or series of activities undertaken by the Department, related to construction or reconstruction of a transportation facility, or a facility necessary for maintaining a transportation facility.

“Salvage value” in paragraph (a)(23) is deleted.

“Uneconomic remnant” in paragraph (a)(27) is deleted.

“Uniform Act” in paragraph (a)(28) is amended to read:

The term “Uniform Act” means the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 et seq.).

“Utility facility” in paragraph (a)(31) is deleted.

“Utility relocation” in paragraph (a)(32) is deleted.

- B. 49 CFR 24.5 “Manner of notices” is amended to read:

Each notice which the agency is required to provide to a property owner or occupant under this part shall be personally served or sent by certified or registered first-class mail, return receipt requested, and documented in agency files. Each notice shall be written in plain, understandable language. Persons who are unable to read and understand the notice must be provided with appropriate translation and counseling. Each notice shall indicate the name and telephone number of a person to contact for answers to questions or other needed help.

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- C. 49 CFR 24.9 "Recordkeeping and reports" is amended to read:
Paragraph (a) Records. The agency shall maintain adequate records of its acquisition and displacement activities in sufficient detail to demonstrate compliance with this part. These records shall be retained for at least three years after each owner of a property and each person displaced from the property receives the final payment to which each owner of property is entitled under this part, or in accordance with the applicable regulations of the federal funding agency, whichever is later.

- D. 49 CFR 24.10 "Appeals" is amended to read:
In addition to the provisions of A.R.S. §§ 41-1061 through 41-1067, the following provisions apply:

1. Actions that may be appealed. A person who believes the Department has failed to properly determine the person's eligibility for, or the amount of, a relocation payment may file a written appeal. A person shall include all contested issues in one appeal.
2. Process. To appeal, a person shall submit a letter stating name and address and the reasons for disagreeing with the Department's decision to the Right-of-Way Group, Arizona Department of Transportation, 205 S. 17th Ave., MD 612E, Phoenix, AZ 85007-3212.
3. Time limit. The person shall file the written appeal within 60 days after receiving notice of the Department's determination on the person's claim. The date the appeal request is received begins the official time limit constraints, as prescribed in subsections (D)(4) and (8) of this Section. Filing the appeal does not extend any eligibility periods or a required date to vacate a property.
4. Hearing date. Within 45 days of receipt of the appeal request, the Department shall set a mutually acceptable date for a hearing before a hearing officer.
5. Review of files. After making a written request to the Department at the address in subsection (D)(2) of this Section, the person may review and receive a copy of any non-confidential documentation contained in the Department's files regarding the person's appeal.
6. Scope of review. The Department shall consider and review the person's arguments, statements, and documents in support of the appeal, allowing reasonable latitude for the hearing of relevant material.
7. Right to representation. The person has a right to be represented by legal counsel or another representative in connection with the person's appeal, but solely at the person's own expense.
8. Determination. Within 30 days of the hearing, the hearing officer shall make a recommendation to the Chief Right-of-Way Agent. The Department shall promptly issue a written decision and provide a copy to the person by certified mail. The Department shall explain the basis on which its decision was made, and what relief, if any, is to be provided.
9. Judicial review. If the Department does not grant the relief requested, the Department shall advise the person of the right to seek judicial review.

Historical Note

Former Rule, Right of Way Resolution 71-42. Former Section R17-3-13 renumbered without change as Section R17-3-302 (Supp. 88-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 1075, effective

May 6, 2003 (Supp. 03-1). Section amended by final rulemaking at 19 A.A.R. 141, effective March 10, 2013 (Supp. 13-1).

R17-3-303. Relocation Assistance; 49 CFR 24, Subpart C - General Relocation Requirements

49 CFR 24.206 "Eviction for cause" is amended to read:

1. Eviction for cause must conform to A.R.S. §§ 12-1171 through 12-1183. The Department may determine that a person who is an unlawful occupant (as defined in 49 CFR 24.2) is still eligible for advisory relocation assistance. Any person who occupies the real property and is not in unlawful occupancy on the date of the initiation of negotiations, is presumed to be entitled to relocation payments and other assistance set forth in this part unless the agency determines that the factors in subsections (1)(a) or (b) apply. The Department shall use the following factors to determine eligibility of an unlawful occupant for advisory relocation assistance:
 - a. The person received an eviction notice before the initiation of negotiations and, as a result of that notice, is later evicted; or
 - b. The person is evicted after the initiation of negotiations for serious or repeated violation of material terms of the lease or occupancy agreement; and
 - c. The eviction was not undertaken for the purpose of evading the obligation to make available the payments and other assistance set forth in this part;
 - d. The person occupying the property and the owner dispute the issue of lawful occupancy;
 - e. The duration of prior legal occupancy of the person occupying the property;
 - f. Financial or medical hardship of the person occupying the property; or
 - g. The cost of the relocation assistance is less than the cost of an appeal.
2. For purposes of determining eligibility for relocation payments, the date of displacement is the date the person moves, or if later, the date a comparable replacement dwelling is made available.
3. The state may initiate eviction proceedings due to:
 - a. Unlawful activities being conducted on state-owned property,
 - b. Willful destruction of state-owned property,
 - c. Refusal to vacate state-owned property after all required notices to vacate have been delivered and appropriate assistance provided, or
 - d. Failure to pay rent when there is no hardship.

Historical Note

Former Rule, Right of Way Resolution 71-69. Former Section R17-3-14 renumbered without change as Section R17-3-303 (Supp. 88-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 1075, effective May 6, 2003 (Supp. 03-1). Section amended by final rulemaking at 19 A.A.R. 141, effective March 10, 2013 (Supp. 13-1). Subsections numbered 2 and 3 were inadvertently combined as one paragraph in Supp. 13-1; subsection 3 has been corrected as filed at 19 A.A.R. 141 (Supp. 19-2).

R17-3-304. Repealed**Historical Note**

Former Rule, Right of Way Resolution 70-51. Former Section R17-3-11 renumbered without change as Section

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R17-3-304 (Supp. 88-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 1075, effective May 6, 2003 (Supp. 03-1). Section repealed by final rulemaking at 19 A.A.R. 141 effective March 10, 2013 (Supp. 13-1).

R17-3-305. Relocation Assistance; 49 CFR 24, Subpart E - Replacement Housing Payments

49 CFR 24.401 "Replacement housing payment for 180-day homeowner-occupants" in paragraph (d)(3) is amended to read:

The interest rate on the new mortgage used in determining the amount of the payment shall not exceed the prevailing fixed interest rate for conventional mortgages currently charged by mortgage lending institutions in the area in which the replacement dwelling is located. If a displaced person chooses to buy down the interest rate, the agency shall:

1. Require documents indicating the initial interest rate,
2. Require documents indicating the final interest rate, and
3. Limit reimbursement to the lower of the amount the displaced person actually paid to buy down the interest rate or the amount for which the person qualified under the established market interest rate.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1075, effective May 6, 2003 (Supp. 03-1). Section amended by final rulemaking at 19 A.A.R. 141, effective March 10, 2013 (Supp. 13-1).

R17-3-306. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1075, effective May 6, 2003 (Supp. 03-1). Section repealed by final rulemaking at 19 A.A.R. 141, effective March 10, 2013 (Supp. 13-1).

ARTICLE 4. REPEALED**R17-3-401. Repealed****Historical Note**

Former Rule, Traffic Engineering Resolution; Repealed effective June 18, 1979 (Supp. 79-3). New Section R17-3-05 adopted effective August 4, 1982 (Supp. 82-4). Former Section R17-3-05 renumbered without change as Section R17-3-401 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 2750, effective June 7, 2001 (Supp. 01-2).

R17-3-402. Repealed**Historical Note**

Former Rule, ASHC Resolution. Repealed effective January 3, 1977 (Supp. 77-1). New Section R17-3-08 adopted effective March 25, 1982 (Supp. 82-2). Former Section R17-3-08 renumbered without change as Section R17-3-402 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 2748, effective June 7, 2001 (Supp. 01-2).

R17-3-403. Recodified**Historical Note**

Former Rule, Right of Way Resolution 71-15. Former Section R17-3-09 renumbered without change as Section R17-3-403 (Supp. 88-4). Section recodified to A.A.C. R17-4-428 at 7 A.A.R. 1260, effective February 20, 2001 (Supp. 01-1).

R17-3-404. Repealed**Historical Note**

Adopted as an emergency effective April 13, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-2). Former Section R17-3-20 renumbered without change as Section R17-3-404 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 2750, effective June 7, 2001 (Supp. 01-2).

R17-3-405. Reserved**R17-3-406. Repealed****Historical Note**

Former Rule, Traffic Engineering Report. Former Section R17-3-02 renumbered without change as Section R17-3-406 (Supp. 88-4). Section repealed by final rulemaking at 8 A.A.R. 849, effective February 8, 2002 (Supp. 02-1).

R17-3-407. Repealed**Historical Note**

Former Rule, ASHC Resolution; Former Section R17-3-06 repealed, new Section R17-3-06 adopted effective April 25, 1978 (Supp. 78-2). Former Section R17-3-06 renumbered without change as Section R17-3-407 (Supp. 88-4). Section repealed by final rulemaking at 8 A.A.R. 849, effective February 8, 2002 (Supp. 02-1).

R17-3-408. Repealed**Historical Note**

Former Rule, General Order 21. Former Section R17-3-08 renumbered without change as Section R17-3-408 (Supp. 88-4). Section repealed by final rulemaking at 8 A.A.R. 849, effective February 8, 2002 (Supp. 02-1).

ARTICLE 5. HIGHWAY ENCROACHMENTS AND PERMITS**R17-3-501. Definitions**

In this Article, unless otherwise defined, these terms have the following meanings:

"Abutting property" means real property or interest in real property bordering a state highway right-of-way.

"Adopt-a-highway" means a Department program that allows a group of persons access to a state highway right-of-way to conduct litter pickup on a designated portion of the state highway.

"Airspace" means the space above real property.

"Applicant" means a person or entity seeking to obtain an encroachment permit.

"Department" means the Arizona Department of Transportation.

"District Office" means one of the Department's Engineering and Maintenance district offices.

"Encroachment" means any use of, intrusion upon, or construction of improvement within a state highway right-of-way by any person or entity other than the Department for any purpose, temporary or fixed, other than public travel authorized by state statute.

"Encroachment owner" means the person or entity responsible for creating or maintaining an encroachment on a state highway right-of-way.

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“Encroachment permit” means a written approval granted by the Department for construction of a fixed or temporary improvement within a state highway right-of-way, or for any activity requiring the temporary use of or intrusion upon a state highway right-of-way.

“Engineering stationing” means the Department identification system to identify the location of a state highway feature.

“Improvement” means any constructed facility or object, or alteration to any existing physical facility or object, or change in the elevation, slope, or drainage of a state highway right-of-way.

“Permittee” means a person or entity to whom the Department issues an encroachment permit, and who is responsible for meeting the obligations, responsibilities, and specifications stated in the encroachment permit.

“Right-of-way” means the real property or interest in real property on which state transportation facilities and appurtenances to the facilities are constructed or maintained.

“Special event” means any temporary organized or supervised activity that could affect the normal operation of a state highway.

