

NOTICES OF AGENCY GUIDANCE DOCUMENTS

The Administrative Procedure Act requires the identification and publication of a summary of agency guidance documents (A.R.S. § 41-1013(B)(14)).

NOTICE OF AGENCY GUIDANCE DOCUMENT

DEPARTMENT OF HEALTH SERVICES

- Title of the guidance document and the guidance document number by which the document is referenced:**
Department of Health and Human Services, Health Care Financing Administration, State Operations Manual (ALS001)
- Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
July 1995
- Summary of the contents of the guidance document:**
The manual contains federal instructions and interpretative guidelines to State Agency personnel performing Medicare/Medicaid certification activities on behalf of the Health Care Financing Administration. These certification activities are conducted for providers and suppliers of health care services which include hospitals, long-term care facilities, home health agencies, hospices, ambulatory surgical centers, intermediate care facilities for the mentally retarded, laboratories, outpatient physical therapy/speech pathology agencies, independent physical therapists and occupational therapists, portable X-ray suppliers, rural health clinics, end stage renal disease facilities, and comprehensive outpatient rehabilitation facilities.
- A statement as to whether the guidance document is a new document or a revision:**
The document is a revision.
- The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Linda Palmer, Chief
Address: Office of Health Care Licensure
Assurance and Licensure Services
Arizona Department of Health Services
1647 East Morten
Phoenix, Arizona 85020
Telephone number: (602) 255-1221
Fax number: (602)255-1108
- Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
The State Operations Manual (Publication PB-89-950-099) may be obtained from: National Technical Information Services, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161, Telephone 1-800-553-6847 or (703) 487-4650. The cost is \$330 per copy. The yearly subscription for transmittals to update the manual is between \$150 and \$200.
The Clinical Laboratory Improvement Amendment (CLIA) regulations (Publication Number PB-93-950-02) may be obtained from the above address at a cost of \$36.50 each. Other CLIA regulations (Publications numbers PB-92-146-147, PB93-950-02, and PB-93-950-012) may also be obtained from the above address and interested individuals may call the 1 (800) number to obtain the costs of the publications.

NOTICE OF AGENCY GUIDANCE DOCUMENT

DEPARTMENT OF HEALTH SERVICES

- Title of the guidance document and the guidance document number by which the document is referenced:**
Health and Child Care Review Services, Office of Health Care Licensure Compliance, Survey, and Investigation Policies and Procedures (ALS002)
- Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
January 7, 1991
- Summary of the contents of the guidance document:**
These policies and procedures provide interpretative guidelines to Department personnel for receiving, investigating, and preparing field trip reports of investigation results; filing self-reported incidents and complaints in public and confidential files; filing and maintaining confidentiality of Medicare information; prohibiting use of nurse aide training program participants in Medicare/Medicaid certified nursing care facilities which have been subject to adverse federal actions; processing complaints and taking action

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against nurse aides against whom findings of client abuse, neglect, and misappropriation of property have been upheld; requesting medical records from a health care institution; ensuring that fire inspections are conducted by proper authorities; retaining medical records; filing bed hold letters; and enforcing facility compliance with building and life safety codes.

4. **A statement as to whether the guidance document is a new document or a revision:**
The document is new.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Virginia Blair, Manager
Address: Office of Health Care Licensure - Medical Facilities
Assurance and Licensure Services
Department of Health Services
1647 East Morten
Phoenix, Arizona 85020
Telephone number: (602) 255-1144
Fax number: (602) 255-1109
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the statement can be requested from the above address or telephone number. Payment is based on the number of pages at a cost of 25¢ per page payable upon receipt. The check or money order should be made payable to the Arizona Department of Health Services.

NOTICE OF AGENCY GUIDANCE DOCUMENT

DEPARTMENT OF HEALTH SERVICES

1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Health and Child Care Review Services, Licensure Process Manual (ALS003)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
July 26, 1991
3. **Summary of the contents of the guidance document:**
These policies and procedures provide interpretative guidelines to Department personnel regarding the application of general licensure requirements; licensure surveys; licensure categories and the decision process involved in determining a health care institution's substantial compliance with licensing requirements and provisional licensure requirements; waivers for nursing care institutions only; processing license applications and recordkeeping; informal review of statements of deficiencies; and enforcement actions against health or child care facilities in violation of Department rules or statutes, including request for hearing or appeals.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is a revision.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Linda Palmer, Chief
Address: Office of Health Care Licensure
Assurance and Licensure Services
Department of Health Services
1647 East Morten
Phoenix, Arizona 85020
Telephone number: (602) 255-1221
Fax number: (602) 255-1108
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the statement can be requested from the above address or telephone number. Payment is based on the number of pages at a cost of 25¢ per page payable upon receipt. The check or money order should be made payable to the Arizona Department of Health Services.

