

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. § 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES
CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION

PREAMBLE

1. Sections Affected
R9-22-202
- Rulemaking Action
Amend
2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):
Authorizing statute: A.R.S. § 36-2903.01(H)
Implementing statute: A.R.S. §§ 36-2907.04, 36-2907(A) and (C), and 36-2903.01(G)
3. The effective date of the rules:
July 1, 1995
4. A list of all previous notices published in the Register addressing the exempt rule:
None published.
5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:
Name: Fred Meister
Address: AHCCCS Administration
Office of Policy Analysis and Coordination
801 East Jefferson, Mail Drop 4200
Phoenix, Arizona 85034
Telephone: (602) 254-5522, ext. 4313
Fax: (602) 256-6756
6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:
In 1994, the legislature authorized the extension of family planning services for up to 24 months for SOBRA-eligible women who lose Medicaid eligibility in the AHCCCS (acute care) program after the 60-day postpartum period. Women who become ineligible for the full range of Medicaid services will continue to receive family planning services set forth under R9-22-204(A) for up to 24 months. This program will ensure that family planning services are available to low-income women and will reduce the number of women who would become eligible under SOBRA coverage if they become pregnant. Extending the time period between pregnancies will produce significant cost savings to the state and to the Federal Government.
Recent federal guidelines require that HIV blood screening be performed as part of a package of sexually-transmitted disease (STD) tests provided with other family planning activity. Enhanced federal funding is available for those HIV- screening services, including costs for drawing blood, to arrive at a determination of HIV-positive or negative serostatus.
This amendment to the rule adds HIV blood screening to the definition of family planning services to ensure that AHCCCS is in compliance with federal requirements when the new extended family planning program is implemented. Laws 1994, Ch. 322, § 21 grants the Administration an exemption from the regular rulemaking procedures.
7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:
Not applicable.
8. The summary of the economic, small business, and consumer impact:
Not applicable.
9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):
Not applicable.
10. A summary of the principal comments and the agency response to them:
Not applicable.
11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
As required by Laws 1995, Ch. 204, § 5, AHCCCS submitted the appropriate waiver to the Health Care Financing Administration (HCFA) of the U.S. Department of Health and Human Services. HCFA advised AHCCCS that a federal waiver will be granted to implement the extended family planning services program. The waiver includes enhanced federal funding.
12. Incorporations by reference and their location in the rules:
Not applicable.

13. Was this rule previously adopted as an emergency rule?
No.

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES
CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION

ARTICLE 2. SCOPE OF SERVICES

Section

R9-22-202. Covered Services

ARTICLE 2. SCOPE OF SERVICES

R9-22-202. Covered Services

Subject to the exclusions and limitations contained in this Chapter, the following services shall be covered:

- 1. No change.
- 2. No change.
- 3. No change.
- 4. No change.
- 5. No change.
- 6. No change.
- 7. No change.
- 8. No change.

- 9. No change.
- 10. No change.
- 11. No change.
- 12. No change.
- 13. No change.
- 14. No change.
- 15. No change.
- 16. Family planning services, including drugs, supplies, devices, and surgical procedures to delay and prevent pregnancy. Family planning services are limited to:
 - a. Contraceptive counseling, medication, supplies, and associated medical and laboratory exams examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service.
 - b. No change.
 - c. No change.
- 17. No change.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES
CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM

PREAMBLE

1. Sections Affected
R9-28-306 Rulemaking Action
New Section
2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):
Authorizing statute: A.R.S. § 36-2932(P)
Implementing statute: A.R.S. §§ 36-2936(D)
3. The effective date of the rules:
September 1, 1995
4. A list of all previous notices published in the Register addressing the exempt rule:
None published.
5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:
Name: Fred Meister
Address: AHCCCS Administration
Office of Policy Analysis and Coordination
801 East Jefferson, Mail Drop 4200
Phoenix, Arizona 85034
Telephone: (602) 254-5522, ext. 4313
Fax: (602) 256-6756
6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:
In 1994, the legislature authorized an Arizona Long-term Care System (ALTCS) transitional home- and community-based services program which would establish a new functional level threshold. The new program would use a preadmission screening (PAS) reassessment to determine if an ALTCS-eligible person or member who fails the institutional PAS criteria at the time of redetermination still requires home- and community-based services.
This new Section will allow AHCCCS to implement the transitional PAS criteria and provide the appropriate medically necessary acute care medical services, home- and community-based services, behavioral health, and case management services to ALTCS-eligible persons and members who meet transitional criteria.