“State highway” has the meaning prescribed in A.R.S. § 28-101(47).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-502. Applicability

- A. A person or entity shall not encroach on a state highway right-of-way without obtaining an encroachment permit.
- B. Only the following types of encroachments qualify for a Department encroachment permit:
 1. Access improvements to abutting properties, consistent with subsection (C)(6);
 2. Utility construction and maintenance, including underground and overhead;
 3. Drainage improvements;
 4. Airspace encroachments, such as overhanging signs, awnings, and banners;
 5. Landscaping;
 6. Special events;
 7. Removing or improving an existing encroachment;
 8. Rest area coffee breaks;
 9. Change in the principal activity or function of an abutting property where an access or utility encroachment has been constructed;
 10. Adopt-a-highway;
 11. Activities, such as surveying, performed to compile information about physical features in the highway right-of-way;
 12. Traffic control unrelated to the types of encroachments listed above for specific incidents, such as hazardous material removal, accident clean-up, or check points by government enforcement; and
 13. For such uses as the Director specifies.
- C. An encroachment not listed under subsection (B) is ineligible to qualify for an encroachment permit and is an unauthorized encroachment. An unauthorized encroachment also includes:
 1. Outdoor advertising signs, except as an overhang in subsection (B)(4);
 2. Parking areas;

3. Sales of any service or thing;
 4. Bicycling, walking, horseback riding, or other activities prohibited under A.R.S. § 28-733;
 5. Any commercial or industrial activity; or
 6. Access to undeveloped property abutting a state highway, unless the applicant demonstrates a plan for:
 - a. Immediate development of the property evidenced by construction plans or building permits, or
 - b. Continuing maintenance of the undeveloped property.
- D. A new owner of an existing permitted encroachment shall apply for an encroachment permit in the new owner's name within 30 days from the date of purchase of the abutting real property.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-503. Who Can Apply for an Encroachment Permit

- A. Any person or entity, other than the Department, seeking an encroachment upon a state highway right-of-way shall apply to the Department for an encroachment permit.
- B. Any person or entity is eligible to apply for an encroachment permit, except for an encroachment involving:
 1. Access, only an abutting property owner is eligible to apply.
 2. Landscaping and aesthetic enhancements, only an abutting property owner or a political subdivision is eligible to apply.
 3. Utility installation, only an ultimate owner who will be responsible for maintenance and liability of the utility after it is put into service is eligible to apply. An ultimate owner includes a utility company, improvement district, political subdivision, or abutting property owner. A contractor or developer may apply if the contractor or developer provides evidence that an ultimate owner has approved plans and agrees to obtain an encroachment permit as a new owner upon completion of the utility installation.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-504. General Application Procedures

- A. An applicant shall obtain an encroachment permit application form from the District Office serving the Department's district in which the proposed encroachment will be located.
- B. An applicant shall include the following information on a District Office's encroachment permit application:
 1. Name, address, city, state, zip code, telephone number, and signature of proposed encroachment owner;
 2. Name, address, city, state, zip code, telephone number, and signature of applicant, if different from proposed encroachment owner;
 3. Applicant's legal relationship to proposed encroachment owner;
 4. City nearest to the proposed encroachment;
 5. Location of proposed encroachment from the nearest milepost (in feet), including state highway route number, side of highway, and engineering stationing (if applicable); and
 6. Purpose of proposed encroachment, as listed in R17-3-502(B), and a description of the proposed work or activity in the right-of-way.

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- C. By signing an application, an applicant or proposed encroachment owner, or both, agree to accept the following general obligations and responsibilities:
1. Assume all legal liability and financial responsibility for the encroachment activity for the duration of the permit;
 2. Be responsible for any repair or maintenance work to the encroachment for the duration of the permit;
 3. Comply with the Department's traffic control standards;
 4. Obtain written approval from the abutting property owner if the encroachment encroaches on abutting property;
 5. Upon notice from the Department, repair any aspect or condition of the encroachment that causes danger or hazard to the traveling public;
 6. Remove the encroachment and restore the right-of-way to its original or better condition if the Department cancels the encroachment permit, and terminates all rights under the permit;
 7. Reimburse the Department for costs incurred or deposit with the Department money necessary to cover all costs incurred for activities related to the encroachment, such as inspections, restoring the right-of-way to its original or better condition, or removing the encroachment;
 8. Notify a new owner to apply for an encroachment permit, as required by R17-3-502(D);
 9. Apply for a new encroachment permit if the use of the permitted encroachment changes;
 10. Keep a copy of the encroachment permit at the work site or site of encroachment activity;
 11. Construct the encroachment according to plans that the Department approves as part of the final permit;
 12. Obtain required permits from other government agencies or political subdivisions;
 13. Remove any defective materials, or materials that fail to pass the Department's final inspection, and replace with materials the Department specifies.
- A. An encroachment permit consists of the materials submitted by an applicant under R17-3-504 and R17-3-505, and additional requirements from the Department as described in subsection (B). An encroachment permit will list in detail the requirements with which the permittee shall comply in order to perform the requested encroaching activity. Some of the requirements are general and apply to every encroachment permit. Others are specific to a particular encroachment activity.
- B. The Department shall set encroachment permit requirements to:
1. Maintain the integrity of the Department's right-of-way and transportation facilities;
 2. Mitigate the risk to traffic safety;
 3. Improve traffic movement, efficiency, and capacity;
 4. Mitigate adverse drainage on state property or abutting property affecting state property;
 5. Mitigate environmental impacts;
 6. Mitigate maintenance costs to transportation facilities;
 7. Mitigate potential liability for the Department or the state; and
 8. Mitigate potential harms to national or state security.
- C. By accepting an encroachment permit, a permittee agrees to the requirements described in the permit. If the permittee disagrees with the requirements, the permittee shall return the permit immediately to the District Office.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-507. Review Procedures

- A. The Department shall conduct an administrative completeness review and substantive review of an application for an encroachment permit under A.R.S. §§ 41-1072 through 41-1077 and A.A.C. R17-1-102.
- B. The Department shall decide whether to grant an encroachment permit based solely on the documents and information before the Department.
- C. Decision.
1. The Department shall approve an encroachment permit if:
 - a. The proposed encroachment use is lawful,
 - b. The applicant provides complete and accurate information,
 - c. The proposed encroachment use qualifies under R17-3-502(B), and
 - d. The applicant agrees to comply with the Department's requirements as set out in the permit.
 2. The Department shall deny an encroachment permit application if:
 - a. The proposed encroachment use is unlawful,
 - b. The applicant provides incomplete or inaccurate information,
 - c. The proposed encroachment use does not qualify under R17-3-502(B), or
 - d. The permittee disagrees with the requirements in the permit.
 3. An applicant may appeal the Department's denial decision on an encroachment permit application as prescribed in R17-3-509.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-505. Supporting Documentation

An applicant for an encroachment permit shall provide supporting documentation relevant to the type of encroachment activity and necessary to allow the Department to analyze the proposed encroachment's impact on the state highway and right-of-way, using such criteria as:

1. Whether the proposed encroachment is for commercial or residential access;
2. The proposed encroachment's impact on roadway features within the right-of-way;
3. The amount of traffic the proposed encroachment will generate;
4. Duration of the proposed encroachment;
5. The proposed encroachment's potential to disrupt traffic or change traffic patterns;
6. The surrounding terrain and physical features of the right-of-way and the abutting property; and
7. The number, size, and intended use of any buildings that would be accessed via the proposed encroachment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-506. Encroachment Permit Requirements**R17-3-508. Unauthorized Encroachments; Enforcement**

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Actions

- A.** An encroachment is unauthorized if:
1. A permittee fails to comply with the permit requirements,
 2. A permittee provides false or inaccurate information on the encroachment permit application,
 3. A person or entity fails to obtain an encroachment permit, or
 4. The encroachment is unauthorized under R17-3-502(C).
- B.** An encroachment owner shall remove any unauthorized encroachment at the owner's own cost.
- C.** After considering the totality of the circumstances and in consultation with the Office of the Attorney General, the Department may refer a matter to the Office of the Attorney General according to A.R.S. §§ 28-7053 and 28-7054 for:
1. Enforcement against the owner of an unauthorized encroachment, or
 2. Recovery of costs from the encroachment owner for the Department removing an unauthorized encroachment if the encroachment owner fails to remove the unauthorized encroachment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-509. Hearings

The Department shall inform an applicant or permittee of the hearing procedures when the Department:

1. Denies an application for an encroachment permit, or
2. Determines that an encroachment is unauthorized.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

ARTICLE 6. TELECOMMUNICATION FACILITIES**R17-3-601. Definitions**

In addition to the definitions provided under A.R.S. §28-7381, the following terms apply to this Article unless otherwise specified:

“At-grade” means roadways, intersections, or facilities at the same elevation or level.

“Clear zone” means a specific distance from the edge of a travel lane free of above ground obstacles as determined by the Department and in accordance with the American Association of State Highway and Transportation Officials (AASHTO) Roadside Design Guide.

“Controlled access” has the same meaning as a controlled access highway as defined in A.R.S. § 28-601.

“Department” has the same meaning as defined in A.R.S. § 28-101.

“Dig Once” means reducing the number and scale of excavations when installing telecommunication facilities in highway rights-of-way.

“Encroachment permit” has the same meaning as defined in R17-3-501.

“Guideline for Accommodating Utilities on Highway Rights-of-Way” means the guidelines and procedures adopted by the Department for the accommodation of utilities on highway rights-of-way.

“Interstate System” has the same meaning as defined in A.R.S. § 28-7901.

“New installation” means an initial installation on a highway right-of-way except in the event of a relocation required by the Department.

“Right-of-way” has the same meaning as defined in A.R.S. § 28-101.

“Right-of-way occupancy rate” means the compensation from a provider for longitudinal access to the right-of-way of a state highway for the purpose of installing telecommunication facilities as authorized under A.R.S. § 28-7385.

“State” means the state of Arizona.

“State highway” has the same meaning as defined in A.R.S. § 28-101.

“Uncontrolled access” means a highway to which owners or occupants of abutting lands and other persons have a legal right of access.

“Telecommunication use and occupancy agreement” means the written agreement between the Department and the provider allowing the provider longitudinal access of highway right-of-way for its telecommunication facilities or private line subject to the terms and conditions outlined in the agreement and this Article.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 3372 (October 21, 2022), effective January 1, 2023 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2399 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R17-3-602. Telecommunication Use and Occupancy Agreement; Time-frames; Compensation for Longitudinal Access to the Right-of-Way

- A.** A provider must enter into a telecommunication use and occupancy agreement with the Department and obtain an encroachment permit, as prescribed under Article 5 of this Chapter, before being granted longitudinal access for new installation of a telecommunication facility. This Section does not apply to a telecommunication facility with an encroachment permit approved before January 1, 2023.
- B.** A provider seeking to enter into a telecommunication use and occupancy agreement shall complete and provide the following information on a telecommunication use and occupancy agreement application provided by the Department:
1. Name of provider;
 2. The point of contact's information, which includes name, telephone number, and email address;
 3. A description of the proposed work or activity in the right-of-way or facilities; and
 4. A map, drawing, or geographical description of the proposed telecommunication facility installation, including the starting and ending milepost to the nearest tenth of a mile, state highway number, the cardinal direction of the highway, the number and size of conduits, and accompanying telecommunication facility locations.
- C.** The Department shall, within five calendar days of receiving an application under subsection (B), provide written notice to the provider acknowledging receipt of the application:
1. If the application is complete, the notice shall acknowledge receipt of a complete application and indicate the date the Department received the complete application; or
 2. If the application is incomplete, the notice shall indicate the current date and include an itemized list of all addi-

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tional information the provider must provide to the Department before the application can be considered complete and subsequently processed.