NOTICE OF AGENCY GUIDANCE DOCUMENT
DEPARTMENT OF HEALTH SERVICES

1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Office of Behavioral Health Licensure, Title 9, Chapter 20, (9 A.A.C. 20) Guidelines (ALS004)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
October 1, 1993
3. **Summary of the contents of the guidance document:**
The information contained in the document provides guidelines to personnel in the Office of Behavioral Health Licensure for conducting surveys of behavioral health facilities. The document also serves to provide supplemental training for staff.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is a revision.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Johnie Golden, Manager
Address: Office of Health Care Licensure - Behavioral Health Licensure
Assurance and Licensure Services
Department of Health Services
1647 East Morten
Phoenix, Arizona 85020
Telephone number: (602) 255-1227
Fax number: (602) 255-1225
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the statement can be requested from the above address or telephone number. Payment is based on the number of pages at a cost of 25¢ per page payable upon receipt. The check or money order should be made payable to the Arizona Department of Health Services.
The document is free to personnel involved directly in the regulatory process.

NOTICE OF AGENCY GUIDANCE DOCUMENT
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1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Newborn Screening Program Guidelines (CFHS01)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
October 1995
3. **Summary of the contents of the guidance document:**
Guidelines apply to health care providers and include a description of the 7 newborn disorders tested for in Arizona and blood specimen collection techniques. The document sets the responsibilities for reporting and follow-up of screening results, confirmation testing, chart of Newborn Screening Program test values and standards, as well as testing fees.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is new.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Claire Hansen, Manager
Address: Newborn Screening Program
Office of Women and Children's Health
Department of Health Services
411 North 24th Street
Phoenix, Arizona 85008
Telephone number: (602) 220-6550
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the document can be requested from the above address or telephone number at no cost.

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1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Newborn Intensive Care Program (NICP) Policy and Procedure Manual (CFHS02)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
August 1, 1995
3. **Summary of the contents of the guidance document:**
This document includes policies and procedures as they relate to eligibility and enrollment, covered services, billing, and reporting requirements. The manual is designed to provide information to providers assisting in the NICP.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is new.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Catherine E. Sinkey, R.N., Manager
Address: High Risk Perinatal Programs
Office of Women and Children's Health
Department of Health Services
411 North 24th Street
Phoenix, Arizona 85008
Telephone number: (602) 220-6550
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the document can be requested from the above address or telephone number at no cost.

NOTICE OF AGENCY GUIDANCE DOCUMENT

DEPARTMENT OF HEALTH SERVICES

1. **Title of the guidance document and the guidance document number by which the document is referenced:**
MCH Family Planning Services Policies and Guidelines (CFHS03)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
July 1988
3. **Summary of the contents of the guidance document:**
The document provides information regarding eligibility, confidentiality, reporting requirements, client services including required and recommended services.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is new.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Antoinette Means, Program Manager
Address: Reproductive Health
Office of Women and Children's Health
Department of Health Services
411 North 24th Street
Phoenix, Arizona 85008
Telephone number: (602) 220-6550
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the document can be requested from the above address or telephone number at no cost.

NOTICE OF AGENCY GUIDANCE DOCUMENT

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1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Health Start Policy Procedures Manual (CFHS04)

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2. Date of the publication of the guidance document and the effective date of the document if different from the publication date:
Published: July 1995
Effective: August 1995
3. Summary of the contents of the guidance document:
The document covers the policies by which the program functions and the procedures to be followed by ADHS program personnel and contractors in the implementation of the program. These include: the scope of Health Start services; eligibility criteria and enrollment procedures; information on lay health worker visits to clients; contractor reporting requirements; information on service coordination; and evaluation procedures.
4. A statement as to whether the guidance document is a new document or a revision:
The document is new.
5. The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:
Name: Ruthann M. Smejkal, Ph.D., Manager
Address: Health Start Program
Office of Women and Children's Health
Department of Health Services
411 North 24th Street
Phoenix, Arizona 85008
Telephone number: (602) 220-6550
Fax number: (602) 220-6551
6. Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:
Information about or a copy of the document can be requested from the above address or telephone number at no cost.

