

# Arizona Administrative REGISTER

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~ Administrative Register Contents ~

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# From the Publisher

## ABOUT THIS PUBLICATION

The paper copy of the *Administrative Register* (A.A.R.) is the official publication for rules and rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The Office of the Secretary of State does not interpret or enforce rules published in the *Arizona Administrative Register* or *Code*. Questions should be directed to the state agency responsible for the promulgation of the rule as provided in its published filing.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains the full text of the Governor's Executive Orders and Proclamations of general applicability, summaries of Attorney General opinions, notices of rules terminated by the agency, and the Governor's appointments of state officials and members of state boards and commissions.

## ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rules activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA.

Rulemakings initiated under the APA as effective on and after January 1, 1995, include the full text of the rule in the *Register*. New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

## WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The printed *Code* is the official publication of a rule in the A.A.C. is prima facie evidence of the making, amendment, or repeal of that rule as provided by A.R.S. § 41-1012. Paper copies of rules are available by full Chapter or by subscription. The *Code* is posted online for free.

## LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking

Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a copy.

# Arizona Administrative REGISTER

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**ADMINISTRATIVE CODE**  
A price list for the *Arizona Administrative Code* is available online. You may also request a paper price list by mail. To purchase a paper Chapter, contact us at (602) 364-3223.

**PUBLICATION DEADLINES**  
Publication dates are published in the back of the *Register*. These dates include file submittal dates with a three-week turnaround from filing to published document.

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# Participate in the Process

## Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

## Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

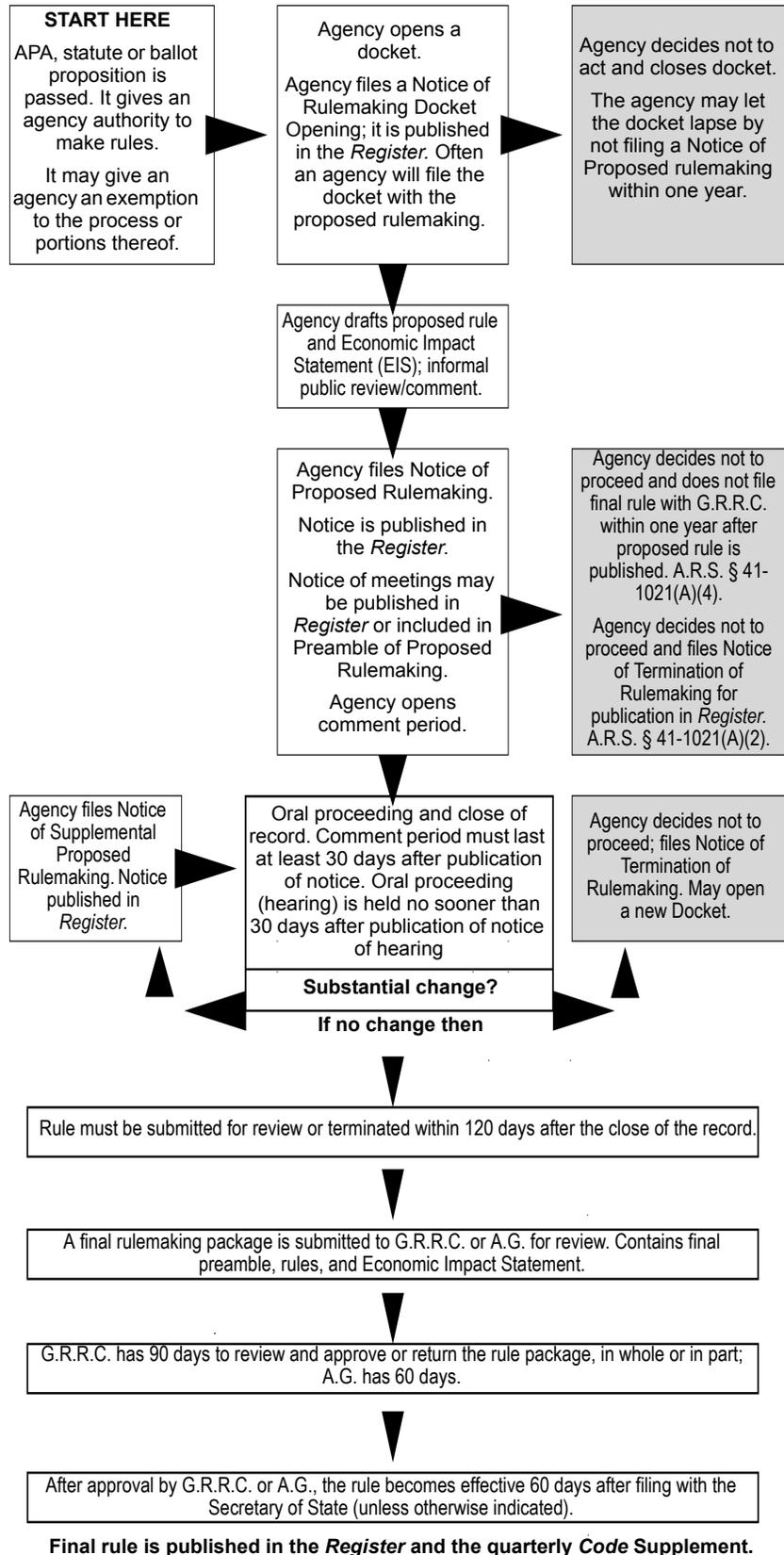
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

# Arizona Regular Rulemaking Process



## Definitions

**Arizona Administrative Code (A.A.C.):** Official rules codified and published by the Secretary of State's Office. Available online at [www.azsos.gov](http://www.azsos.gov).

**Arizona Administrative Register (A.A.R.):** The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at [www.azsos.gov](http://www.azsos.gov).

**Administrative Procedure Act (APA):** A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at [www.azleg.gov](http://www.azleg.gov).

**Arizona Revised Statutes (A.R.S.):** The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at [www.azleg.gov](http://www.azleg.gov).

**Chapter:** A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

**Close of Record:** The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

**Code of Federal Regulations (CFR):** The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

**Docket:** A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

**Economic, Small Business, and Consumer Impact Statement (EIS):** The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

**Governor's Regulatory Review (G.R.R.C.):** Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

**Incorporated by Reference:** An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

**Federal Register (FR):** The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

**Session Laws or "Laws":** When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word "Laws" is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation "Ch.," and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at [www.azleg.gov](http://www.azleg.gov).

**United States Code (U.S.C.):** The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

## Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor's Regulatory Review Council*

U.S.C. – *United States Code*

## About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.





added solutions and that do not meet a standard of identity were established. Sixth, requirements to use a descriptive designation “mechanically tenderized” blade tenderized,” or “needle tenderized” on the labels of raw or partially cooked needle or blade tenderized beef products unless the products are to be fully cooked or to receive another full lethality treatment at an official establishment were created. Seventh, new record keeping requirements related to sourcing of raw ground beef were created for official establishments and retail stores that grind raw beef products for sale in commerce.

Federal regulations to establish a mandatory inspection program for fish of the order Siluriformes and products derived from these fish were also created. 80 FR 75590-01. These regulations are effective March 1, 2016 and are not included in this rulemaking which incorporates 9 CFR Chapter III as revised, January 1, 2016.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

None

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The conduct and its frequency of occurrence that the rule is designed to change.

The purpose of this rulemaking is to update the incorporated federal regulations to the latest version in order to maintain consistent state status. The Department believes most persons regulated by this rule are already in compliance with the current federal regulations. Therefore, the Department does not believe the target conduct occurs with significant frequency.

The harm resulting from the conduct the rule is designed to change and the likelihood it will continue to occur if the rule is not changed.

The main harm that will result if the conduct is not addressed by updating the incorporated federal regulations is the loss of consistent state status. The Department believes the loss of consistent state status is likely if the rule is not changed.

The estimated change in frequency of the targeted conduct expected from the rule change.

As stated above, the Department does not believe the targeted conduct occurs with significant frequency, however, to the extent there may be some individuals not following current federal regulations the Department expects the rule change to further reduce the targeted conduct to even more limited frequency.

A brief summary of the information included in the economic, small business and consumer impact statement.

None of these changes are expected to require any new full-time Department employees.

There may be some minimal cost to some individuals due the new requirements related to labeling and recordkeeping, however, the Department does not believe these costs will outweigh the benefit of maintaining consistent state status, and the Department is not able to offer any less intrusive alternatives and still be “at least equal to” federal law.

**9. The agency’s contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Rick Mann  
Address: Department of Agriculture  
1688 W. Adams St.  
Phoenix, AZ 85007  
Telephone: (602) 542-6398  
E-mail: rmann@azda.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

A person may request an oral proceeding on the proposed rules by contacting the individual identified in item #4 within 30 days of publication of this notice.

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

Pursuant to A.R.S. § 3-104(F), the ADA Advisory approved this rulemaking.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rule does not require a permit.



**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**  
 9 CFR Chapter III is applicable to this rule. This rule is not more stringent than the federal law.

**c. Whether a person submitted an analysis to the agency that compares the rule’s impact of the competitiveness of business in this state to the impact on business in other states:**  
 No

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**  
 Most of 9 CFR Chapter III is incorporated by reference in rule 202.