- D. A provider with an incomplete application shall respond to the notice provided by the Department under subsection (C)(2) within 15 calendar days after the date indicated on the notice or the Department may deny the application.
- E. The Department shall render a decision on the application within 15 calendar days after the date on the notice the Department gave to the provider under subsection (C)(1) acknowledging receipt of a complete application.
- F. For the purpose of A.R.S. § 41-1073, the Department establishes the following time-frames:
 - 1. Administrative completeness review time-frame: five calendar days.
 - 2. Substantive review time-frame: 10 calendar days.
 - 3. Overall time-frame: 15 calendar days.
- G. A provider shall pay an annual right-of-way occupancy rate as compensation to the Department for longitudinal access to a highway right-of-way for new installations of telecommunication facilities, including overhead, surface, or underground, in accordance with A.R.S. § 28-7385. This subsection does not apply to a provider, wholly owned by a tribe, for longitudinal access on sovereign tribal lands.
 - 1. The annual right-of-way occupancy rate schedule is as follows:
 - a. Interstate System: \$1.00 per linear foot of longitudinal access.
 - b. Controlled Access Highways (non-interstate): \$0.50 per linear foot of longitudinal access.
 - c. Uncontrolled Access Highways: \$0.25 per linear foot of longitudinal access.
 - 2. At the beginning of each calendar year, starting January 1, 2024, the cost per linear foot as prescribed in subsection (G)(1), increases at a rate of 2% per calendar year. The new annual right-of-way occupancy rate applies to any new or renewed telecommunication use and occupancy agreements established within that given year.
 - 3. The annual right-of-way occupancy rate, established at the time of signing the telecommunication use and occupancy agreement, shall be the rate for each year of a 20-year or 30-year agreement.
 - 4. The distance is measured using the information provided in subsection (B)(4), rounded to the nearest tenth of a mile and converted to a linear foot value.
 - 5. The total amount of the annual right-of-way occupancy rate is determined by using the following calculation: cost per linear feet x distance = total annual right-of-way occupancy rate.
 - 6. The Department shall receive monetary compensation in the form of an annual or lump sum payment, unless an in-kind compensation or combination of in-kind and monetary compensation is agreed upon by the Department and the provider.
 - a. Annual monetary compensation. The provider shall pay the total annual right-of-way occupancy rate established at the time of signing the telecommunication and occupancy use agreement and at the time of signing any renewals.
 - b. Lump-sum monetary compensation. The provider shall pay in accordance with the following:
 - i. The total annual right-of-way occupancy rate is multiplied by the number of years of the agreement.
 - ii. A discounted rate of 10% is applied utilizing net present value calculation.
- c. In-kind compensation.
 - i. Telecommunication facilities shall be valued on a present value basis at the estimated, reasonable cost to the provider for procuring and installing such telecommunication facilities. The in-kind value shall be agreed upon, between the Department and provider, in the telecommunication use and occupancy agreement.
 - ii. The Department shall provide the provider with a list of the specific telecommunication facilities and services for consideration as in-kind compensation. The value of such in-kind compensation shall be subtracted from the total amount of monetary compensation due for occupancy of the right-of-way and the remaining balance, if any, shall be remitted as monetary compensation.
 - iii. Any telecommunication facilities acquired as in-kind compensation shall be used exclusively for the further development of telecommunications that serve state purposes and may not be sold or leased in competition with providers.
 - iv. The provider maintains ownership and is responsible for maintenance of the in-kind compensation provided, however, the associated costs will be agreed upon in the telecommunication use and occupancy agreement.
- d. Combination of monetary and in-kind compensation. The provider will pay the total annual right-of-way occupancy rate in accordance with subsections (G)(6)(a) through (c), as applicable, and as agreed upon by the Department and the provider.
- 7. The payment of the annual right-of-way occupancy rate will be made as follows:
 - a. For monetary compensation, the provider shall pay the total annual right-of-way occupancy rate to the Department within 30 calendar days of signing the telecommunication use and occupancy agreement and any renewals.
 - b. For in-kind compensation, the agreement shall set forth the timeline for the Department to receive agreed upon telecommunication facilities.
- H. By signing a telecommunication use and occupancy agreement, a provider agrees to accept the following general obligations and responsibilities:
 - 1. Complying with the encroachment permit rules in Article 5 of this Chapter;
 - 2. Complying with the terms and conditions contained in the telecommunication use and occupancy agreement and encroachment permit documents for installation, operation, maintenance, and relocation of telecommunication facilities;
 - 3. Not having exclusive access or rights to the right-of-way;
 - 4. Having the term length of the telecommunication use and occupancy agreement to be for one year, 20 years, or 30 years with an option to renew the agreement at the current applicable starting rate for the first year of a new agreement or renewal; the rate will be increased annually if the renewal is for a one-year period, otherwise pursuant to the terms of a new 20-year or 30-year agreement; and

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5. Terminating the telecommunication use and occupancy agreement due to removal of facilities from the right of way.
 - a. For any monetary compensation, the provider shall receive a prorated refund based on the number of months remaining in the term agreement.
 - b. For any in-kind compensation, the access to facilities or services provided will terminate at the time of the removal of the facilities.
- I. The provider will not receive the applicable encroachment permit until the telecommunication use and occupancy agreement has been signed.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 3372 (October 21, 2022), effective January 1, 2023 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2399 (July 18, 2025), effective August 30, 2025 (Supp. 25-3).

R17-3-603. Installation, Maintenance, Operation, and Relocation of Telecommunication Facilities

- A. Installations of telecommunication facilities may be permitted under the following conditions:
 1. The installation does not adversely affect the safety, design, construction, operation, maintenance or stability of the highway;
 2. The installation does not interfere with or impair the planned future expansion of the highway;
 3. The installation does not interfere with or impair planned future Department-owned telecommunication facilities projects;
 4. In accordance with Dig Once, the Department may require providers to adhere to Dig Once when installing telecommunication facilities into the same general location on the highway system and providers shall coordinate their planning and work, install in a joint trench, and equitably share costs;
 5. The Department does not incur any unreimbursed additional expense or maintenance costs associated with the telecommunication facility installation, relocation, or removal;
 6. The Department and state are not liable for any claims, demands, costs or expenses, including all legal expenses, for loss, damages or injury to any person or property, including third-party persons or property, due to the telecommunication facilities' use of the rights-of-way excluding claims made pursuant to A.R.S. § 28-7382;
 7. At-grade or underground telecommunication facility items requiring access, such as conduit, fiber, splice locations, vaults, manholes, and pull boxes may be allowed inside the control of access;
 8. Above ground telecommunication facility items such as cabinets, node buildings, amplifiers, pedestals, and regeneration huts will be located where they do not need to be accessed from the travel lane such as traffic interchanges, frontage roads, and intersections;
 9. Above ground telecommunication facilities will not be installed within the clear zone; and
 10. The location of longitudinal telecommunication facilities are as close to the right-of-way line as practical or as determined by one of the Department's Engineering and Maintenance district offices.
- B. Telecommunication facilities may be installed longitudinally within a controlled access highway when it meets the require-

ments as outlined in the ADOT Guideline for Accommodating Utilities on Highway Rights-of-Way.

- C. Pursuant to A.R.S. § 28-7384, the Department requires the removal or relocation of telecommunication facilities located on the highway right-of-way to accommodate operations and highway projects at the provider's expense. The Department may require removal or relocation of such telecommunication facilities upon expiration or earlier termination of the telecommunication use and occupancy agreement, encroachment permit, or other agreements at the provider's expense.

Historical Note

New Section made by exempt rulemaking at 28 A.A.R. 3372 (October 21, 2022), effective January 1, 2023 (Supp. 22-3).

ARTICLE 7. HIGHWAY BEAUTIFICATION**R17-3-701. Outdoor Advertising Control**

- A. Purpose. The purpose of this subsection is to present the definitions of specialized terms used in describing outdoor advertising signs and matters relating to outdoor advertising signs. Terms used in this rule are defined as follows:
 1. "Abandoned sign" means a sign for which neither the sign owner nor the landowner claim any responsibility.
 2. "Back-to-back sign" means a sign that carries faces attached on each side of the structure and is read from opposite directions.
 3. "Directional" means signs containing directional information about public places owned or operated by federal, state, or local government or their agencies; publicly or privately owned natural phenomena, historic, cultural, scientific, educational, religious, and rural activity sites; and areas of natural scenic beauty or naturally suited for outdoor recreation, deemed to be in the interest of the traveling public.
 4. "Directional and other official signs and notices" includes only official signs and notices, public utility signs, service club and religious notices, public service signs, and directional signs.
 5. "Double-faced sign" means a sign that has two faces facing in the same direction.
 6. "Erect" means to construct, build, raise, assemble, place, affix, attach, create, paint, draw, or in any way bring into being or establish.
 7. "Face" means the surface of an outdoor advertising structure on which the design is posted or painted, usually made of galvanized metal sheets, fiberboard, plywood or plastic.
 8. "Federal or state law" means a federal or state constitutional provision or statute, or an ordinance, rule, or regulation enacted or adopted by a state or federal agency or a political subdivision of a state pursuant to a federal or state constitution or statute.
 9. "Illegal sign" means a sign that was erected or maintained, or both, in violation of the state law.
 10. "Intended to be read from the main-traveled way" is defined by any of the following criteria:
 - a. More than 80% of the average daily traffic (as determined by traffic counts) viewing the outdoor advertising is traveling in either or both directions along the main-traveled way.
 - b. Message content is of such a nature that it would be only of interest for the traffic using the main-traveled way.

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- c. The sales value of the outdoor advertising is directly attributable to advertising circulation generated by traffic along the main-traveled way.
11. "Interchange" means a junction of two or more highways by a system of separate levels that permit traffic to pass from one to another without the crossing of traffic streams.
 12. "Landmark sign" means a sign of historic or artistic significance that existed on October 22, 1965, which may be preserved or maintained as determined by the Director and approved by the Secretary of Transportation.
 13. "Lease" means an agreement, oral or in writing, by which possession or use of land or interests in land is given by the owner to another person for a specified period of time.
 14. "Maintain" means to allow to exist, including such activities necessary to keep the sign in good repair, safe condition, and change of copy.
 15. "Nonconforming sign" means a sign that was lawfully erected but does not comply with the provisions of state law or state laws passed at a later date or later fails to comply with state law or state regulations due to changed conditions. Illegally erected or maintained signs are not nonconforming signs.
 16. "Normal maintenance (nonconforming sign)" means the maintenance customary to keep a sign in ordinary repair, upkeep or refurbishing. The maintenance does not include:
 - a. Maintenance that exceeds 50% of the appraised value using current appraisal schedules for a sign, or
 - b. Repairs to a sign damaged to such an extent that 60% or more of the uprights require replacement for wood uprights, or 30% or more of the length of each upright support above ground requires replacement for metal uprights.
 17. "Obsolete sign" means a directional or other official sign the purpose of which is no longer pertinent.
 18. "Official signs and notices" means signs and notices, other than traffic regulatory signs and notices, erected and maintained by public officers or public agencies within their territorial or zoning jurisdiction and pursuant to direction or authorization contained in federal, state, or local law for the purposes of carrying out an official duty or responsibility. Historical markers authorized by state law and erected by state or local government agencies or nonprofit historical societies are official signs.
 19. "Off-premise sign" means an outdoor advertising sign that advertises an activity, service or product and that is located on premises other than the premises at which the activity or service occurs or the product is sold or manufactured.
 20. "On-premise sign" means any sign that meets the following requirements (such signs are not controlled by state statutes):
 - a. Premises. The sign must be located on the same premises as the activity or property advertised.
 - b. Purpose. The sign must have as its purpose:
 - i. The identification of the activity, or its products or services, or
 - ii. The sale or lease of the property on which the sign is located, rather than the purpose of general advertising.
 - c. In the case of an on-premise sign advertising an activity, the premises must include all actual land used or occupied for the activity, including its buildings, parking, storage and service areas, streets, driveways and established front, rear, and side yards constituting an integral part of such activity, provided the sign is located on property under the same ownership or lease as the activity. Uses of land that serve no reasonable or integrated purpose related to the activity other than to attempt to qualify the land for signing purposes are not premises. Generally these will be inexpensive facilities, such as picnic grounds, playgrounds, walking paths, or fences.
 21. "Parkland" means any publicly owned land that is designated or used as a public park, recreation area, wildlife or waterfowl refuge or historic site.
 22. "Public service signs" means signs that are located on school bus stop shelters and that:
 - a. Identify the donor, sponsor, or contribution of the shelters;
 - b. Contain safety slogans or messages, which must occupy not less than 60% of the area of the sign;
 - c. Contain no other message;
 - d. Are located on school bus shelters that are authorized or approved by city, county, or state law, regulation, or ordinance, and at places approved by the city, county, or state agency controlling the highway involved; and
 - e. May not exceed 32 square feet in area. Not more than one sign on each shelter shall face in any one direction.
 23. "Public utility signs" means warning markers that are customarily erected and maintained by publicly or privately owned public utilities to protect their facilities.
 24. "Re-erection" means the placing of any sign in a vertical position subsequent to its initial erection. Re-erection shall only occur in the event the sign has been damaged by tortious acts, or in the course of normal maintenance.
 25. "Scenic area" means any area of particular scenic beauty or historical significance as determined by the federal, state, or local officials having jurisdiction of the area, and includes interests in land that have been acquired for the restoration, preservation, and enhancement of scenic beauty.
 26. "Scenic overlook or rest area" means an area or site established and maintained within or adjacent to the highway right-of-way by or under public supervision or control for the convenience of the traveling public.
 27. "Service club and religious notices" means signs and notices, whose erection is authorized by law, relating to meetings of nonprofit service clubs or charitable associations, or religious service, that do not exceed eight square feet in area.
 28. "V-type signs" means signs that are oriented at an angle to each other, the nearest points of which are not more than 10 feet apart.
 29. "Within the view of and directed at the main-traveled way" means any sign that is readable from the main-traveled way for more than five seconds traveling at the posted speed limit or for such a time as the whole message can be read, whichever is less.
- B. Outdoor advertising permit application procedure.**
1. Purpose. The purpose of this subsection is to present the procedures to be followed by applicants in requesting permits for the erection of outdoor advertising facilities.
 2. Permit form and fee required. Each application for a permit to erect an outdoor advertising facility must be made