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Laws 1994, Ch. 322, § 21 grants the Administration an exemption from the regular rulemaking procedures.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:
Not applicable.
8. The summary of the economic, small business, and consumer impact:
Not applicable.
9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):
Not applicable.
10. A summary of the principal comments and the agency response to them:
Not applicable.
11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
As required by Laws 1994, Ch. 322, § 20, AHCCCS submitted the appropriate waiver request to the Health Care Financing Administration (HCFA) of the U.S. Department of Health and Human Services. HCFA advised AHCCCS that a federal waiver has been granted to implement the ALTCS transitional program.
12. Incorporations by reference and their location in the rules:
Not applicable.
13. Was this rule previously adopted as an emergency rule?
No.
14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

ARTICLE 3. PREADMISSION SCREENING

Section

R9-28-306. Transitional Program for Elderly and Physically Disabled and Developmentally Disabled Members and Eligible Persons

ARTICLE 3. PREADMISSION SCREENING

R9-28-306. Transitional Program for Elderly and Physically Disabled and Developmentally Disabled Members and Eligible Persons

- A. Effective September 1, 1995, a transitional program is established for members and eligible persons meeting the criteria set forth in this Section. The ALTCS transitional program serves members and eligible persons enrolled in the ALTCS program who, at the time of reassessment as described in R9-28-305, are found to no longer meet the threshold specified in R9-28-303 for the elderly and physically disabled or in R9-28-304(B) for the developmentally disabled. Members and eligible persons qualifying for the transitional program may receive appropriate home- and community-based services.
- B. Developmentally disabled members and eligible persons who are otherwise eligible for ALTCS shall be transferred from the ALTCS program to the ALTCS transitional program if, at the time of a reassessment conducted subsequent to September 1, 1995, the total preadmission score is less than the threshold described in R9-28-304(B) but is not less than 30, or the member or eligible person is diagnosed with moderate, severe, or profound mental retardation.
- C. Elderly and physically disabled members and eligible persons who are otherwise eligible for ALTCS shall be transferred from the ALTCS program to the ALTCS

transitional program if, at the time of a reassessment conducted subsequent to September 1, 1995, the preadmission screening score is less than the threshold described in R9-28-303 but the member or eligible person meets one or more of the following criteria:

1. Has a score of two or more on three of the following five activities for daily living: eating, dressing, bathing, toileting, and transferring;
 2. Has a diagnosis of Alzheimer's disease, organic brain syndrome, dementia, Parkinson's disease, or head trauma which impacts activities of daily living;
 3. Has a score of two or more on any of the items in the emotional and cognitive functioning category.
- D. Members and eligible persons qualifying for the transitional program shall be reassessed annually to determine if they continue to meet the criteria specified in subsections (B) and (C).
 - E. For members and eligible persons residing in a nursing facility (NF) or an intermediate care facility for the mentally retarded (ICF-MR), the program contractor or the Administration has up to 90 days, from the effective date of the member's or eligible person's eligibility for the transitional program, to move the member or eligible person to an approved home- and community-based setting.
 - F. Members and eligible persons shall continue to receive all medically necessary covered services as specified in Article 2.
 - G. For members and eligible persons whose condition worsens to the extent that NF or ICF-MR services are medically necessary on a temporary basis, the program contractor or the Administration may place the member or eligible person in a NF or ICF-MR for up to 90 days at any one admission.
 - H. For members requiring medically necessary NF or ICF-MR services for longer than 90 days, the program contractor shall request the Administration to conduct a reassessment.