**13. The full text of the rule follows:**

**TITLE 3. AGRICULTURE**

**CHAPTER 2. DEPARTMENT OF AGRICULTURE  
 ANIMAL SERVICES DIVISION**

**ARTICLE 2. MEAT AND POULTRY INSPECTION**

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

**ARTICLE 2. MEAT AND POULTRY INSPECTION**

**R3-2-202. Meat and Poultry Inspection; Slaughtering Standards**  
 All meat and poultry inspection, slaughtering, production, processing, labeling, storing, handling, transportation and sanitation procedures shall be conducted as prescribed in 9 CFR Chapter III, revised January 1, 2013 2016, as amended by ~~76 FR 68058-64 (November 3, 2011)~~ 80 FR 75590-01 (December 2, 2015), except sections 302.2, 307.5, 307.6, 312, 322, 327, 329.7, 329.9, 331, 335, 351, 352, 354, 355, 381.38, 381.39, 381.96 through 381.112, 381.195 through 381.209, 381.218 through 381.225, 390, 391, 392, 590 and 592. This material is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available from the Department and may also be viewed online at [www.gpo.gov/fdsys](http://www.gpo.gov/fdsys).

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 3. AGRICULTURE**

**CHAPTER 2. DEPARTMENT OF AGRICULTURE  
 ANIMAL SERVICES DIVISION**

[R16-68]

**PREAMBLE**

- |  |                                 |
|--|---------------------------------|
| <b>1. <u>Article, Part or Section Affected (if applicable)</u></b> | <b><u>Rulemaking Action</u></b> |
| R3-2-801   | Amend                           |
| R3-2-806   | Amend                           |
- 2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statute: A.R.S. §§ 3-107(A)(1) and 3-605(C)  
 Implementing statute: A.R.S. § 3-306
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**  
 Notice of Rulemaking Docket Opening: 22 A.A.R. 344, February 19, 2016
- 4. The agency’s contact person who can answer questions about the rulemaking:**  
 Name: Roland Mader  
 Address: Department of Agriculture  
 1688 W. Adams St.  
 Phoenix, AZ 85007  
 Telephone: (602) 466-0075  
 Fax: (602) 542-4194  
 E-mail: [rmader@azda.gov](mailto:rmader@azda.gov)



**5. An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

The requirements of R3-2-806 are outdated. The Department is proposing to simplify and clarify the rules by removing some of the stringent and overly specific requirements. This will make compliance with the rule easier and reduce potential conflicts modern practices. R3-2-801 is being amended to remove a defined term because the provision that uses the defined term is being removed from R3-2-806.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

None

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The conduct and its frequency of occurrence that the rule is designed to change.

Persons constructing or extensively altering a parlor or milk room must submit the plans to the Dairy Supervisor for written approval. The Department receives plans on a bimonthly basis, approximately. Currently the rules create very specific requirements for the construction and alteration of these facilities. This rule making will provide more flexibility to those seeking approval of their plans.

The harm resulting from the conduct the rule is designed to change and the likelihood it will continue to occur if the rule is not changed.

The current rules are overly specific and strict application in some situations may prohibit modern production and construction practices. For example a strict application of the rule may prevent the direct loading of milk into a tanker trunk.

The estimated change in frequency of the targeted conduct expected from the rule change.

The Department will implement the streamlined requirements as soon as this rule is effective.

A brief summary of the information included in the economic, small business and consumer impact statement

None of these changes are expected to require any new full-time Department employees.

The Department does not believe the changes will have a significant economic impact for business or consumers. If anything there may be some economic benefits to dairy farmers due to the greater flexibility in the new rule.

**9. The agency’s contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Roland Mader  
Address: Department of Agriculture  
1688 W. Adams St.  
Phoenix, AZ 85007  
Telephone: (602) 466-0075  
Fax: (602) 542-4194  
E-mail: rmader@azda.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

A person may request an oral proceeding on the proposed rules by contacting the individual identified in item #4 within 30 days of publication of this notice.

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

Pursuant to A.R.S. § 3-104(F), the ADA Advisory Council approved this rulemaking.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rules do not require a permit. R3-2-806 requires agency approval of constructing or extensively altering a parlor or milk room. The Department issues a general approval for the entire proposed action and allow for modifications after approvals are granted. R3-2-806(A).

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

There is not a corresponding federal law for the rules in this rulemaking.



**c. Whether a person submitted an analysis to the agency that compares the rule’s impact of the competitiveness of business in this state to the impact on business in other states:**

No

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

The Grade A Pasteurized Milk Ordinance –2013 Revision is incorporated in the definition of “PMO” in R3-2-801.

**13. The full text of the rule follows:**

**TITLE 3. AGRICULTURE**

**CHAPTER 2. DEPARTMENT OF AGRICULTURE  
ANIMAL SERVICES DIVISION**

**ARTICLE 8. DAIRY AND DAIRY PRODUCTS CONTROL**

Section	
R3-2-801.	Definitions
R3-2-806.	Parlors and Milk Rooms

**ARTICLE 8. DAIRY AND DAIRY PRODUCTS CONTROL**

**R3-2-801. Definitions**

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

“3-A Sanitary Standards” and “3-A Accepted Practices,” as published by the International Association for Food Protection, amended May 31, 2002, means the criteria for cleanability of dairy processing equipment. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and is also available at <http://www.3-A.org>.

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

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

“Fluid trade product” means any trade product as defined in A.R.S. § 3661(5) that resembles or imitates milk, low-fat milk, chocolate milk, half and half, or cream.

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

“Frozen desserts mix” or “mix” means any frozen dessert before being frozen.

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

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

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

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

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

~~“Plate line” means a horizontal structural member, such as a timber, that provides the bearing and anchorage for the trusses of a roof or the rafters.~~

“PMO” means the Grade A Pasteurized Milk Ordinance –2013 Revision. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007. A copy of the incorporated material may also be viewed at <http://agriculture.az.gov>.

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

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

A. Construction Plans.



1. Any person constructing or extensively altering a parlor or milk room shall submit the plans and specifications to the Dairy Supervisor for written approval before work begins. The Dairy Supervisor shall approve or deny the plans within 10 business days.
  2. Plans shall consist of a scaled plot design with elevations and pertinent dimensions.
  3. Any deviations from the requirements in this Section and from approved plans and specifications may be made only after written approval of the Dairy Supervisor.
- B. Site.**
1. The parlor and milk room shall be located in a place free from contaminated surroundings.
  2. Feed racks, calf pens, bull pens, hog pens, poultry pens, horse stables, horse corrals, and shelter sheds shall not be closer than 100 feet to the milk room or closer than 50 feet to the parlor.
- C. Surroundings.**
1. Dirt or unpaved corrals and unpaved lanes shall not be closer than 25 feet to the parlor or closer than 50 feet to the milk room; corrals shall be constructed to remove runoff from the lowest point of the grade. ~~A minimum 3% slope shall be maintained in unpaved corrals where the available space for each animal is 400 square feet or less but may be reduced proportionately to 1 1/2% slope if 800 square feet or more is provided for each animal.~~
  2. A paved (concrete or equivalent) ramp or corral shall be provided to allow the animals to enter and leave the parlor. This paved area shall be curbed sufficiently high enough to contain waste material and water used to clean this area. ~~at least six inches high and six inches wide and sloped to a paved drain area. The paved area shall provide access to permanent feed racks or mangers and to water troughs. Water troughs shall be provided with an apron of concrete or equivalent at least 10 feet wide at the drinking area. The cow standing platform at permanent feed racks shall be paved with concrete or equivalent for at least 10 feet back of the stanchion line. The stanchion line shall have a curb at least one foot in height.~~
- D. Drains and waste disposal systems shall be adequate to drain the volume of water used in rinsing and cleaning, as well as the waste created by animals in the parlor. Floor level elevations of all structures shall be at least 15 inches above surrounding ground level and shall carry drainage 50 feet from the parlor and at least 100 feet from the milk room. Instead of natural drainage, automatic pumps or other means shall be provided for drainage disposal.**
- E. Milk room.**
1. ~~The milk room shall not be more than 15 feet from the parlor and may be located under the same roof (extended) as the parlor.~~ The milk room shall consist of one or more rooms for the handling of the milk and the cleaning, sanitization, and storage of the milk-handling equipment. Hot and cold running water outlets shall be provided as needed for sanitation available in each room. There shall be a minimum of five feet between a farm milk tank at the widest point and the milk room wall where the wash vats are installed. Except for currently installed milk tanks, there shall be at least three feet between any farm tank or farm tank appurtenance and the milk room walls.
  2. Passageway. The passageway between the milk room and parlor shall have at least a 3-foot clearance for ingress and egress ~~and have ceiling or roof ventilation.~~ Equipment such as milk receivers, dump tanks, or coolers that are part of an enclosed milk line system may be installed in the passageway if:
    - a. A 3-foot clearance is allowed for the walkway;
    - b. Space is provided between walls and equipment to permit the disassembly of equipment for cleaning or inspection;
    - c. The passageway between the parlor and the milk room may be closed at one end. The parlor may be separated from the passageway by a pipe rail fence if the slope of the parlor floor is away from the passageway. If the slope of the parlor floor is toward the passageway, a concrete wall between the passageway and parlor floor of at least 12 inches in height shall be provided.
    - d. Rustless pipe sleeves with tight-fitting flanges and protective closures shall be installed where the milk lines, hoses for tankers, and wash lines go through the walls ~~or stationary doors~~ of the passageway.
  3. Floors.
    - a. The floors of the milk room, and passageway, if provided, shall be constructed of four-inch thick concrete, or other impervious material troweled smooth. The milk room floor shall slope at least 1/4 inch per 12 inches to a vented trapped drain. The passageway floor shall slope at least one inch per 10 feet toward a drain or gutter. All floor and wall junctions shall have at least a two-inch radius cove. ~~Concrete floors built on soils other than sandy loams shall have a sand or rock cushion at least six inches deep.~~
    - b. Drainage from the milk room may be independent from or connected to the parlor drainage. Floor drains shall be vented, have a water trap, and a clean-out plug. All floor drains and pipes under the milk room and parlor floor shall ~~have leakproof connections~~ and meet all applicable plumbing codes.
  4. Walls and ceilings.
    - a. All walls and ceilings shall be constructed of a light colored, impervious material with a smooth finish. If concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete.
    - b. The main ceiling height shall allow sufficient room for access to, and sampling from, the bulk milk storage tank. ~~be at least nine feet above the floor and not less than the height of the farm tank plus two feet. New or extensively altered ceiling shall be at least three feet above the tank. The ceiling may follow the rafters to the plate line which shall be at least 7 feet 3 inches above the floor.~~