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on the appropriate Arizona Department of Transportation form and shall be accompanied by a check or money order in the amount of \$20.00 payable to the Arizona Department of Transportation.

- a. The initial application fee shall be valid for a period of one year from date of issuance. It shall be renewable annually upon payment of a \$5.00 fee.
- b. Renewal fees will become delinquent 30 days after the annual renewal date. On becoming delinquent, such sign structures will be in violation and a new initial application fee of \$20.00 will be required.
3. Applications mailed to maintenance permit engineer. Applications for outdoor advertising permits should be mailed to: Arizona Department of Transportation, Intermodal Transportation Division; 206 South 17th Avenue; Phoenix, Arizona 85007; Attention: Maintenance Permits Section. Assistance to applicants is available at District offices.
4. Separate application for each sign. Each outdoor advertising sign, display or device requires a separate application with fee. All required information describing the location of the sign, the sign qualification standards, and the permitted area identification shall be completely entered on the permit form.
5. Legal description of sign site required. Applicants shall be required to obtain a certification from the governing zoning authority certifying that the zoning is correct for the legal description of the proposed sign location. In cases where the legal description is listed incorrectly on the application, a new certification must be obtained for the correct legal description. Legal descriptions shall adequately describe the property for which the application is made.
6. Location diagram required. Applicants shall submit a location diagram indicating highway route number and such physical features as: buildings, bridges, culverts, poles, mileposts and other stationary land marks necessary to adequately describe the location. The sketch will also indicate the distance in feet the sign is to be erected from the nearest milepost or a street intersection and other off-premise signs in the same vicinity.
7. Applicants must mark site locations. Applicants are required to place an identifiable device or object bearing applicant's name at the proposed sign location to aid field inspectors in site evaluations.
8. Landowner's permission mandatory. Applicants shall be required to obtain a signed certification stating that the applicant has the permission of the landowner to erect the sign at the noted legal description, or in lieu of the signed certification, furnish a copy of an executed lease.
9. Each pending application field checked. Each pending application will be field checked for compliance with the state act and regulations by the district. The findings of the field check will be forwarded to the Maintenance Permit Engineer, Maintenance Section, for final examination and, if approved, permit issuance.
10. Noncompliance. Each application for a permit to erect an outdoor advertising facility which does not comply with all requirements of the law and the Arizona Department of Transportation regulations, will be denied and the application fee may be retained by the state. Exception will be made in cases where applicants did not have knowledge of previous applications or permits for the same site. An additional \$20.00 fee shall be added to the

regular permit fee for signs illegally erected prior to the issuance of a permit.

11. Permit decals on sign structures. Applicants shall affix permit decals on a permanent surface near the portion of the sign structure closest to the main-traveled way and clearly visible from the roadway. Permit decals to replace any which have been issued and were improperly affixed, lost or destroyed, whether before or after attaching to the sign structure, may be purchased at a cost of \$5.00. Signs bearing permit decals for signs other than the sign for which they were issued shall be in violation.
12. Forfeiture of permit fee. Outdoor advertising facilities for which permits have been issued shall be erected within 120 days and shall bear the official permit identification issued for the specific facility. If the applicant mails a written request for extension of time prior to expiration of the 120 days, an additional 60-day extension may be granted. Any permit canceled because no sign was erected within the prescribed time will result in forfeiture of the \$20.00 fee.
13. Denial of permit renewals. An existing permit will not be renewed for an approved location on which no sign structure exists.
14. Removal and re-erection time limits. If an outdoor advertising sign is removed from a permitted location for any reason, the permit shall expire within 30 days from date of removal, except that the permittee may notify the Arizona Department of Transportation, Intermodal Transportation Division; Maintenance Permits Section, of intent to re-erect which will allow 120 days for re-erection. Failure to re-erect which will allow 120 days for re-erection. Failure to re-erect within the 120 days allowed will cancel the existing permit.
15. Transfer of permits. Permits are transferable upon sale of sign provided a new owner furnishes the Arizona Department of Transportation with notification of sale within 30 days after date of sale.
16. Calendar days. All references to days made in this permit application procedure, as well as those references in all rules and regulations applying to outdoor advertising control, shall mean calendar days.
- C. Administrative rules.
 1. Purpose. The purpose of this subsection is to present administrative rules developed by the Arizona Department of Transportation for control of outdoor advertising.
 2. Restrictions on rights-of-way use. No sign shall be erected or maintained from or by use of interstate highway rights-of-way. Any observed action of this type will result in cancellation of the permit. Signs may be erected and maintained from primary and secondary highways only if no other access is available and an encroachment permit is issued.
 3. Nonconforming signs shall be in violation if:
 - a. A sign is enlarged (increased in any dimensions of the sign face or structural support),
 - b. A sign is replaced (an existing sign is removed and replaced with a completely different sign),
 - c. A sign is rebuilt to a different configuration or material composition beyond normal maintenance,
 - d. A sign is relocated (moved to a new position or location without being lawfully permitted), or
 - e. A sign which was previously non-illuminated has lighting added.

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4. Commercial or industrial activities. Commercial or industrial activities which define a business area, or an unzoned commercial or industrial area must be in operation at the time the permit application is made. Should any commercial or industrial activity, which has been used in defining or delineating a business area, or an unzoned commercial or industrial area, cease to operate for a period of six continuous months, any signs qualified by such activity shall become nonconforming.
 5. On premise. Should any activity which has been used in defining an on-premise sign cease to operate for a period of six continuous months any signs qualified by that activity shall be considered as off premise and will require appropriate permits. If the signs are then not permissible they will be in violation.
 6. Municipal limit between signs. When a municipal limit falls between signs the spacing requirement shall be 300 feet between signs on primary or secondary highways.
 7. Proposed interstate alignment locations. Signs existing or to be erected on primary or secondary highway systems which have been declared by the Director of Transportation as an interstate freeway alignment prior to construction of such interstate or freeway shall be classified as though the Interstate or Freeway already exists, requiring spacing criteria for Interstate or other freeways.
 8. Double-faced, back-to-back, and V-type signs. Double-faced, back-to-back and V-type sign structure permits will be limited to a single sign ownership for each site. No more than two faces will be allowed facing each direction of travel. Double-faced signs shall not exceed 350 square feet per face. V-type signs will be limited to a 10' spacing between faces at the apex. V-type sign spacing from other signs shall be measured from the middle of the apex.
 9. Multifaced community signs. Local chambers of commerce may obtain permits to erect signs with more than two faces. These signs shall not exceed 1,200 square feet in area with a maximum overall vertical facing of 25 feet and a maximum overall horizontal facing of 60 feet, including border and trim, and excluding base or apron supports and other structural members. All other laws, rules and regulations will apply to multifaced community signs as to other off premise signs.
 10. New sign making existing sign nonconforming. If a new sign which would otherwise be conforming will make an existing sign nonconforming, the new sign shall not be allowed.
 11. Hearing requests. The land owner or sign owner may request a hearing in connection with a permit application denied or other action taken by the Arizona Department of Transportation in connection with the rules prescribed in this Section. Within seven days after notice of the action is mailed or posted, the land owner or sign owner may make written request for a hearing on the action. The Director of the Department of Transportation shall designate a hearing officer, who shall be an administrative employee of the Department of Transportation, to conduct and preside at the hearings. When a hearing is requested, the hearing shall be held within 30 days after the request, and the party requesting the hearing shall be given at least five days notice of the time of the hearing. All hearings shall be conducted at Department of Transportation administrative offices. A full and complete record and transcript of the hearing shall be taken. The presiding officer shall within 10 days after the hearing make a written determination of the presiding officer's findings of fact, conclusions and decision and shall mail a copy of the same, by certified mail, to the owner or the party who requested the hearing.
 12. Landmark signs. The Director will submit a one-time declaration listing all landmark signs to the Secretary of Transportation. The preservation of these signs would be consistent with the purposes of state highway beautification laws.
 13. Blanked out or discontinued nonconforming signs. When an existing nonconforming sign ceases to display advertising matter for a period of one year the use of the structure as a nonconforming outdoor advertising sign is terminated.
 14. Vandalized signs. Legal nonconforming signs may be rebuilt to their original configuration and size when they are destroyed due to vandalism and other criminal or tortious acts.
- D. Standards for directional and other official signs.**
1. Purpose. The purpose of this subsection is to present standards applicable to directional and other official signs.
 2. Scope and application. The standards presented in this Chapter apply to directional and other official signs and notices which are erected and maintained within 660 feet of the nearest edge of the right-of-way of the interstate, federal-aid primary and secondary highway systems and which are visible from the main-traveled way of the systems. These types of signs must conform to national standards, promulgated by the Secretary of Transportation under authority set forth in 23 U.S.C. 131(c). These standards do not apply, however, to directional and other official signs erected on the highway right-of-way.
 3. Standards for directional signs. The following apply only to directional signs:
 - a. General. The following signs are prohibited:
 - i. Signs advertising activities that are illegal under federal or state laws or regulations in effect at the location of those signs or at the location of those activities.
 - ii. Signs located in such a manner as to obscure or otherwise interfere with the effectiveness of an official traffic sign, signal, or device or obstruct or interfere with the driver's view of approaching, merging, or intersecting traffic.
 - iii. Signs which are erected or maintained upon trees or painted or drawn upon rocks or other natural features.
 - iv. Obsolete signs.
 - v. Signs which are structurally unsafe or in disrepair.
 - vi. Signs which move or have any animated or moving parts.
 - vii. Signs located in rest areas, parklands or scenic areas.
 - b. Size. No sign shall exceed the following limits, which include border and trim, but exclude supports.
 - i. Maximum area -- 150 square feet.
 - ii. Maximum height -- 20 feet.
 - iii. Maximum length -- 20 feet.
 - c. Lighting. Signs may be illuminated, subject to the following:

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- i. Signs which contain, include, or are illuminated by any flashing, intermittent or moving light or lights are prohibited.
- ii. Signs which are not effectively shielded so as to prevent beams or rays of light from being directed at any portion of the traveled way of an Interstate or primary highway or which are of such intensity or brilliance as to cause glare or to impair the vision of the driver of any motor vehicle, or which otherwise interfere with any driver's operation of a motor vehicle are prohibited.
- iii. No sign may be so illuminated as to interfere with the effectiveness of or obscure an official traffic sign, device, or signal.
- d. Spacing.
 - i. Each location of a directional sign must be approved by the Arizona Department of Transportation.
 - ii. No directional sign may be located within 2,000 feet of an interstate, or intersection at grade along the interstate system or other freeways (measured along the interstate or freeway from the nearest point of the beginning or ending of pavement widening at the exit from or entrance to the main traveled way).
 - iii. No directional sign may be located within 2,000 feet of a rest area, parkland, or scenic area.
 - (1) No two directional signs facing the same direction of travel shall be spaced less than one mile apart;
 - (2) Not more than three directional signs pertaining to the same activity and facing the same direction of travel may be erected along a single route approaching the activity;
 - (3) Directional signs located adjacent to the Interstate System shall be within 75 air miles of the activity; and
 - (4) Directional signs located adjacent to the Primary System shall be within 50 air miles of the activity.
 - (5) No directional signs shall be located within 500 feet of an off-premise outdoor advertising sign on any state highway.
- e. Message content. The message on directional signs shall be limited to the identification of the attraction or activity and directional information useful to the traveler in locating the attraction, such as mileage, route numbers, or exit number. Descriptive words or phrases, and pictorial or photographic representations of the activity or its environs are prohibited.
- f. Selection methods and criteria for privately owned activities or attractions to obtain directional sign approval.
 - i. Privately owned activities are attractions eligible for directional signing are limited to the following categories:
 - (1) Natural phenomena,
 - (2) Scenic attractions,
 - (3) Historic sites,
 - (4) Educational sites,
 - (5) Cultural sites,
 - (6) Scientific sites,
 - (7) Religious sites, and
 - (8) Outdoor recreational areas.
 - ii. To be eligible, privately owned attractions or activities must be nationally or regionally known, and of outstanding interest to the traveling public.
 - iii. The Director, Arizona Department of Transportation, will appoint a Selection Board for Directional Signing Qualifications consisting of three administrative or professional employees of the Department of Transportation, one of whom shall be designated as chairperson, to judge and approve the qualifications for directional signing of privately owned activities or attractions as limited to the categories in subsection (D)(3)(f)(i) and the qualification in subsection (D)(3)(f)(ii).
 - iv. Applicants for directional signs involving privately owned activities or attractions, shall first qualify the activity or attraction by submitting an official qualification form to the attention of the maintenance permit engineer, highways division, Arizona Department of Transportation. The maintenance permit engineer will forward the application for qualification, along with any technical data which may assist the selection board in making the selection board's determination, to the selection board.
 - v. Applicant shall indicate one or more categories (as listed in subsection (D)(3)(f)(i) that is applicable to the activity or attraction for which qualification is sought. Applicants shall submit a statement and supporting evidence that the activity or attraction is nationally or regionally known and is of outstanding interest to the traveling public.
 - vi. The selection board will, upon approval or rejection of an application, give notification of the selection board's determination in writing, to the applicant and to the maintenance permit engineer.
 - vii. The maintenance permit engineer will not issue any permits for directional signs for any privately owned activity or attraction until receipt of qualification approval by the selection board. All directional sign permits issued for the Department of Transportation by the maintenance permit engineer will meet the standards for directional and other official signs as incorporated in the "Rules and Regulations for Outdoor Advertising along Arizona Highways" approved and issued by the Director, Arizona Department of Transportation.
- g. Rural activity signs are intended to give directions to rural activity sites located along rural roads connecting to state highways. The signs must be located in areas primarily rural in nature. Rural activities that may qualify include ranches, recreational areas and mines. Signs for private residences, subdivisions, and commercial activities are not permitted. Industrial activities that are located in primarily rural areas such as mines or material pits may be allowed. The signs shall not be located in business areas,

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unzoned commercial or industrial areas, or within municipal limits. The selection board may make final determination of eligibility for those signs when necessary. Not more than one sign pertaining to a rural activity facing the same direction of travel may be erected along a single route approaching the rural connecting road. Signs will be limited to 10 square feet in area. All other standards for directional signs shall apply.

- h. No application fee is required for official signs and notices, public utility signs, service club and religious notices, public service signs or directional signs erected by federal, state or local governments. Other directional signs require a permit application and \$20.00 fee.

Historical Note

Adopted effective January 3, 1977 (Supp. 77-1). Former Section R17-3-711 renumbered without change as Section R17-3-701 (Supp. 88-4). Amended by final rulemaking at 18 A.A.R. 2347, effective November 10, 2012 (Supp. 12-3).

Exhibit 1. Expired**Historical Note**

Exhibit 1 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 2. Expired**Historical Note**

Exhibit 2 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 3. Expired**Historical Note**

Exhibit 3 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 4. Expired**Historical Note**

Exhibit 4 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 5. Expired**Historical Note**

Exhibit 5 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 6. Expired**Historical Note**

Exhibit 6 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 7. Expired**Historical Note**

Exhibit 7 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 8. Expired**Historical Note**

Exhibit 8 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

Exhibit 9. Expired**Historical Note**

Exhibit 9 expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective October 1, 2009 (Supp. 09-4).

R17-3-701.01. Outdoor Advertising Control: Restrictions on the Erection of Billboards and Signs and Restrictions on the Issuance of Permits

- A.** Outdoor advertising shall not be erected under A.R.S. § 28-2102(A)(4) or (5) in a zoned area:
1. Which is not part of a comprehensive zoning plan and which is created primarily to permit outdoor advertising structures, or
 2. In which limited commercial or industrial activities are permitted as an incident to other primary land uses.
- B.** A permit for outdoor advertising shall not be issued under A.R.S. § 28-2106(4) in a zoned area:
1. Which is not part of a comprehensive zoning plan and which is created primarily to permit outdoor advertising structures, or
 2. In which limited commercial or industrial activities are permitted as an incident to other primary land uses.

Historical Note

Emergency rule adopted effective May 17, 1994, pursuant to A.R.S. § 41-1026, valid for 90 days (Supp. 94-2). Permanently adopted without change effective August 12, 1994 (Supp. 94-3).

R17-3-702. Repealed**Historical Note**

Adopted effective September 9, 1977 (Supp. 77-5). Amended effective May 11, 1981 (Supp. 81-3). Former Section R17-3-712 renumbered without change as Section R17-3-702 (Supp. 88-4). Section R17-3-702 and Exhibits 1-9 repealed by final rulemaking at 10 A.A.R. 5202, effective February 5, 2005 (Supp. 04-4).

R17-3-703. Arizona Junkyard Control

- A.** Purpose. The purpose of this Section is to describe the Arizona Department of Transportation's responsibility to effectively control junkyards within 1000 feet of the right-of-way on interstate highways under A.R.S. §§ 28-7941 through 28-7946.
- B.** Definitions. For purposes of this Section:
1. "Department" means the Arizona Department of Transportation.
 2. "Director" means the Director, Arizona Department of Transportation or the Director's designated representative.
 3. "Screening" means the use of vegetative planting, fencing, masonry wall or other constructed structure, earthen embankment, or a combination of any of these that effectively hides from view a deposit of junk from the main-traveled way.
 4. "Screening license" means a license issued by the Director as required by A.R.S. § 28-7943 and as described in this Section.
 5. "Unzoned industrial area" means the same as in A.R.S. § 28-7901(11).
- C.** Screening license application procedure.
1. Screening license required. The Department requires a screening license for a junkyard that:
 - a. Was established or expanded after July 1, 1974;
 - b. Is located within 1000 feet of the nearest edge of the right-of-way of the interstate highway system;

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- c. Is within view of the main-traveled way of the interstate highway system; and
 - d. Is not located in a zoned or unzoned industrial area.
2. Screening license form. An applicant shall use the Department "junkyard permit application" form to apply for a screening license, and provide the following information:
 - a. Name, address, and telephone number of the owner;
 - b. Legal description of the land where the junkyard to be screened is located;
 - c. Name and address of the junkyard business;
 - d. Location of the junkyard, including:
 - i. The highway route number,
 - ii. Distance, in feet, to nearest highway milepost,
 - iii. Distance, in feet, from the highway right-of-way to the junkyard boundaries.
 - e. Zoning classification of the land where the junkyard is located; and,
 - f. Type, size, and date of establishment of the junkyard.
3. Application mailed to Permits Manager. An applicant shall mail the completed junkyard permit application, required documentation and the \$25.00 fee, in the form of a check or money order payable to the Arizona Department of Transportation, to:
 Arizona Department of Transportation
 Intermodal Transportation Division
 206 South 17th Avenue, MD 004R
 Phoenix, AZ 85007
 Attention: Maintenance Permits Manager, Maintenance Section
4. Required documentation. Along with the junkyard permit application, an applicant shall submit the following documentation:
 - a. A location diagram or plat of the junkyard area that indicates:
 - i. The highway route number;
 - ii. Distance, in feet, to nearest highway milepost;
 - iii. Physical features such as buildings, bridges, culverts, utility poles, and other stationary improvements or site features that adequately describe the location; and
 - iv. Distance, in feet, from the highway right-of-way to the junkyard boundaries.
 - b. A drawing or plan, drawn to scale, of the junkyard screening design to be used, that includes:
 - i. Plan view;
 - ii. Elevation;
 - iii. Construction details of fencing, berms, and plantings used alone or in combination;
 - iv. If applicable, plant pit size, backfill material to be used, planting and staking details, botanical names of plant materials, plant size at the time of planting, and the spacing between plants; and
 - v. Any details necessary to show design and construction materials to be used.
5. Extensions. A request for an extension shall be in writing. The Department shall grant a 60 day extension in the following circumstances:
 - a. If an applicant requests an extension for completion of screening within 90 days after the Department approves a screening license; and
 - b. If the Department gives a junkyard owner a violation notice and the junkyard owner requests an extension to submit the screening application within 60 days of receiving the violation notice.
6. License issuance or denial.
 - a. The Department shall grant an application for a screening license only if the application complies with all requirements of A.R.S. §§ 28-7941 through 28-7946 and this Section.
 - i. A junkyard owner has 180 days from the date of approval to screen the junkyard.
 - ii. The Department shall field check each approved license to ensure compliance with the screening requirements of A.R.S. §§ 28-7941 through 28-7946, and this Section.
 - b. If the Department denies an application because the screening plan does not comply with A.R.S. §§ 28-7942 through 28-7946 or this Section, an applicant may, within 10 days of the denial, request permission in writing to submit an amended application and amended screening plan without paying an additional fee.
 - c. A junkyard owner who fails to complete the junkyard screening within 180 days from approval of the screening license, or other prescribed period, may be found guilty under subsection (D)(9).
7. Invalidation of screening license. An existing screening license shall become invalid at a previously approved location when the junkyard is enlarged or substantially changed in use so that the screening no longer adequately screens the junk. An owner shall apply for a new and separate screening license.
8. Transfer of screening license. To transfer a screening license upon sale of a junkyard, a new owner shall submit to the Department written notification of sale within 30 days after date of sale. Upon sale of a junkyard, the new owner shall continue all screening maintenance.
- D. Screening.
 1. Purpose. This subsection describes the requirements governing the location, planting, construction, and maintenance, of materials used in screening junkyards as required in A.R.S. § 28-7942(D).
 2. Junkyard expansions. A junkyard owner shall be responsible for any expense to expand an existing junkyard screen. Screening expansions shall be aesthetically compatible, as the Director determines, with existing screens.
 3. Screening location. Fences and screens shall be located so as not to be hazardous to the traveling public. New junkyards and expansions shall have screens in place before any junk is deposited.
 4. Acceptable screening. When fencing is used alone or in combination with plant material, the fencing shall be capable of screening the junk entirely from view. When planting is used alone or in combination with an earthen berm, the number, type, size, and spacing of the plants shall be capable of screening the junk entirely from view, as determined by the Department.
 5. Acceptable fencing materials. Acceptable fencing includes: steel or other metals; durable woods such as heart cypress, redwood, or other wood treated with a preservative; and walls of concrete block, brick, stone, or other masonry. Metal fencing shall be stained, colored, coated, or painted to blend into surroundings and be aesthetically unobtrusive.