NOTICE OF AGENCY GUIDANCE DOCUMENT

DEPARTMENT OF HEALTH SERVICES

1. Title of the guidance document and the guidance document number by which the document is referenced:
Arizona Early Intervention Program Developmental Services Manual (CFHS05)
2. Date of the publication of the guidance document and the effective date of the document if different from the publication date:
January 1994
3. Summary of the contents of the guidance document:
The manual contains information and policies regarding participating families, agencies and providers, a description of the service delivery system, the tasks for development evaluation and assessment, programs evaluation, and resource information.
4. A statement as to whether the guidance document is a new document or a revision:
The document is a revision.
5. The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:
Name: Lee Hunter, M.Ed., Manager
Address: Office for Children with Special Health Care Needs
Department of Health Services
1740 West Adams, Room 310
Phoenix, Arizona 85007
Telephone number: (602) 542-1475
Fax number: (602) 542-2789
6. Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:
Information about or a copy of the document can be requested from the above address or telephone number at no cost.

NOTICE OF AGENCY GUIDANCE DOCUMENT

DEPARTMENT OF HEALTH SERVICES

1. Title of the guidance document and the guidance document number by which the document is referenced:
Arizona WIC State Plan, Fiscal Year 1995 (CFHS06)
2. Date of the publication of the guidance document and the effective date of the document if different from the publication date:
January 1995

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3. **Summary of the contents of the guidance document:**
The State Plan includes the goals and objectives of the WIC program, policies and procedures manual and implementation guidelines, and a summary of the ongoing activities of the program.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is a revision.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Alice Shoemaker, Manager
Address: Nutrition Assistance Programs
Office of Nutrition Services
Department of Health Services
1740 West Adams, Room 206
Phoenix, Arizona 85007
Telephone number: (602) 542-1886
Fax number: (602) 542-1890
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the document can be requested from the above address or telephone number. Payment is based on the number of pages at a cost of 25¢ per page payable in advance. The check or money order should be made payable to the Arizona Department of Health Services.

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DEPARTMENT OF HEALTH SERVICES

1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Arizona Commodity Supplemental Food Program State Plan, Fiscal Year 1995 (CFHS07)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
January 1995
3. **Summary of the contents of the guidance document:**
The State Plan includes the goals and objectives of the CSF program, policies and procedures manual and implementation guidelines, and a summary of the ongoing activities of the program.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is a revision.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Alice Shoemaker, Manager
Address: Nutrition Assistance Programs
Office of Nutrition Services
Department of Health Services
1740 West Adams, Room 206
Phoenix, Arizona 85007
Telephone number: (602) 542-1886
Fax number: (602) 542-1890
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
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NOTICE OF AGENCY GUIDANCE DOCUMENT
DEPARTMENT OF HEALTH SERVICES

1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Child Fatality Review Program, Policies, and Procedures (CFHS08)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
October 14, 1995

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3. **Summary of the contents of the guidance document:**
The document covers the manner in which the Child Fatality Review Program and Child Fatality Review Teams (State and Local) operate. The design is to establish and maintain standardized policies and procedures for review of child fatalities throughout the state and be in compliance with A.R.S. § 36-3501.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is new.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Robert Schackner, Manager
Address: Child Fatality Review Program
Department of Health Services
1740 West Adams, Room 308
Phoenix, Arizona 85007
Telephone number: (602) 542-1875
Fax number: (602) 542-1265
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
Information about or a copy of the document can be requested from the above address or telephone number at no cost.

NOTICE OF AGENCY GUIDANCE DOCUMENT
DEPARTMENT OF HEALTH SERVICES

1. **Title of the guidance document and the guidance document number by which the document is referenced:**
Arizona Early Intervention Program Service Coordination Manual (CFHS09)
2. **Date of the publication of the guidance document and the effective date of the document if different from the publication date:**
November 1993
3. **Summary of the contents of the guidance document:**
The manual contains information and policies regarding participating families, agencies and providers, a description of the service delivery system, the tasks for performing service coordination, program evaluation, and resource information.
4. **A statement as to whether the guidance document is a new document or a revision:**
The document is a revision.
5. **The name, address, and telephone number of the person to whom questions and comments about the guidance document may be directed:**
Name: Lee Hunter, M.Ed., Manager
Address: Office for Children with Special Health Care Needs
Department of Health Services
1740 West Adams, Room 310
Phoenix, Arizona 85007
Telephone number: (602) 542-1475
Fax number: (602) 542-2789
6. **Information about where a person may obtain a copy of the guidance document and the costs for obtaining the document:**
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