5. Doors and windows.
    - a. ~~Each room of the milk room shall have at least one glass or other light transmitting material. The total window area in each room shall be equivalent to at least 1/10 of the floor area. All opening windows shall have at least 16-inch mesh screen.~~
    - b. Exterior doors of the milk room shall open outward, be solid, self-closing, and tight fitting. Any door from the passageway shall be a solid door, metal covered on both sides of the bottom half. Wooden door jambs or frames shall terminate six inches above the floor, and the concrete floor cove shall extend to the jambs or frames.
    - c. All working areas in the milk room shall contain at least 30 foot-candles of natural and/or artificial lighting.
  6. Ventilation. The milk room shall provide adequate ventilation to minimize condensation on ceilings, walls and equipment. Vents shall be protected from the penetration of insects, dust and other contaminants. At least two wall ventilators shall be installed horizontally not more than 10 inches nor less than four inches above the floor in each milk room. The wall ventilators shall provide openings equivalent to 2% of the floor areas. Wall vent openings shall be equipped with metal framed insect screens. The milk room shall contain one or more ceiling vents. In the absence of forced draft ventilation, the ceiling vents shall be shafted to a roof peak vent that is at least 12 inches in diameter to ventilate the room and exclude dust, rain, birds, insects, and trash. Ceiling vents shall provide high ventilation equivalent to an opening of 2% or more of the floor area. Ceiling vents shall not be installed directly above bulk milk storage tanks. Oil or gas water heaters shall be vented outside above the roof edge.
  7. Tanker loading area. A tanker-loading area, at least 10 feet by 12 feet, paved, curbed, and sloped to drain, shall be provided adjacent to the milk room where milk is transferred from a farm tank to a milk tanker. If a tanker is used instead of a farm tank, a tanker shelter shall be provided that complies with the construction, light, drainage, and general maintenance requirements of the milk room.
  8. Farm tank installations. All farm tanks for the cooling and storing of milk shall be installed in the milk room. Bulk milk tanks equipped with agitator shaft opening seals may, if approved by the Dairy Supervisor, be bulk-headed through a wall.
- F. Parlor.
1. Floors.
    - a. ~~The floors, curbs and quarters shall be constructed of four-inch thick concrete or other, light-colored, impervious material, finished smooth. The floors, alleys, gutters, mangers, and curbs shall slope lengthwise at least 1 1/2 inches per 10 feet toward a drain or gutter. The cow standing platform in the elevated stall parlor shall slope sufficiently to provide for adequate drainage and cleaning, at least 1 1/2 inches toward the floor gutter.~~
    - b. Floor and wall junctions shall have at least a two-inch radius cove and shall be an integral part of the floor.
    - c. ~~The cow standing platform litter alley, feed alley, and gutter shall be given a true, even surface. The cow standing platform, litter alley, holding corral and concrete lane shall be treated to prevent slipping. Concrete floors built on soils other than sandy loams shall have a sand or rock cushion at least six inches deep.~~
  2. Walls. All walls shall be constructed of a light-colored, impervious material. If necessary, means shall be provided to prevent the entrance of swine, fowl and other prohibited animals, that shall extend at least four feet above the ground floor. All walls shall be finished smooth on the inside with the top ledge rounded on open walls. If a parlor wall forms a part of the holding corral or an entrance or exit lane, it shall be finished smooth on the outside. If a concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete. In elevated stall parlors, the wall under the cow standing platform adjacent to the milking area shall be finished smooth and designed to prevent drip page leakage.
  3. Plate line. ~~The plate line in the floor level parlor shall be at least 7 feet 3 inches above the floor. In elevated stall parlors, the plate line shall be at least 6 feet 6 inches above the cow standing platform.~~
  4. Superstructure. ~~The exposed superstructure of the parlor or ceiling shall be constructed of smooth material. The roof sheathing in an exposed superstructure shall be applied directly to the rafters.~~
  - 5.3. Stalls. ~~The cow standing platform and floor level parlors shall be at least three feet wide for each cow and shall be at least four feet 10 inches and not more than six feet from the stanchion line to the gutter, depending on the size of the cattle and the design of the manger. If stanchions are not used, the cow standing platform shall be at least 7 feet in length. The cow stall in a tandem elevated stall shall be eight feet in length. A tandem stall and a herringbone stall shall have a smooth, flat, nonabsorbent splash panel behind each cow.~~
  - 6.4. Light and airspace. ~~The parlor shall have at least 400 cubic feet of air space for each stall. Window space, with or without glass, shall be equivalent to at least 6% of the floor area. Light transmitting material in the roof may be substituted for window spaces. Natural and/or Artificial artificial light shall be at least 30 foot-candles at the floor level and located to minimize shadows in the milking area.~~
  7. Alleys.
    - a. ~~The litter alley, exclusive of gutter, shall be at least 4 feet 9 inches wide behind a single string of cows. In a 2-string head-out parlor, the litter alley shall be at least eight feet wide between gutters.~~
    - b. ~~In a floor level parlor, the feed alley in single and 2single head-out types, shall be at least 5 feet 9 inches wide between stanchion line and wall. In 2string head-in parlors, there shall be at least 10 feet between stanchions.~~



- e. The milking alley in the 2string tandem elevated stall parlor shall be at least eight feet wide but may be reduced to five feet at the narrowest point if automatic feeders are installed and used. The width of the milking alley in the 2string herringbone parlor may be reduced to five feet at the narrowest point.
- d. In the single-string elevated parlor, the milking alley shall be at least eight feet wide.

8-5. Gutters.

- a. All parlors shall have gutters to catch the defecation of cows while in the stall and for any water used for rinsing.
- b. Gutters in the floor level parlor may be either trench or step off. The gutter shall be at least 14 inches wide and two inches deep at the cow standing platform. The gutter floor shall slope down away from the cow standing platform 1/2 inch across its width. The gutter shall have a uniform depth for its entire length.
- e. ~~The gutters in an elevated stall parlor shall be grate covered in the stall and trenched along the outside wall. The stall gutter shall be located to catch defecation of cows in the stall. The stall gutter shall be at least 500 square inches in area and at least 20 inches wide and four inches deep. A herringbone parlor may have the stall gutter width reduced to 14 inches provided a 500 square inch area containing the animal is maintained. The wall gutter shall be at least eight inches wide and three inches deep and the bottom may be rounded. A trench gutter may be eliminated in an exit alley if the alley is curbed and sloped to drain.~~
- d-b. Pipe used for parlor gutter drainage shall be at least four inches in diameter and meet applicable plumbing codes.

9-6. Curbs.

- a. In elevated stall parlors, the cow standing platform shall be curbed on the side next to the milking alley and the curb shall be at least six inches in height with the top rounded to retain the elevated stall floor washings. This curb may be lowered to not less than two inches at the area where the milking machines are applied. Metal curbs shall be free of voids and sealed to stall and floor or wall.
- b. Floor level parlors shall contain a curb under the stanchion line at least six inches wide, 12 inches high from the stall floor, except if metal mangers are used the top of this curb shall be rounded.

10-7. Stanchions.

- a. The stanchion shall be metal or other impervious, easily cleanable material. ~~The lower horizontal line of the stanchion shall be at least two inches above the curb and at least 14 inches above the floor if no curb is provided.~~
- b. In floor level parlors, the manger shall have:
  - i. A width of at least 27 inches with a back wall at least 12 inches above the floor;
  - ii. Rounded corners;
  - iii. The low point of the manger at least eight inches out from the stanchion line and three inches above the floor; and
  - iv. A lengthwise slope of at least 1 1/2 inches per 10 feet toward a drain or gutter.
- e-b. Mangers and feed boxes in all types of parlors shall be constructed of impervious materials, finished smooth, and provided with drainage outlets at low points.

11-8. Ventilation.