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6. Acceptable plant materials. Plant materials used shall be predominantly evergreen. In general, the minimum size of plant materials used shall be equal to five-gallon containers. An applicant may obtain a list of acceptable plant materials from the Department.
7. Screening maintenance. A junkyard owner shall ensure that screening does not enter the right-of-way. A junkyard owner shall maintain all screening in good condition by:
 - a. Maintaining fences, walls, or other structural material in good appearance by timely painting and repair.
 - b. Adequately watering, cultivating, mulching, or giving other maintenance to plant material, including spraying for insect control, to keep the planting in healthy condition; and
 - c. Removing all dead plant material immediately and replacing it promptly during the following planting season. Replacement plants shall be at least as large as the initial planting as approved on the screening license.
8. Abandoned, destroyed, or voluntarily discontinued junkyards. A junkyard that ceases to operate for a period of one year or longer, shall comply with A.R.S. § 28-7943 and obtain a screening license to be reopened.
9. Violation.
 - a. The Department shall issue a violation notice to a junkyard owner for failing to comply with A.R.S. §§ 28-7941 through 28-7946. A junkyard owner shall have 60 days from the date the violation notice is issued to apply for a screening license and submit a screening plan for the Department's review and approval.
 - b. A person who violates any provision of A.R.S. §§ 28-7941 through 28-7946 or this Section for junkyard control can be found guilty of a misdemeanor under A.R.S. § 28-7946.

Historical Note

Adopted effective September 7, 1979 (Supp. 79-5). Amended effective June 13, 1980 (Supp. 80-3). Former Section R17-3-713 renumbered without change as Section R17-3-703 (Supp. 88-4). Amended by final rulemaking at 8 A.A.R. 844, effective February 8, 2002 (Supp. 02-1).

ARTICLE 8. EXPIRED

R17-3-801. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Amended by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-1).

R17-3-802. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Amended by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-1).

R17-3-803. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-1).

R17-3-804. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-1).

R17-3-805. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Correction to subsection (C) (Supp. 88-4). Amended effective August 3, 1994 (Supp. 94-3). Amended by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-1).

R17-3-806. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Amended by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-w1).

R17-3-807. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Amended by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1589, effective February 4, 2020 (Supp. 20-3).

R17-3-808. Expired

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Section repealed; new Section made by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 4, 2020 (Supp. 20-1).

R17-3-809. Repealed

Historical Note

Adopted effective May 30, 1984 (Supp. 84-3). Amended effective August 3, 1994 (Supp. 94-3). Section repealed by final rulemaking at 10 A.A.R. 2073, effective July 6, 2004 (Supp. 04-2).

ARTICLE 9. HIGHWAY TRAFFIC CONTROL DEVICES

R17-3-901. Signing for Colleges and Universities

A. Definitions.

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“Community College” has the meaning as prescribed in A.R.S. § 15-1401.

“Department” means the Arizona Department of Transportation.

“FHWA” means the Federal Highway Administration of the U.S. DOT.

“Major metro area” means an urban area with a population of at least 50,000.

“Municipality” means an incorporated city or town.

“MUTCD” means the Manual on Uniform Traffic Control Devices, a national standard for the design and application of traffic control devices that is published by the U.S. DOT/FHWA and that is the standard for traffic control devices on the streets and highways of this state as required by A.R.S. § 28-641.

“Nonconforming sign” means an erected sign that does not comply with this Section or A.R.S. § 28-642(D) due to changes in the statutes, rules, or changed conditions. Examples of changed conditions include the reconstruction of a highway or physical deterioration of a sign.

“Regionally accredited college or university” means a college or university accredited by a regional institutional accrediting association recognized by the Arizona State Board for Private Postsecondary Education.

“Rural area” means all areas other than a major metro area or an urban area.

“Signing” means standard highway supplemental guide signs as specified in the MUTCD.

“State highway” has the same meaning as prescribed in A.R.S. § 28-101.

“State University” means a university established and maintained by the Arizona Board of Regents under A.R.S. § 15-1601.

“Trailblazing sign” means a sign installed by a local governmental agency, off the state highway, to guide traffic to a college or university.

“Trip” means a one-way commute to or from a college or university, calculated by the Department based on the number of students or dorm beds, using the following equivalents:

One student = 1 1/2 trips

One dorm bed = three trips.

“Urban area” means a municipality having a population of at least 10,000 but less than 50,000.

“U.S. DOT” means the United States Department of Transportation.

- B.** Application for signing. A college or university referenced in A.R.S. § 28-642(D) may request signing by submitting a letter on its letterhead to the Department’s State Traffic Engineer. The letter shall contain the following information:

1. Name of college or university;
2. Complete street address;
3. Names of agencies granting accreditation;
4. Number of students;
5. Number of dormitory beds, if applicable; and
6. Signature of a person authorized to sign for the college or university.

- C.** Requirements. To be considered for signing, a college or university referenced in A.R.S. § 28-642(D) shall satisfy the following:

1. Is on a road that intersects a state highway. If a college or university is on a road that does not intersect a state highway, it still may qualify if:
 - a. The governing political subdivision submits to the Department, within 30 days from the Department’s receipt of the request for signing, written confirmation stating that the governing political subdivision will install and maintain trailblazing signs; and
 - b. The governing political subdivision installs trailblazing signs before the Department places signing on the state highway.
2. Meets all the requirements under subsection (C)(2)(a), (b), or (c) of this Section.
 - a. If in a major metro area:
 - i. Generates at least 4000 trips per weekday.
 - ii. Is three miles or less from a state highway, except the distance may be increased 1/4 mile for each 10% increase in the required number of trips per weekday to a maximum of five miles.
 - b. If in an urban area:
 - i. Generates at least 2000 trips per weekday.
 - ii. Is four miles or less from a state highway, except the distance may be increased 1/4 mile for each 10% increase in the required number of trips per weekday to a maximum of five miles.
 - c. If in a rural area:
 - i. Generates at least 1000 trips per weekday.
 - ii. Is five miles or less from the state highway, except the distance may be increased 1/4 mile for each 10% increase in the required number of trips per weekday to a maximum of 15 miles.

- D.** Exceptions to standards. The Department may place supplemental guide signs on state highways to direct traffic to colleges and universities. The Department shall determine whether to place supplemental guide signs for a college or university based on the specific criteria and the guidelines in the MUTCD.

- E.** Nonconforming signs. The Department may remove a nonconforming sign if:

1. Other signs have greater priority under the criteria in the MUTCD,
2. Physical spacing of signs is limited for an upcoming interchange or intersection, or
3. A greater number of trips are generated by the subject of other guide signs.

- F.** College or university. Only the initial, main campus of a college or university referenced in A.R.S. § 28-642(D) may qualify for signing, unless otherwise permitted by statute.

Historical Note

Adopted effective May 7, 1991 (Supp. 91-2). Amended by final rulemaking at 8 A.A.R. 3838, effective August 12, 2002 (Supp. 02-3). Amended by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 1324, effective July 6, 2013 (Supp. 13-2).

R17-3-902. Logo Sign Programs

- A.** Definitions.

“Attraction” means any of the following:

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“Arena” means a facility that has a capacity of at least 5000 seats, and is a:

Stadium or auditorium;

Track for automobile, boat, or animal racing; or

Fairground that has a tract of land where fairs or exhibitions are held and permanent buildings that include bandstands, exhibition halls, and livestock exhibition pens.

“Cultural” means an organized and permanent facility that is open to all ages of the public, and is a:

Facility for the performing arts, exhibits, or concerts; or

Museum with professional staff, and an artistic, historical, or educational purpose, that owns or uses tangible objects, cares for them, and exhibits them to the public.

“Domestic farm winery” means a site licensed by the Arizona Department of Liquor Licenses and Control under A.R.S. § 4-205.04 that produces at least 200 gallons and not more than 40,000 gallons of wine annually that is commercially packaged for off-premises sale, and is open to the public for tours to provide an educational format for informing visitors about wine.

“Domestic microbrewery” means a site licensed by the Arizona Department of Liquor Licenses and Control under A.R.S. § 4-205.08 that produces not less than 5000 gallons of beer in each calendar year following the first year of operation and not more than 1.24 million gallons of beer in a calendar year, and is open to the public for tours to provide an educational format for informing visitors about beer.

“Dude ranch” means a facility offering overnight lodging, meals, horseback riding, and activities related to cattle ranching;

“Farm-related” means an established area or facility where consumers can purchase directly from Arizona producers locally-grown, consumer-picked or pre-picked produce, or local products produced from locally-grown produce.

“Golf course” means a facility offering at least 18 holes of play. Golf course excludes a miniature golf course, driving range, chip-and-putt course, and indoor golf.

“Historic” means a structure, district, or site that is listed on the National or Arizona Register of Historic Places as being of historical significance, and includes an informational device to educate the public about the facility’s historic features.

“Mall” means a shopping area with at least 1 million square feet of retail shopping space.

“Recreational” means a facility for physical exercise or enjoyment of nature that includes at least one of the following activities: walking, hiking, skiing, boating, swimming, picnicking, camping, fishing, playing tennis, horseback riding, skating, hang-gliding, and climbing;

“Scenic tours” means a business that offers guided tours of scenic areas in Arizona through various means, including air, motorized vehicle, animal, walking, or biking;

“Average annual daily traffic” means the total volume of traffic passing a point or segment of an interstate or other state highway in both directions for one year, divided by the number of days in the year, adjusted for hours of the day counted, days of the week, and seasons of the year.

“Business” means an entity that provides a specific service open for the general public and is located on a roadway within the required distance of an interstate or other state highway.

“Contract” means a written agreement between a contractor and the Department to operate a logo sign program or any aspect of a logo sign program that describes the obligations and rights of both parties.

“Contractor” means a person or entity that enters into an agreement with the Department to operate a logo sign program or any aspect of a logo sign program, and that is responsible for those aspects of a logo sign program as provided in the contract.

“Department” means the Arizona Department of Transportation.

“Exit ramp” means a roadway by which traffic may leave a controlled access highway.

“FHWA” means the Federal Highway Administration of the U.S. DOT.

“Food court” means a collective food facility that exists in one contiguous area and contains a minimum of three separate food service businesses.

“Highway” has the same meaning as prescribed in A.R.S. § 28-101.

“Interchange” means the point at which traffic on a system of interconnecting roadways that have one or more grade separations, moves from one roadway to another at a different level.

“Intersection” has the same meaning as prescribed in A.R.S. § 28-601.

“Interstate system” has the same meaning as prescribed in A.R.S. § 28-7901.

“Lease agreement” means a written contract between a contractor and a responsible operator, or between the Department and a responsible operator, to lease space for a responsible operator’s logo on a contractor’s or the Department’s specific service information sign.

“Logo” means an identification brand, symbol, trademark, name, or a combination of these, for a responsible operator.

“Logo sign” means a specific service information sign consisting of a lettered board attached to a separate rectangular panel that displays an identification brand, symbol, trademark, name, or a combination of these, for a responsible operator.

“Logo sign panel” means a separate rectangular panel on which a logo is placed.

“Municipality” means an incorporated city or town.

“MUTCD” means the Manual on Uniform Traffic Control Devices, a national standard for the design and application of traffic control devices that is published by the U.S. DOT/ FHWA and that is the standard for traffic control devices on the streets and highways of this state as required by A.R.S. § 28-641.

“Primary business” means:

A gas service business that is within three miles of an intersection or exit ramp; is in continuous operation to provide services at least 16 hours per day, seven days per

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week for the interstate system; and 12 hours per day, seven days per week, for other highways;

A food service business that is within three miles of an intersection or exit ramp terminal and is in continuous operation to serve at least two meals per day at least six days per week;

A lodging service business that is within three miles of an intersection or exit ramp terminal;

A camping service business that is within five miles of an intersection or exit ramp terminal;

An attraction service business, or staging area of that business, that is within three miles of an intersection or exit ramp terminal; or

A 24-hour pharmacy that is within three miles in any direction of an interchange or exit ramp terminal on the interstate system.

“Ramp terminal” means the area where an exit ramp intersects with a roadway.

“Responsible operator” means a person or entity that:

Owns or operates an eligible business, pursuant to subsection (C) of this Section,

Has authority to enter into a lease,

Enters into a lease for a logo sign through the rural or urban logo sign program, and

Has not become ineligible to participate.

“Rural logo sign program” means a system to install and maintain specific service information signs on a rural state highway outside of an urbanized area, as provided in A.R.S. § 28-7311(E)(2).

“Rural state highway” means any class of state highway, located outside of an urbanized area as provided in A.R.S. § 28-7311 (E)(2).

“Secondary business” means a business as follows:

A gas service business that is within three to 15 miles of an intersection or exit ramp terminal, and is in continuous operation to provide services at least eight hours per day, five consecutive days per week;

A food service business that is within three to 15 miles of an intersection or exit ramp terminal, and is in continuous operation to serve at least two meals per day (either breakfast and lunch, or lunch and dinner) for a minimum of five consecutive days per week;

A lodging service business that is within three to 15 miles of an intersection or exit ramp terminal;

A camping service business that is within five to 15 miles of an intersection or exit ramp terminal; or

An attraction service business, or staging area of that business, that is within three to 15 miles of an intersection or exit ramp terminal.

“Specific service” means gas, food, lodging, camping, attractions, or 24-hour pharmacies.

“Specific service information sign” means a rectangular sign panel that contains directional information, one or more logos, and the following words:

“GAS,” “FOOD,” “LODGING,” “CAMPING,”
“ATTRACTION,” OR “24-HOUR PHARMACY.”

“Staging area” means a regular, designated site where a scenic tour begins.

“State highway” has the same meaning as prescribed in A.R.S. § 28-101.

“Trailblazing sign” means a specific service information sign that provides additional directional guidance to a location, route, or building from another highway or roadway.

“Urbanized area” has the same meaning as prescribed in A.R.S. § 28-7311(E)(2).

“Urban logo sign program” means a system to install and maintain specific service information signs on an interstate system or other state highway within an urbanized area, as provided in A.R.S. § 28-7311.

“U.S. DOT” means the United States Department of Transportation.

B. Administration.

1. The Department may operate an urban and a rural logo sign program, or may select a contractor to administer an urban and a rural logo sign program. An urban logo sign program may be implemented on state highways in any urbanized areas in the state. A rural logo sign program may be implemented on state highways located outside of urbanized areas in the state. If the Department utilizes a contractor to administer an urban and a rural logo sign program, the Department shall solicit offers, as provided in A.R.S. §§ 41-2501 through 41-2673, to select a contractor.
2. The Department may contract separately for an urban and a rural logo sign program.
3. A contract shall specify the standards that a contractor shall use, which are contained in the MUTCD, U.S. DOT/FHWA current edition as adopted by the Department under A.R.S. § 28-641 and any other requirements and standards prescribed by the Department.
4. The Department may propose its own form of a written lease agreement with a responsible operator. The Department shall prescribe the form of any written lease agreement between a contractor and a responsible operator. A contractor’s lease agreement with a responsible operator shall include, by reference, the terms and conditions of the Department’s contract with a contractor under A.R.S. §§ 41-2501 through 41-2673. A contractor or the Department may terminate program participation of any responsible operator under subsection (C)(1) of this Section.

C. Eligibility criteria for primary and secondary businesses.

1. Any business is ineligible to place a logo on a logo sign panel on a particular state highway if it already has a highway guide sign installed on that state highway by a contractor or the Department. Any business is ineligible for program participation if:
 - a. Thirty calendar days have elapsed since a contractor or the Department issued a notice of default to a business, during which time a business failed to cure the default, or
 - b. A business has defaulted on a lease.
2. Gas service business. To be eligible to place a logo on a logo sign panel, a gas service business shall:
 - a. Provide gasoline, diesel fuel, oil, and water for public purchase or use;

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- b. Provide sanitary restroom facilities and drinking water;
 - c. Provide a telephone available for public use; and
 - d. Meet the additional requirements for a primary or secondary gas service business in the definition of a primary or secondary business in subsection (A) of this Section.
3. Food service business. To be eligible to place a logo on a logo sign panel, a food service business shall:
- a. Provide sanitary restroom facilities for customers;
 - b. Provide a telephone available for public use;
 - c. If a food service business is part of a food court located within a shopping mall, the shopping mall may qualify as the responsible operator if the food court:
 - i. Complies with this Section, and
 - ii. Has clearly identifiable, on-premise signing consistent with the logo sign that is sufficient to guide motorists directly to the entrance to the food court.
 - d. Have a license where required; and
 - e. Meet the additional requirements for a primary or secondary food service business in the definition of a primary or secondary business in subsection (A) of this Section.
4. Lodging service business. To be eligible to place a logo on a logo sign panel, a lodging service business shall:
- a. Provide five or more units of sleeping accommodations;
 - b. Provide a telephone available for public use;
 - c. Have a license, where required;
 - d. Provide sanitary restroom facilities for customers; and
 - e. Meet the additional requirements for a primary or secondary lodging service business in the definition of a primary or secondary business in subsection (A) of this Section.
5. Camping service business. To be eligible to place a logo on a logo sign panel, a camping service business shall:
- a. Be able to accommodate all common types of travel trailers and recreational vehicles;
 - b. Have a license, where required;
 - c. Provide sanitary restroom facilities and drinking water;
 - d. Be available on a year-round basis unless camping in the community is of a seasonal nature in which case, the facilities in question shall be open to the public 24 hours per day, seven days per week during the entire season; and
 - e. Meet the additional requirements for a primary or secondary camping service business in the definition of a primary or secondary business in subsection (A) of this Section.
6. Attraction service business. To be eligible to place a logo on a logo sign panel, an attraction service business shall meet the following requirements, if applicable:
- a. Derive less than 50% of its sales from:
 - i. The sale of alcohol consumed on the premises, or
 - ii. Gambling.
 - b. Derive more than 50% of its sales or visitors during the normal business season from motorists who do not reside within a 25-mile radius of the business.
 - c. Provide at least 10 parking spaces.
 - d. Provide historical, cultural, amusement, or leisure activities to the public.
 - e. Be in continuous operation at least six hours per day, six days per week, except:
 - i. An arena attraction shall hold events at least 28 days annually;
 - ii. A cultural attraction shall be open at least 180 days annually;
 - iii. A domestic farm winery or domestic micro-brewery shall be open for tours at least 40 days annually;
 - iv. A farm-related attraction shall be open at least 120 days annually; or
 - v. A dude ranch shall be open at least 150 days annually.
 - f. Meet the additional requirements for a primary or secondary attraction service business in the definition of a primary or secondary business in subsection (A) of this Section.
7. Twenty-four hour pharmacy business. To be eligible to place a logo on a logo sign panel, a 24-hour pharmacy business shall:
- a. Operate continuously 24 hours per day, seven days per week;
 - b. Have a state-licensed pharmacist present and on duty at all times; and
 - c. Meet the additional requirements for a primary 24-hour pharmacy business in the definition of a primary business in subsection (A) of this Section.
- D. Responsible operator pricing and lease procedures.**
1. In the rural and urban logo sign programs, a contractor or the Department may use:
 - a. Rate schedules that are established and periodically adjusted by the Department; or
 - b. Competitive pricing established by one or more offers from potential or current responsible operators.
 2. A contractor or the Department may use competitive pricing or rate schedules to determine the ranking order of potential or current responsible operators who may be awarded a logo sign lease at each appropriate highway interchange or location.
 3. Along with the amount of available signage, competitive pricing or rate schedules may be based on any one or a combination of the following additional factors:
 - a. The average, annual, daily traffic at, or adjacent to, the highway location of the specific service information sign;
 - b. The population mix and relative distribution between primary and secondary businesses that appear to meet all the program requirements;
 - c. The ranking order determined by a contractor or the Department as established by competitive pricing proposed or offered by potential or current responsible operators, or rate schedules, at each appropriate highway interchange or location; or
 - d. The competitive market conditions, as well as economic, regulatory, logistical, and other related factors as determined by the Department.
 4. If any of the factors in subsection (D)(3) of this Section are used in competitive pricing or rate schedules, a contractor or the Department shall make information relevant to these factors available to businesses on the contractor's or the Department's website.