- a. ~~Adequate~~ ventilation shall be provided in the parlor, holding corral, and wash area, if roofed.
- b. ~~Continuous open 18inch ridge vents that rise at least six inches above the roof area are permitted. Any ridge vent continuing over the feed room shall be tightly screened.~~
- e. If a stack vent is used, single string parlors shall have a 12-inch diameter opening, and multi-string parlors shall have a 14-inch diameter opening with not more than 10 feet between vent and wall, and vent and vent.
- d. A flat ceiling shall have at least two vents, two feet by two feet or equivalent, shafted to a roof peak vent with not less than a 12inch opening. The ceiling vents may be located directly over the cow standing platform or the milking pit. The vents shall be located not more than 10 feet between vent and wall, and vent and vent.

~~12. The lower half of the parlor doors shall be covered on both sides with corrosion resistant metal.~~

- G. Roof drainage from parlors; and milk rooms; ~~or shelters~~ shall not drain into a corral unless the corral is paved and properly drained.
- H. If animals are fed in the parlor, feed storage facilities shall be provided. Feed storage rooms, when installed, shall be partitioned from the parlor and shall be fly and rodent proof. The feed discharge area of the bulk feed storage shall be concrete or other impervious material that is curbed and drained. Bulk feed may discharge directly into the parlor. A bulk feed tank located opposite the passageway shall be at least six feet from the milk room. Overhead feed storage is permissible if it is fly, rodent, and dust tight. Feed shall be conveyed to the manger or feed box in a tightly closed dust-free system. Overhead metal feed tanks may be used.
- I. Facilities to store dairy supplies shall be provided. Only supplies that come in contact with the milk or milk contact surface of the milk-handling equipment may be stored in the milk room and shall be protected from toxic materials, vectors, and dust.



## NOTICE OF PROPOSED RULEMAKING

### TITLE 6. ECONOMIC SECURITY

#### CHAPTER 5. DEPARTMENT OF ECONOMIC SECURITY SOCIAL SERVICES

[R16-74]

#### PREAMBLE

- | <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|--------------------------|
| R6-5-5201  | Amend                    |
| R6-5-5202  | Amend                    |
| R6-5-5207  | Amend                    |
| R6-5-5217  | Amend                    |
| R6-5-5218  | Amend                    |
| R6-5-5219  | Amend                    |
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statute: A.R.S. § 41-1954(A)(3)  
 Implementing statute: A.R.S. § 46-809
  - 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rulemaking:**  
 Notice of Rulemaking Docket Opening: 22 A.A.R. 1065, May 6, 2016 (*in this issue*).
  - 4. The agency's contact person who can answer questions about the rulemaking:**  
 Name: Rodney K. Huenemann  
 Address: Department of Economic Security  
 P.O. Box 6123, Site Code 837A  
 Phoenix, AZ 85005  
 or  
 Department of Economic Security  
 1789 W. Jefferson St., Site Code 837A  
 Phoenix, AZ 85007  
 Telephone: (602) 542-6159  
 Fax: (602) 542-6000  
 E-mail: rhuenemann@azdes.gov
  - 5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**  
 This rulemaking is in response to a Five-Year Review Report, approved by the Governor's Regulatory Review Council on September 9, 2014. This rulemaking will address concerns identified in a rulemaking petition that the current rule unnecessarily restricts the number of organizations that are allowed to provide training in first aid and infant/child cardiopulmonary resuscitation (CPR) to family child care home providers. Additionally, this rulemaking will make technical corrections to correct typographical errors and incorrect citations.
  - 6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
 The Department did not review or rely on any study relevant to the rules.
  - 7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**  
 Not applicable
  - 8. The preliminary summary of the economic, small business, and consumer impact:**  
 The anticipated impact of this rulemaking is expected to be minimal for persons impacted by the rulemaking and cannot be accurately quantified. There are no expected negative economic impacts on small business. The rulemaking is anticipated to have a positive impact on some small businesses that provide first aid and/or cardiopulmonary resuscitation (CPR) training, as their trainings will now be accepted by the Department. There are no expected impacts on consumers.



**9. The agency’s contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Rodney K. Huenemann  
Address: Department of Economic Security  
P.O. Box 6123, Site Code 837A  
Phoenix, AZ 85005  
or  
Department of Economic Security  
1789 W. Jefferson St., Site Code 837A  
Phoenix, AZ 85007  
Telephone: (602) 542-6159  
Fax: (602) 542-6000  
E-mail: rhuenemann@azdes.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

The Department does not plan to conduct an oral proceeding on the proposed rules unless a written request for an oral proceeding is submitted to the person named in item 4 within 30 days after this notice is published. The Department will accept written public comments on the proposed rules for 30 days after this notice is published. Close of record for this rulemaking is 5:00 p.m. on June 6, 2016.

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

No other matters are prescribed.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rules do not require a permit.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

The Child Care and Development Block Grant (CCDBG) Act of 1990 and 45 CFR 98 and 99 are applicable to the subject of the rule. The Department has determined that the rules are not more stringent than corresponding federal law.

**c. Whether a person submitted an analysis to the agency that compares the rule’s impact of the competitiveness of business in this state to the impact on business in other states:**

No analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 6. ECONOMIC SECURITY**

**CHAPTER 5. DEPARTMENT OF ECONOMIC SECURITY  
SOCIAL SERVICES**

**ARTICLE 52. CERTIFICATION AND SUPERVISION OF FAMILY CHILD CARE HOME PROVIDERS**

Section

- R6-5-5201. Definitions
- R6-5-5202. Initial Application for Certification
- R6-5-5207. Maintenance of Certification: General Requirements; Training
- R6-5-5217. Meals and Nutrition
- R6-5-5218. Health Care; Medications
- R6-5-5219. Recordkeeping; Unusual incidents; Immunizations

**ARTICLE 52. CERTIFICATION AND SUPERVISION OF FAMILY CHILD CARE HOME PROVIDERS**

**R6-5-5201. Definitions**

No change

- 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. No change
17. No change
18. No change
19. No change
20. No change
21. No change
22. No change
  - a. No change
  - b. No change
  - c. No change
23. No change
24. No change
25. No change
26. No change
27. No change
28. No change
29. No change
30. No change
  - a. No change
  - b. No change
31. No change
32. No change
33. No change
34. No change
35. "Neglect" has the same meaning ascribed in A.R.S. § ~~8-201(21)~~ 8-201.
36. No change
37. No change
38. No change
39. No change
40. No change
41. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
42. No change
43. No change
44. No change
45. No change

**R6-5-5202. Initial Application for Certification**

- A. No change
- B. No change
- C. No change
- D. No change
  1. No change
  2. No change



- 3. No change
  - 4. No change
  - E.** No change
  - F.** No change
    - 1. No change
    - 2. No change
    - 3. No change
  - G.** No change
  - H.** No change
  - I.** No change
    - 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
  - J.** No change
  - K.** No change
  - L.** An applicant shall furnish proof that the applicant, the individual backup provider, and members of the applicant’s household who are age 13 or younger are immune from measles, rubella, diphtheria, tetanus, ~~pertusis~~, pertussis, polio, and any other diseases for which routine immunizations are readily and safely available.
    - 1. No change
    - 2. No change
      - a. No change
      - b. No change
  - M.** No change
    - 1. No change
      - a. No change
      - b. No change
    - 2. No change
  - N.** No change
    - 1. No change
    - 2. No change
    - 3. No change
    - 4. No change
    - 5. No change
    - 6. No change
  - O.** No change
    - 1. No change
    - 2. No change
    - 3. No change
    - 4. No change
  - P.** No change
  - Q.** No change
  - R.** The Department shall send an applicant a notice of administrative completeness or deficiency, as described in A.R.S. § 41-1074, indicating the additional information, if any, that the applicant must provide for a complete application package. The Department shall send the notice after receiving the application and before expiration of the administrative review time-frame described in ~~R6-5-5204~~ R6-5-5205. If the applicant does not supply the missing information listed in the notice, the Department may close the file.
  - S.** No change
  - T.** No change
- R6-5-5207. Maintenance of Certification: General Requirements; Training**
- A.** No change
  - B.** No change



- C. No later than 60 days after the date of provider certification, a provider and individual backup providers shall furnish the Department with proof of acceptable first aid training and certification in infant/child cardiopulmonary resuscitation (“CPR”). As used in this Section, “acceptable training” means a course ~~approved by~~ which conforms to the current guidelines of the American Red Cross or the American Heart Association, as confirmed in writing by the training provider, and is held in a classroom setting. The Department may extend the time for completing this requirement and children may remain in care during an extension, if:
1. No change
  2. No change
- D. No change
- E. No change
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
- F. No change
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change
- O. No change
1. No change
  2. No change

**R6-5-5217. Meals and Nutrition**

- A. No change
- B. No change
- C. No change
- D. No change
- E. No change
- F. A provider shall monitor all perishable foods, including infant formulas and sack lunches. The provider shall ensure that food is individually labeled with a child’s name, dated, covered, and properly stored to prevent spoilage- at temperatures of 45°F or less.

**R6-5-5218. Health Care; Medications**

- A. No change
- B. No change
1. No change
  2. No change
- C. No change
- D. No change
- E. No change
- F. No change
- G. No change
- H. No change
1. No change
  2. No change
- I. No change
1. No change
  2. No change
  3. No change
  4. No change
- J. A provider shall use a sanitary medication measure for accurate dosage.
- ~~J.~~K. No change
- ~~K.~~L. No change
- ~~L.~~M. No change



**R6-5-5219. Recordkeeping; Unusual incidents; Immunizations**

- A. No change
- B. No change
- C. No change
- D. No change
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. No change
  - 6. No change
  - 7. No change
  - 8. No change
- E. No change
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. No change
- F. No change
  - 1. No change
    - a. An immunization record prepared by the child’s health care provider stating that child has received current, age-appropriate immunizations specified in ~~R9-6-701~~ R9-6-702, including immunizations for Diphtheria, ~~homophiles influenza~~ Haemophilus influenzae type b, Hepatitis B, Measles, Mumps, ~~Pertusis~~, Pertussis, Poliomyelitis, Rubella, and Tetanus;
    - b. No change
    - c. No change
  - 2. If a child has received all current immunizations but requires further inoculations to be fully immunized, the provider shall require the parent to verify that the parent will have the child complete all immunizations in accordance with the DHS recommended schedule identified in ~~R9-6-701~~ R9-6-702. The provider shall:
    - a. No change
    - b. No change
  - 3. No change
- G. No change



NOTICES OF FINAL EXEMPT RULEMAKING

This section of the Arizona Administrative Register contains Notices of Final Exempt Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the

interpretation of the final exempt rule should be addressed to the agency proposing them. Refer to Item #5 to contact the person charged with the rulemaking.

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING

[R16-69]

PREAMBLE

1. Article, Part or Section Affected (as applicable)

- R9-10-101
R9-10-707
R9-10-1002
R9-10-1025
R9-10-1030
R9-10-1031

Rulemaking Action

- Amend
Amend
Amend
Amend
Amend
New Section

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific) and the statute or session law authorizing the exemption:

Authorizing statutes: A.R.S. §§ 36-104(3), 36-132(A)(1) and (A)(17), and 36-136(F)
Implementing statutes: A.R.S. §§ 36-405 through 36-407, 36-425, 36-427 through 36-430, 36-431.01, and 36-439 through 36-439.04
Statute or session law authorizing the exemption: Laws 2015, Ch. 158, § 3

3. The effective date of the rule and the agency's reason it selected the effective date:

May 1, 2016

4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:

Notice of Public Information: 22 A.A.R. 394, February 26, 2016

5. The agency's contact person who can answer questions about the rulemaking:

Name: Colby Bower, Assistant Director
Address: Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007
Telephone: (602) 542-6383
Fax: (602) 364-4808
E-mail: Colby.Bower@azdhs.gov
or
Name: Robert Lane, Manager
Address: Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams St., Suite 203
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov



- 6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**  
Arizona Revised Statutes (A.R.S.) § 36-405(A) requires the Arizona Department of Health Services (Department) to adopt rules to establish minimum standards and requirements for the licensing of health care institutions necessary to assure public health, safety, and welfare. The rules in Arizona Administrative Code (A.A.C.) Title 9, Chapter 10 specify licensing requirements for health care institutions. Recent rulemakings for 9 A.A.C. 10 have allowed for integration of behavioral and physical health services to occur under a single health care institution license. The statutory changes in Laws 2015, Ch. 158, effective April 1, 2015, allow for integrated services to occur at the same physical outpatient treatment center location under multiple licenses (colocation). Laws 2015, Ch. 158 also allows the Department to adopt rules for the provision of respite care on the premises of an outpatient treatment center for children receiving behavioral health services and for children who are receiving behavioral health services to receive respite care in a behavioral health residential facility without a nursing assessment or physical examination if the child will be receiving respite services for fewer than five consecutive days at the facility. After receiving an exception from the Governor's rulemaking moratorium, established by Executive Order 2015-01, for this rulemaking, the Department has amended the rules in 9 A.A.C. 10 to implement Laws 2015, Ch. 158. The rules conform to current rulemaking format and style requirements of the Office of the Secretary of State.
- 7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
None
- 8. A showing of good cause why the rule is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable
- 9. The summary of the economic, small business, and consumer impact, if applicable:**  
Not applicable
- 10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):**  
Not applicable
- 11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:**  
Not applicable
- 12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:**
- a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.
- b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:**  
Not applicable
- c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**  
Not applicable
- 13. A list of any incorporated by reference material and its location in the rules:**  
None
- 14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:**  
The rule was not previously made, amended, repealed, or renumbered as an emergency rule.
- 15. The full text of the rules follows:**

## TITLE 9. HEALTH SERVICES

### CHAPTER 10. DEPARTMENT OF HEALTH SERVICES HEALTH CARE INSTITUTIONS: LICENSING



ARTICLE 1. GENERAL

Section R9-10-101. Definitions

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Section R9-10-707. Admission; Assessment

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

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ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § 36-401(A), the following definitions apply in this Chapter unless otherwise specified:

- 1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
a. The same:
i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
b. A pattern of ridiculing or demeaning a patient;
c. Making derogatory remarks or verbally harassing a patient; or
d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
5. "Adjacent" means not intersected by:
a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
b. A public thoroughfare.
6. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
7. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health-related services.
8. "Admission" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
9. "Adult" has the same meaning as in A.R.S. § 1-215.
10. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
11. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
12. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
13. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
14. "Applicant" means a governing authority requesting:
a. Approval of a health care institution's architectural plans and specifications, or
b. A health care institution license.
15. "Application packet" means the information, documents, and fees required by the Department for the:
a. Approval of a health care institution's modification or construction, or
b. Licensing of a health care institution.
16. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.



17. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
18. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
19. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
  - a. A written signature;
  - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
  - c. A rubber-stamp signature; or
  - d. An electronic signature code.
20. "Authorized service" means specific medical services, nursing services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
21. "Available" means:
  - a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;
  - b. For equipment and supplies, physically retrievable at a health care institution; and
  - c. For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.
22. "Behavioral care":
  - a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
    - i. Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
      - (1) Direction provided by a behavioral health professional, and
      - (2) Medication ordered by a medical practitioner or behavioral health professional; or
    - ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
  - b. Does not include court-ordered behavioral health services.
23. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
24. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
  - a. Have a limited or reduced ability to meet the individual's basic physical needs;
  - b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - c. Be a danger to self;
  - d. Be a danger to others;
  - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
  - f. Be gravely disabled.
25. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
26. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
  - a. Requires nursing services,
  - b. May require medical services, and
  - c. May be a danger to others or a danger to self.
27. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides, under supervision by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
  - a. Services that, if provided in a setting other than a health care institution would be required to be provided by an individual licensed under A.R.S., Title 32, Chapter 33; or
  - b. Health-related services.
28. "Behavioral health professional" means:
  - a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
    - i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or
    - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101;
  - b. A psychiatrist as defined in A.R.S. § 36-501;



- c. A psychologist as defined in A.R.S. § 32-2061;
  - d. A physician;
  - e. A behavior analyst as defined in A.R.S. § 32-2091;
  - f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
  - g. A registered nurse.
29. “Behavioral health residential facility” means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- a. Limits the individual’s ability to be independent, or
  - b. Causes the individual to require treatment to maintain or enhance independence.
30. “Behavioral health respite home” means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual’s behavioral health issue and need for behavioral health services.
31. “Behavioral health specialized transitional facility” means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
32. “Behavioral health staff” means a:
- a. Behavioral health paraprofessional,
  - b. Behavioral health technician, or
  - c. Personnel member in a nursing care institution or assisted living facility who provides behavioral care.
33. “Behavioral health technician” means an individual who is not a behavioral health professional who provides, with clinical oversight by a behavioral health professional, the following services to a patient to address the patient’s behavioral health issue:
- a. Services that, if provided in a setting other than a health care institution would be required to be provided by an individual licensed under A.R.S, Title 32, Chapter 33; or
  - b. Health-related services.
34. “Biohazardous medical waste” has the same meaning as in A.A.C. R18-13-1401.
35. “Calendar day” means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
36. “Case manager” means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
37. “Certification” means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.
38. “Certified health physicist” means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
39. “Change in ownership” means conveyance of the ability to appoint, elect, or otherwise designate a health care institution’s governing authority from an owner of the health care institution to another person.
40. “Chief administrative officer” or “administrator” means an individual designated by a governing authority to implement the governing authority’s direction in a health care institution.
41. “Clinical laboratory services” means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
42. “Clinical oversight” means:
- a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution’s policies and procedures,
  - b. Providing on-going review of a behavioral health technician’s skills and knowledge related to the provision of behavioral health services,
  - c. Providing guidance to improve a behavioral health technician’s skills and knowledge related to the provision of behavioral health services, and
  - d. Recommending training for a behavior health technician to improve the behavioral health technician’s skills and knowledge related to the provision of behavioral health services.
43. “Clinical privileges” means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.