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5. If the factors in subsection (D)(3) of this Section do not resolve the business rankings at a location, a contractor or the Department shall prioritize the remaining requests for placement of a logo on a specific service information sign panel based on the following additional factors in the order listed below:
 - a. The responsible operator situated closest to the highway intersection or exit ramp terminal;
 - b. A gas service business or a food service business that provides the most days and hours of service to the public; and
 - c. The first-in-time, eligible responsible operator to request placement of a logo on a logo sign panel.
 6. If a potential responsible operator requests placement of a logo on a specific service information sign panel at a highway intersection or interchange where there are no available placements, and does so no later than 90 calendar days before the first expiration of an existing lease with a lower-ranked responsible operator at that location, a contractor or the Department may award a lease to the highest-ranked responsible operator at that location. A contractor or the Department may establish a waiting list of requesting businesses and potential responsible operators.
 7. A contractor or the Department may choose not to renew an existing lease or a lease expiring within the next 90 calendar days, if another eligible business with higher priority requests placement of a logo on a specific service information sign panel at the same location.
- E. Secondary businesses.**
1. Lease limitations. For a secondary business, a contractor or the Department may enter into a lease for up to five years or renew a lease for up to five years, with the following terms:
 - a. A contractor or the Department shall review the lease of a responsible operator at the beginning of the 24th month of the lease term to determine if the responsible operator complies with all other terms of the lease;
 - b. After the 24-month review, a contractor or the Department may terminate the lease and remove the appropriate logo from the logo sign panel if another eligible business with higher priority requests lease space for a logo on a logo sign panel; and
 - c. A contractor or the Department shall notify a responsible operator at least 90 calendar days before terminating the lease and removing a logo from the logo sign panel.
 2. A contractor or the Department may display the following additional information on a specific service information sign for a secondary business, as space allows, based on the following ranking order:
 - a. Distance,
 - b. Days and hours of operation, and
 - c. Seasonal operation.
- F. Contractor or Department responsibility.**
1. A contractor shall follow all Department design standards and specifications for all sign panels, supports, and materials, as provided in the contract and the MUTCD.
 2. A contractor or the Department shall ensure that a business complies with all criteria established in this Section. A contractor or the Department may choose not to enter into a lease agreement or renew a lease agreement if the eligibility criteria in subsection (C) of this Section are not met. If a responsible operator becomes ineligible to place a logo on a logo sign panel, a contractor or the Department shall remove a logo from a logo sign panel after notifying a responsible operator as provided in the lease.
 3. A contractor or the Department shall require that a responsible operator certify in writing as directed that a responsible operator will comply with all applicable federal, state, and local laws, ordinances, rules, regulations, and contractual requirements of the rural or urban logo sign program.
 4. Nothing in these rules shall require a contractor or the Department to place or maintain a specific service information sign at any particular interchange or intersection. A contractor or the Department shall not place a specific service information sign that obstructs or interferes with a traffic control device.
 5. A contractor shall not remove or relocate an existing official traffic control device, as defined in A.R.S. § 28-601, to accommodate a specific service information sign without prior written approval by the Department, or a local authority under A.R.S. § 28-643.
 6. A contractor or the Department shall provide a copy of the signed lease agreement to a responsible operator. A responsible operator shall deliver a logo for the logo sign panel to a contractor or the Department for installation, or contract with a contractor to fabricate a logo for a logo sign panel to a responsible operator's, and the Department's, specifications.
 7. Within 30 calendar days after receipt of a written request from a responsible operator, a contractor or the Department shall return any pre-paid lease payments to a responsible operator if a responsible operator's logo is not installed on a logo sign panel within 90 calendar days of tendering the payments, for reasons solely caused by the Department or a contractor.
 8. A contractor shall obtain an encroachment permit under R17-3-501 through R17-3-509 before erecting or modifying a specific service information sign along a state highway.
 9. If a contractor requests an encroachment permit under R17-3-501 through R17-3-509, the Department's staff shall decide the best placement of a specific service information sign and shall cooperate with a contractor to provide information to the motoring public as prescribed in subsection (E)(2) of this Section.
 10. If an urban or rural logo sign program is terminated, a contractor or the Department shall:
 - a. Notify a responsible operator by certified mail, or a mutually agreed upon electronic communication method, of the program termination and the location where a responsible operator may claim its logo;
 - b. Remove all sign panels and supports, as directed by the Department; and
 - c. Refund any unused lease payments on a prorated basis to each responsible operator.
 11. A contractor or the Department shall solely determine the position and location of new or additional logos on logo sign panels or specific service information signs when logo sign vacancies occur on a logo sign panel or a specific service information sign panel, and a new responsible operator wishes to lease space on that panel, or a waiting list exists.
 12. In a lease agreement with a responsible operator, a contractor or the Department may collect all applicable taxes.

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G. Urbanized or rural boundary changes. If the boundaries of an urbanized area, as identified in a subsequent decennial census, are relocated or adjusted, a contractor or the Department shall allow:

1. The logo signs within the urbanized area boundaries and outside of those boundaries to remain in place until the minimum lease obligations between a contractor or the Department and a responsible operator have been fulfilled; or
2. Until lease termination, whichever occurs first.

H. Signage transition. Logo signage in place at the end of a lease term following boundary changes in subsection (G) of this Section may be transitioned from the urban to the rural logo sign program or from the rural to the urban logo sign program as appropriate.

I. Elimination of exit ramp or interchange. When the Department eliminates an exit ramp or interchange from the state highway system, a contractor or the Department may install and maintain a specific service information sign at an exit ramp or interchange directly preceding the exit ramp or interchange that the Department eliminates in each direction, as follows:

1. On request of a responsible operator, the Department may relocate a logo sign panel or a specific service information sign, as deemed appropriate by the Department.
2. A business affected by exit ramp or interchange elimination shall meet all eligibility criteria for continued program participation as prescribed in Subsection C of this Section and the following:
 - a. Be located directly off the interstate or other state highway, and
 - b. Had previous routine access from the eliminated exit ramp or interchange with direct access from:
 - i. The crossroad at the eliminated exit ramp or interchange;
 - ii. The frontage road of the interstate or other state highway at the eliminated exit ramp or interchange, within 1000 feet of the crossroad; or
 - iii. The frontage road of the interstate or other state highway at the eliminated exit ramp or interchange, within 1000 feet of the crossroad, as the frontage road existed before the exit ramp or interchange was eliminated.

Historical Note

Adopted effective March 22, 1985 (Supp. 85-2).
 Amended effective April 10, 1987 (Supp. 87-2). Former Section R17-3-911 renumbered without change as Section R17-3-909 (Supp. 88-4). Former Sections R17-3-902 through R17-3-909 renumbered without change as Section R17-3-902 (Supp. 89-1). Amended effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 5047, effective November 4, 2003 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 3856, effective September 15, 2005 (Supp. 05-3). Amended by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 1324, effective July 6, 2013 (Supp. 13-2).

R17-3-903. Repealed**Historical Note**

Adopted effective March 22, 1985 (Supp. 85-2).
 Amended effective April 10, 1987 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 1021, effective

February 8, 2001 (Supp. 01-1). New Section made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Amended by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2).

Repealed by final rulemaking at 19 A.A.R. 1324, effective July 6, 2013 (Supp. 13-2).

R17-3-904. MUTCD Requirements for Logo Signs

A. Number of sign panels and services allowed. No more than four specific service information sign panels are allowed on an interstate or other state highway at the approach to an intersection, interchange, or exit ramp.

1. Each specific service information sign panel shall contain a maximum of six logos as provided in Chapter 2J of the current version of the MUTCD.
2. No more than two specific service information sign panels for each type of specific service are allowed on an interstate or other state highway at the approach to an intersection, interchange, or exit ramp. A contractor or the Department may combine types of specific services as prescribed in subsection (A)(3) of this Section.
3. Except for existing logo signs displayed or approved for display as of July 6, 2012, no more than three types of services shall be represented on any specific service information sign panel. If three types of services are displayed on one specific service information sign panel, the panel shall have two logo sign panels for each service, or a total of six logo sign panels. If two types of services are displayed on one sign, the logo sign panels shall be limited to either three for each type, for a total of six logo sign panels, or four for one type and two for the other type, for a total of six logo sign panels.
4. One service type shall appear on no more than two specific service information sign panels.
5. When logos for more than six businesses of a specific service type are displayed at the same interchange or intersection approach, no more than 12 logos of a specific service type shall be displayed on no more than two specific service information sign panels.

B. Sign sequence. A contractor or the Department shall install successive specific service information signs for participating responsible operators in the direction of travel for the following as specified in the MUTCD:

1. Twenty-four hour pharmacies,
2. Attractions,
3. Camping,
4. Lodging,
5. Food, and
6. Gas services.

C. Seasonal requirements. If a responsible operator operates on a seasonal basis, a contractor or the Department shall:

1. Remove or cover a logo on a logo sign panel during the off-season; or
2. Display the dates of operation, if additional information is not required on the sign under R17-3-902(E)(2).

D. Sign standards. If the Department decides to move a specific service information sign because of construction or reconstruction of transportation facilities, or the placement of other signs or traffic control devices, the standards of the MUTCD apply regarding the new placement.

E. Trailblazing signs.

1. A contractor or the Department shall install a trailblazing sign for a responsible operator along a highway if a responsible operator's business is not located on, and is

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not visible from, an intersection with a highway as directed from the specific service information sign.

2. A contractor or the Department may locate a trailblazing sign near all intersections where the direction of the route changes or where a motorist may be uncertain which road to follow.
 3. A trailblazing sign is limited to four or fewer logo sign panels.
 4. A contractor or the Department shall obtain written approval from a local governing authority to install and maintain a trailblazing sign along a highway that is not under the Department's maintenance jurisdiction.
 5. A contractor or the Department shall not install a logo on a specific service information sign panel until all necessary trailblazing signs have been installed.
 6. A trailblazing sign shall indicate by arrow the direction to a responsible operator's business.
 7. A trailblazing sign may:
 - a. Duplicate the logo sign or specific service information sign, or both;
 - b. Consist of two lines of text; or
 - c. Include the type of specific service and distance to a responsible operator's business.
- F. Sign requirements.** A logo sign shall comply with A.R.S. § 28-648. Descriptive advertising words, phrases, or slogans are prohibited on a logo sign, except:
1. If a responsible operator does not have an official trademark or logo, a responsible operator may display as its logo, on a logo sign panel, the name indicated in its partnership agreement, incorporation documents, or other documentation.
 2. A contractor or the Department may place supplemental wording on logo sign panels in accordance with the MUTCD.

Historical Note

Adopted effective March 22, 1985 (Supp. 85-2). Amended effective April 10, 1987 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 1021, effective February 8, 2001 (Supp. 01-1). New Section made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 4132, effective September 9, 2003 (Supp. 03-3). Amended by final rulemaking at 9 A.A.R. 5047, effective November 4, 2003 (Supp. 03-4). Amended by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 1324, effective July 6, 2013 (Supp. 13-2).

Appendix A. Repealed**Historical Note**

Adopted effective March 22, 1985 (Supp. 85-2). Amended effective April 10, 1987 (Supp. 87-2). Appendix A repealed by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1).

Appendix B. Repealed**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Appendix B repealed by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1).

R17-3-905. Rural Logo Sign Requirements

- A.** In addition to R17-3-902 through R17-3-904 and R17-3-906, the spacing between specific service information signs on a

rural state highway shall be in accordance with the MUTCD based on engineering judgment.

- B. Agreement.** A community official designated by a municipality or town organized under Arizona law may sign a written agreement with a contractor or the Department to prohibit installation of logos on logo sign panels or specific service information sign panels on rural state highways within the recognized boundaries of the community.

Historical Note

Adopted effective March 22, 1985 (Supp. 85-2). Amended effective April 10, 1987 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 1021, effective February 8, 2001 (Supp. 01-1). New Section made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Amended by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 1324, effective July 6, 2013 (Supp. 13-2).

R17-3-906. Existing Leases

Any change to R17-3-902 through R17-3-905 does not affect a responsible operator's lease before the current lease expires.

Historical Note

Adopted effective March 22, 1985 (Supp. 85-2). Amended effective April 10, 1987 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 1021, effective February 8, 2001 (Supp. 01-1). New Section made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 5047, effective November 4, 2003 (Supp. 03-4). Amended by final rulemaking at 19 A.A.R. 1324, effective July 6, 2013 (Supp. 13-2).

Illustration A. Repealed**Historical Note**

New Illustration made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Illustration repealed by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2).

Illustration B. Repealed**Historical Note**

New Illustration made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Illustration repealed by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2).

Illustration C. Repealed**Historical Note**

New Illustration made by final rulemaking at 9 A.A.R. 624, effective February 7, 2003 (Supp. 03-1). Illustration repealed by final rulemaking at 18 A.A.R. 1263, effective July 6, 2012 (Supp. 12-2).

R17-3-907. Repealed**Historical Note**

Adopted effective March 22, 1985 (Supp. 85-2). Former Section R17-3-907 repealed and a new Section R17-3-907 adopted effective June 18, 1987 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 1021, effective February 8, 2001 (Supp. 01-1).

R17-3-908. Repealed

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Historical Note

Adopted effective March 22, 1985 (Supp. 85-2). Former Section R17-3-908 repealed and a new Section R17-3-908 adopted effective April 10, 1987 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 1021, effective February 8, 2001 (Supp. 01-1).

R17-3-909. Repealed

Historical Note

Adopted effective March 22, 1985 (Supp. 85-2). Amended effective April 10, 1987 (Supp. 87-2). Former Section R17-3-911 renumbered without change as Section R17-3-909 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 1021, effective February 8, 2001 (Supp. 01-1).

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