44. “Collaborating health care institution” means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
  - a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
  - b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident’s treatment plan.
45. “Communicable disease” has the same meaning as in A.R.S. § 36-661.
46. “Conspicuously posted” means placed:
  - a. At a location that is visible and accessible; and
  - b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
47. “Consultation” means an evaluation of a patient requested by a medical staff member or personnel member.
48. “Contracted services” means medical services, nursing services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
49. “Contractor” has the same meaning as in A.R.S. § 32-1101.
50. “Controlled substance” has the same meaning as in A.R.S. § 36-2501.
51. “Counseling” has the same meaning as “practice of professional counseling” in A.R.S. § 32-3251.
52. “Counseling facility” means a health care institution that only provides counseling, which may include:
  - a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
  - b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
53. “Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.
54. “Court-ordered pre-petition screening” has the same meaning as in A.R.S. § 36-501.
55. “Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.
56. “Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
57. “Current” means up-to-date, extending to the present time.
58. “Daily living skills” means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
59. “Danger to others” has the same meaning as in A.R.S. § 36-501.
60. “Danger to self” has the same meaning as in A.R.S. § 36-501.
61. “Detoxification services” means behavioral health services and medical services provided to an individual to:
  - a. Reduce or eliminate the individual's dependence on alcohol or other drugs, or
  - b. Provide treatment for the individual's signs or symptoms of withdrawal from alcohol or other drugs.
62. “Diagnostic procedure” means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
63. “Dialysis” means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
64. “Dialysis services” means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
65. “Dialysis station” means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
66. “Dialyzer” means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
67. “Disaster” means an unexpected occurrence that adversely affects a health care institution’s ability to provide services.
68. “Discharge” means a documented termination of services to a patient by a health care institution.
69. “Discharge instructions” means documented information relevant to a patient’s medical condition or behavioral health issue provided by a health care institution to the patient or the patient’s representative at the time of the patient’s discharge.
70. “Discharge planning” means a process of establishing goals and objectives for a patient in preparation for the patient’s discharge.
71. “Discharge summary” means a documented brief review of services provided to a patient, current patient status, and reasons for the patient’s discharge.
72. “Disinfect” means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
73. “Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.
74. “Drill” means a response to a planned, simulated event.



- 75. “Drug” has the same meaning as in A.R.S. § 32-1901.
- 76. “Electronic” has the same meaning as in A.R.S. § 44-7002.
- 77. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
- 78. “Emergency” means an immediate threat to the life or health of a patient.
- 79. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
- 80. “Environmental services” means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
- 81. “Equipment” means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.
- 82. “Exploitation” has the same meaning as in A.R.S. § 46-451.
- 83. “Factory-built building” has the same meaning as in A.R.S. § 41-2142.
- 84. “Family” or “family member” means an individual’s spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
- 85. “Food services” means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
- 86. “Garbage” has the same meaning as in A.A.C. R18-13-302.
- 87. “General consent” means documentation of an agreement from an individual or the individual’s representative to receive physical health services to address the individual’s medical condition or behavioral health services to address the individual’s behavioral health issues.
- 88. “General hospital” means a subclass of hospital that provides surgical services and emergency services.
- 89. “Gravely disabled” has the same meaning as in A.R.S. § 36-501.
- 90. “Hazard” or “hazardous” means a condition or situation where a patient or other individual may suffer physical injury.
- 91. “Health care directive” has the same meaning as in A.R.S. § 36-3201.
- 92. “Hemodialysis” means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
- 93. “Home health agency” has the same meaning as in A.R.S. § 36-151.
- 94. “Home health aide” means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
- 95. “Home health aide services” means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
- 96. “Home health services” has the same meaning as in A.R.S. § 36-151.
- 97. “Hospice inpatient facility” means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice’s premises for 24 hours or more.
- 98. “Hospital” means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
- 99. “Immediate” means without delay.
- 100. “Incident” means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
  - a. On the premises of a health care institution, or
  - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
- 101. “Infection control” means to identify, prevent, monitor, and minimize infections.
- 102. “Informed consent” means:
  - a. Advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; and associated risks and possible complications; and
  - b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient’s representative.
- 103. “In-service education” means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
- 104. “Interval note” means documentation updating a patient’s:
  - a. Medical condition after a medical history and physical examination is performed, or
  - b. Behavioral health issue after an assessment is performed.
- 105. “Isolation” means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
- 106. “Leased facility” means a facility occupied or used during a set time period in exchange for compensation.
- 107. “License” means:



- a. Written approval issued by the Department to a person to operate a class or subclass of a health care institution at a specific location; or
  - b. Written approval issued to an individual to practice a profession in this state.
108. “Licensed occupancy” means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
109. “Licensee” means an owner approved by the Department to operate a health care institution.
110. “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
111. “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.
112. “Medical director” means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
113. “Medical history” means an account of a patient’s health, including past and present illnesses, diseases, or medical conditions.
114. “Medical practitioner” means a physician, physician assistant, or registered nurse practitioner.
115. “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.
116. “Medical staff” means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
117. “Medical staff by-laws” means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
118. “Medical staff member” means an individual who is part of the medical staff of a health care institution.
119. “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
- a. Biologicals as defined in A.A.C. R18-13-1401,
  - b. Prescription medication as defined in A.R.S. § 32-1901, or
  - c. Nonprescription medication as defined in A.R.S. § 32-1901.
120. “Medication administration” means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
121. “Medication error” means:
- a. The failure to administer an ordered medication;
  - b. The administration of a medication not ordered; or
  - c. The administration of a medication:
    - i. In an incorrect dosage,
    - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
    - iii. By an incorrect route of administration.
122. “Mental disorder” means the same as in A.R.S. § 36-501.
123. “Mobile clinic” means a movable structure that:
- a. Is not physically attached to a health care institution's facility;
  - b. Provides medical services, nursing services, or health related service to an outpatient under the direction of the health care institution's personnel; and
  - c. Is not intended to remain in one location indefinitely.
124. “Monitor” or “monitoring” means to check systematically on a specific condition or situation.
125. “Neglect” has the same meaning:
- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
  - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
126. “Nephrologist” means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
127. “Nurse” has the same meaning as “registered nurse” or “practical nurse” as defined in A.R.S. § 32-1601.
128. “Nursing personnel” means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provide nursing services.
129. “Observation chair” means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided,
  - b. Allows an individual to fully recline, and
  - c. Is used by the individual while receiving crisis services.
130. “Occupational therapist” has the same meaning as in A.R.S. § 32-3401.
131. “Occupational therapist assistant” has the same meaning as in A.R.S. § 32-3401.
132. “Ombudsman” means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
133. “On-call” means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.



- 134. "Opioid treatment" means providing medical services, nursing services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opiate addiction.
- 135. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.
- 136. "Order" means instructions to provide
  - a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
  - b. Behavioral health services to a patient from a behavioral health professional.
- 137. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
- 138. "Outing" means a social or recreational activity that:
  - a. Occurs away from the premises,
  - b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
  - c. Lasts longer than four hours.
- 139. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
- 140. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
- 141. "Overall time-frame" means the same as in A.R.S. § 41-1072.
- 142. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
- 143. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
- 144. "Participant's representative" means the same as "patient's representative" for a participant.
- 145. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
- 146. "Patient follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
- 147. "Patient's representative" means:
  - a. A patient's legal guardian;
  - b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
  - c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
  - d. A surrogate as defined in A.R.S. § 36-3201.
- 148. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
- 149. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
- 150. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
- 151. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
- 152. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.
- 153. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
- 154. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
- 155. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
- 156. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
- 157. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
- 158. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
- 159. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
  - a. An observed patient response to a physical health service or behavioral health service provided to the patient,
  - b. A patient's significant change in condition, or
  - c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
- 160. "PRN" means *pro re nata* or given as needed.
- 161. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.



162. “Provider” means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual’s place of residence.
163. “Provisional license” means the Department’s written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
164. “Psychotropic medication” means a chemical substance that:
- a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
  - b. Is provided to a patient to address the patient’s behavioral health issue.
165. “Quality management program” means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
166. “Recovery care center” has the same meaning as in A.R.S. § 36-448.51.
167. “Referral” means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
168. “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
169. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
170. “Registered nurse practitioner” has the same meaning as A.R.S. § 32-1601.
171. “Regular basis” means at recurring, fixed, or uniform intervals.
172. “Research” means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
173. “Resident” means an individual living in and receiving physical health services or behavioral health services from a nursing care institution, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
174. “Resident’s representative” means the same as “patient’s representative” for a resident.
175. “Respiratory care services” has the same meaning as “practice of respiratory care” as defined in A.R.S. § 32-3501.
176. “Respiratory therapist” has the same meaning as in A.R.S. § 32-3501.
177. “Respite services” means respite care services provided to an individual who is receiving behavioral health services.
- ~~177-178.~~ “Restraint” means any physical or chemical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.
- ~~178-179.~~ “Risk” means potential for an adverse outcome.
- ~~179-180.~~ “Room” means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
- ~~180-181.~~ “Rural general hospital” means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general hospital that requests to be and is licensed as a rural general hospital rather than a general hospital.
- ~~181-182.~~ “Satellite facility” has the same meaning as in A.R.S. § 36-422.
- ~~182-183.~~ “Scope of services” means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
- ~~183-184.~~ “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
- ~~184-185.~~ “Self-administration of medication” means a patient having access to and control of the patient’s medication and may include the patient receiving limited support while taking the medication.
- ~~185-186.~~ “Sexual abuse” means the same as in A.R.S. § 13-1404(A).
- ~~186-187.~~ “Sexual assault” means the same as in A.R.S. § 13-1406(A).
- ~~187-188.~~ “Shift” means the beginning and ending time of a continuous work period established by a health care institution’s policies and procedures.
- ~~188-189.~~ “Signature” means:
- a. A handwritten or stamped representation of an individual’s name or a symbol intended to represent an individual’s name, or
  - b. An electronic signature.
- ~~189-190.~~ “Significant change” means an observable deterioration or improvement in a patient’s physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
- ~~190-191.~~ “Speech-language pathologist” means an individual licensed according A.R.S. Title 35, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.



- ~~191-192.~~ “Special hospital” means a subclass of hospital that:
  - a. Is licensed to provide hospital services within a specific branch of medicine; or
  - b. Limits admission according to age, gender, type of disease, or medical condition.
- ~~192-193.~~ “Student” means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
- ~~193-194.~~ “Substantial” when used in connection with a modification means:
  - a. A change in a health care institution's licensed capacity, licensed occupancy, or the number of dialysis stations;
  - b. An addition or deletion of an authorized service;
  - c. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  - d. A change in the building where a health care institution is located that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412.
- ~~194-195.~~ “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:
  - a. Alters the individual’s behavior or mental functioning;
  - b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
  - c. Impairs, reduces, or destroys the individual’s social or economic functioning.
- ~~195-196.~~ “Substance abuse transitional facility” means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
- ~~196-197.~~ “Supportive services” has the same meaning as in A.R.S. § 36-151.
- ~~197-198.~~ “Substantive review time-frame” means the same as in A.R.S. § 41-1072.
- ~~198-199.~~ “Surgical procedure” means the excision or incision of a patient’s body for the:
  - a. Correction of a deformity or defect,
  - b. Repair of an injury, or
  - c. Diagnosis, amelioration, or cure of disease.
- ~~199-200.~~ “Swimming pool” has the same meaning as “semipublic swimming pool” in A.A.C. R18-5-201.
- ~~200-201.~~ “System” means interrelated, interacting, or interdependent elements that form a whole.
- ~~201-202.~~ “Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
- ~~202-203.~~ “Telemedicine” has the same meaning as in A.R.S. § 36-3601.
- ~~203-204.~~ “Therapeutic diet” means foods or the manner in which food is to be prepared that are ordered for a patient.
- ~~204-205.~~ “Therapist” means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
- ~~205-206.~~ “Time out” means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
- ~~206-207.~~ “Transfer” means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
- ~~207-208.~~ “Transport” means a licensed health care institution:
  - a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
  - b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
- ~~208-209.~~ “Treatment” means a procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue.
- ~~209-210.~~ “Treatment plan” means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
- ~~210-211.~~ “Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule.
- ~~211-212.~~ “Vascular access” means the point on a patient's body where blood lines are connected for hemodialysis.
- ~~212-213.~~ “Volunteer” means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
- ~~213-214.~~ “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**

**R9-10-707. Admission; Assessment**

- A. An administrator shall ensure that:
  - 1. A resident is admitted based upon the resident’s presenting behavioral health issue and treatment needs and the behavioral health residential facility’s scope of services;



2. A behavioral health professional, authorized by policies and procedures to accept a resident for admission, is available;
  3. General consent is obtained from:
    - a. An adult resident or the resident's representative before or at the time of admission, or
    - b. A resident's representative, if the resident is not an adult;
  4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
  5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within seven calendar days after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within seven calendar days after admission;
  6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident's medical record within seven calendar days after admission;
  7. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
    - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
  8. Except as provided in subsection (A)(9), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
  9. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
    - a. The resident's assessment information is reviewed and updated if additional information that affects the resident's assessment is identified, and
    - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
  10. A behavioral health assessment:
    - a. Documents a resident's:
      - i. Presenting issue;
      - ii. Substance abuse history;
      - iii. Co-occurring disorder;
      - iv. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - v. Criminal justice record;
      - vi. Family history;
      - vii. Behavioral health treatment history;
      - viii. Symptoms reported by the resident; and
      - ix. Referrals needed by the resident, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the resident's needs,
      - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
      - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    - c. Is documented in resident's medical record;
  11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
  12. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
    - a. Before or within seven calendar days after the resident's admission, and
    - b. As specified in R9-10-113.
- B.** An administrator shall ensure that:
1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,



- 2. An opportunity for participation in the resident’s behavioral health assessment is provided to the resident or the resident’s representative, and
- 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident’s medical record.
- C. An administrator shall ensure that a resident’s behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.
- D. If information in subsection (A)(10) is obtained about a resident after the resident’s behavioral health assessment is completed, an interval note, including the information, is documented in the resident’s medical record within 48 hours after the information is obtained.
- E. If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:
  - 1. Upon admission of a resident for respite services:
    - a. Except as provided in subsection (F), A a medical history and physical examination of the resident:
      - i. Is performed; or
      - ii. Dated within the previous 12 months, is available in the resident’s medical record from a previous admission to the behavioral health residential facility;
    - b. A treatment plan that meets the requirements in R9-10-708:
      - i. Is developed; or
      - ii. Dated within the previous 12 months, is available in the resident’s medical record from a previous admission to the behavioral health residential facility;
    - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident’s medical record; and
    - d. If the resident is not expected to be present in the behavioral health residential facility for more than seven days, the resident is not required to comply with the requirements in subsection (A)(12);
  - 2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
  - 3. In addition to the requirements in R9-10-722(B)(3), toilets and hand\_washing sinks are available to residents, including residents who do not stay overnight, as follows:
    - a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
    - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
    - c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.
- E. A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

**ARTICLE 10. OUTPATIENT TREATMENT CENTERS**

**R9-10-1002. Supplemental Application Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial license shall submit, in a format provided by the Department:
  - 1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
  - 2. A request to provide one or more of the following services:
    - a. Behavioral health services and, if applicable;
      - i. Behavioral health observation/stabilization services,
      - ii. ~~Behavioral~~ Children’s behavioral health services ~~to individuals under 18 years of age,~~
      - iii. Court-ordered evaluation,
      - iv. Court-ordered treatment,
      - v. Counseling,
      - vi. Crisis services,
      - vii. Opioid treatment services,
      - viii. Pre-petition screening,
      - ix. Respite services,
      - x. Respite services for children on the premises,
      - ~~xi.~~ DUI education,
      - ~~xii.~~ DUI screening,
      - ~~xiii.~~ DUI treatment, or
      - ~~xiv.~~ Misdemeanor domestic violence offender treatment;
    - b. Diagnostic imaging services;
    - c. Clinical laboratory services;
    - d. Dialysis services;



- e. Emergency room services;
  - f. Pain management services;
  - g. Physical health services;
  - h. Rehabilitation services;
  - i. Sleep disorder services; or
  - j. Urgent care services provided in a freestanding urgent care center setting.
- B.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
1. ~~affiliated~~ Affiliated outpatient treatment center, as defined in R9-10-1901, applying for an initial or renewal license for the affiliated outpatient treatment center shall submit, in a format provided by the Department, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
    - ~~1-a.~~ a. Name, and
    - ~~2-b.~~ b. Either:
      - ~~a-i.~~ i. The license number assigned to the counseling facility by the Department; or
      - ~~b-ii.~~ ii. If the counseling facility is not currently licensed, the:
        - ~~i-(1)~~ (1) Counseling facility's street address, and
        - ~~ii-(2)~~ (2) Date the counseling facility submitted to the Department an ~~initial~~ application for a an initial health care institution license; and
  2. Outpatient treatment center, applying for an initial or renewal license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity, as defined in R9-10-1025(A).

#### **R9-10-1025. Respite Services**

- A.** In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
1. “Emergency safety response” has the same meaning as in R9-10-701.
  2. “Outing” means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
  3. “Parent” means a child's:
    - a. Mother or father, or
    - b. Legal guardian.
  4. “Respite capacity” means the total number of children for whom an outpatient treatment center is authorized by the Department to provide respite services on the outpatient treatment center's premises.
- B.** An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:
1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home; ~~and~~
  2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, Respite respite services are provided:
    - a. In a patient's residence; or
    - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
      - i. Supervised by a personnel member;
      - ii. Awake;
      - iii. Except as stated in subsection (B)(3), Provided provided food;
      - iv. Allowed to rest;
      - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
      - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
  3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.
- C.** If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:
1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
    - a. The child's name;
    - b. A description of the outing;
    - c. The name of the outing destination, if applicable;
    - d. The street address and, if available, the telephone number of the outing destination;



- e. Either:
    - i. The date or dates of the outing; or
    - ii. The time period, not to exceed 12 months, during which the permission is given;
  - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
  - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
  - h. The dated signature of the child's parent;
2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
    - a. Is maintained in a mechanically safe condition;
    - b. Is free from hazards;
    - c. Has an operational heating system;
    - d. Has an operational air-conditioning system; and
    - e. Is equipped with:
      - i. A first-aid kit that meets the requirements in subsection (S)(1), and
      - ii. Two large, clean towels or blankets;
  3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
  4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
  5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
    - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
    - b. Does not permit a child to be seated in front of a motor vehicle's air bag;
    - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
    - d. Requires that a child is secured, as required in A.R.S. § 28-907 or 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
    - e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
    - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
    - g. Accounts for each child while on the outing.
- D.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
  2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's initial or renewal license application;
  3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
  4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
  5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
  6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
    - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
    - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
    - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
    - d. A firearm as defined in A.R.S. § 13-105;
  7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
  8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
  9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record:



- a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
- b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
- c. The name and contact telephone number of the child's health care provider;
- d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
- e. The name of the individual to be contacted in case of injury or sudden illness of the child;
- f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
- g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
  - a. The date and time of each admission to and discharge from receiving respite services; and
  - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
  - a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
  - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
  - a. One personnel member providing supervision for every five children receiving respite services on the premises; and
  - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardio-pulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
  1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
  2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
  3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
  4. Clean clothing is available to a child when the child needs a change of clothing;
  5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
  6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
  7. The premises, including the buildings, are maintained free from hazards;
  8. Toys and play equipment, required in this Section, are maintained:
    - a. Free from hazards, and
    - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
  9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
  10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
  11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;



- 12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
  - 13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
    - a. All materials and chemicals labeled as a toxic or flammable substance;
    - b. All substances that have a child warning label and may be a hazard to a child; and
    - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
  - 14. Hand sanitizers:
    - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
    - b. When being provided for use, are accessible to children; and
  - 15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
    - a. Garden tools, such as a rake, trowel, and shovel; and
    - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
- 1. Supervises each child at all times;
  - 2. Does not smoke or use tobacco:
    - a. In any area where respite services may be provided for a child, or
    - b. When transporting or transferring a child;
  - 3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
  - 4. Empties clothing soiled with feces into a toilet without rinsing;
  - 5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
  - 6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    - a. Meals and snacks,
    - b. Naps,
    - c. Indoor activities,
    - d. Outdoor or large muscle development activities,
    - e. Quiet and active activities,
    - f. Personnel member-directed activities,
    - g. Self-directed activities, and
    - h. Activities that develop small muscles;
  - 7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    - a. Gain a positive self-concept;
    - b. Develop and practice social skills;
    - c. Acquire communication skills;
    - d. Participate in large muscle physical activity;
    - e. Develop habits that meet health, safety, and nutritional needs;
    - f. Express creativity;
    - g. Learn to respect cultural diversity of children and staff;
    - h. Learn self-help skills; and
    - i. Develop a sense of responsibility and independence;
  - 8. Implements the schedule in subsection (G)(6);
  - 9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
  - 10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
    - a. Art and crafts supplies;
    - b. Books;
    - c. Balls;
    - d. Puzzles, blocks, and toys to enhance manipulative skills;
    - e. Creative play toys;
    - f. Musical instruments; and
    - g. Indoor and outdoor equipment to enhance large muscle development;
  - 9. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:



- a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
  - b. Labels the personal products with the child's name; and
  - c. Keeps the personal products inaccessible to children; and
10. Monitors a child for overheating or overexposure to the sun.
- H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of services respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
- 1. A nonabsorbent, sanitizable diaper changing surface that is:
    - a. Seamless and smooth, and
    - b. Kept clear of items not required for diaper changing;
  - 2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
    - a. Running water,
    - b. Soap from a dispenser, and
    - c. Single-use paper hand towels from a dispenser;
  - 3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
  - 4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
- 1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
    - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
    - b. If applicable, applies the child's individual personal products labeled with the child's name;
    - c. Uses single-use non-porous gloves;
    - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
    - e. Washes each child's hands with soap and running water after each diaper change; and
    - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
  - 2. A personnel member:
    - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
    - b. Does not:
      - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
      - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
      - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
- J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Serve the following meals or snacks to a child receiving respite services on the premises:
    - a. For the following periods of time:
      - i. Two to four hours, one or more snacks;
      - ii. Four to eight hours, one or more snacks and one or more meals; and
      - iii. More than eight hours, two snacks and one or more meals;
    - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
    - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.;  
and
    - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
  - 2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
  - 3. If the outpatient treatment center provides a meal or snack to a child:
    - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
    - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
- 1. May serve food provided for a child by the child's parent;



- 2. If a child’s parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child’s parent; and
- 3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child’s behavioral health assessment, to meet the child’s dietary and nutritional needs.

**Table 10.1 Meal Pattern Requirements for Children**

Food Components	<u>Ages 1 through 2 years</u>	<u>Ages 3 through 5 years</u>	<u>Ages 6 and older</u>
<u>Breakfast:</u> 1. <u>Milk, fluid</u> 2. <u>Vegetable, fruit, or full-strength juice</u> 3. <u>Bread and bread alternates (whole grain or enriched):</u> <u>Bread</u> <u>or cornbread, rolls, muffins, or biscuits</u> <u>or cold dry cereal (volume or weight, whichever is less)</u> <u>or cooked cereal, pasta, noodle products, or cereal grains</u>	1/2 cup 1/4 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup 1 slice 1 serving 3/4 cup 1/2 cup
<u>Lunch or Supper:</u> 1. <u>Milk, fluid</u> 2. <u>Vegetable and/or fruit (2 or more kinds)</u> 3. <u>Bread and bread alternates (whole grain or enriched):</u> <u>Bread</u> <u>or cornbread, rolls, muffins, or biscuits</u> <u>or cold dry cereal (volume or weight, whichever is less)</u> <u>or cooked cereal, pasta, noodle products, or cereal grains</u> 4. <u>Meat or meat alternates:</u> <u>Lean meat, fish, or poultry (edible portion as served)</u> <u>or cheese</u> <u>or egg</u> <u>or cooked dry beans or peas*</u> <u>or peanut butter, soy nut butter, or other nut or seed butters</u> <u>or peanuts, soy nuts, tree nuts, or seeds</u> <u>or an equivalent quantity of any combination of the above meat/meat alternates</u> <u>or yogurt</u>	1/2 cup 1/4 cup total 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.** 1/2 oz.** 4 oz.	3/4 cup 1/2 cup total 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.** 3/4 oz.**	1 cup 3/4 cup total 1 slice 1 serving 3/4 cup 1/2 cup 2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.** 1 oz.** 8 oz.
<u>Snack: (select 2 of these 4 components)***</u> 1. <u>Milk, fluid</u> 2. <u>Vegetable, fruit, or full-strength juice</u> 3. <u>Bread and bread alternates (whole grain or enriched):</u> <u>Bread</u> <u>or cornbread, rolls, muffins, or biscuits</u> <u>or cold dry cereal (volume or weight, whichever is less)</u> <u>or cooked cereal, pasta, noodle products, or cereal grains</u> 4. <u>Meat or meat alternates:</u> <u>Lean meat, fish, or poultry (edible portion as served)</u> <u>or cheese</u> <u>or egg</u> <u>or cooked dry beans or peas*</u> <u>or peanut butter, soy nut butter, or other nut or seed butters</u> <u>or peanuts, soy nuts, tree nuts, or seeds</u> <u>or an equivalent quantity of any combination of the above meat/meat alternates</u> <u>or yogurt</u>	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1 cup 3/4 cup 1 slice 1 serving 3/4 cup 1/2 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp. 1 oz. 4 oz.
* <u>In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.</u> ** <u>At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.</u> *** <u>Juice may not be served when milk is served as the only other component.</u>			

**L.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.



- M.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.
- N.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A personnel member:
    - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
  3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use:
      - i. Washed in an automatic dishwasher and air dried or heat dried; or
      - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  4. Single-use utensils and equipment are disposed of after being used;
  5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
  6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
  7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
  8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
    - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
  2. Shall ensure that:
    - a. A personnel member, consistent with the child's behavioral health assessment:
      - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
      - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
      - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
    - b. An emergency safety response is:
      - i. Only used:
        - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
        - (2) For the management of a child's violent or self-destructive behavior, and
        - (3) When less restrictive interventions have been determined to be ineffective; and
      - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
    - c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
      - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
      - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
    - d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
      - i. The date and time the emergency safety response was used;
      - ii. The name of each personnel member who used an emergency safety response;
      - iii. The specific emergency safety response used;



- iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
- v. Any injury that resulted from the use of the emergency safety response;
- e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
- f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
  - i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child;
  - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
  - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
- g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
- h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
- 3. A personnel member does not use or permit:
  - a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
  - b. Corporal punishment;
  - c. Abusive language;
  - d. Discipline associated with:
    - i. Eating, napping, sleeping, or toileting;
    - ii. Medication; or
    - iii. Mechanical restraint; or
  - e. Discipline administered to any child by another child.
- P.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
  - 1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
    - a. A cot or mat used by the child accommodates the child's height and weight;
    - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
    - c. A clean blanket or sheet is available for each child;
    - d. A rug, carpet, blanket, or towel is not used as a mat; and
    - e. Each cot or mat is maintained in a clean and repaired condition;
  - 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
  - 3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
  - 4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
    - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
    - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
    - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
  - 5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
    - a. Accessible to an area used for napping or sleeping; and
    - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
  - 1. Maintain the premises and furnishings:
    - a. Free of insects and vermin;
    - b. In a clean condition, and
    - c. Free from odor; and
  - 2. Ensure that:
    - a. Floor coverings are:
      - i. Clean; and
      - ii. Free from:
        - (1) Dampness,
        - (2) Odors, and
        - (3) Hazards;
    - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;



- c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
  - i. Mounted toilet tissue;
  - ii. A sink with running water;
  - iii. Soap contained in a dispenser; and
  - iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
- d. Personnel members wash their hands with soap and running water after toileting;
- e. A child's hands are washed with soap and running water after toileting;
- f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
- g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
- h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
  - i. Toys, materials, and equipment are maintained in a clean condition;
  - j. Plumbing fixtures are maintained in a clean and working condition; and
  - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R. If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
  - 1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  - 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
  - 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
  - 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
  - 1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
    - a. Sterile bandages including:
      - i. Self-adhering bandages of assorted sizes;
      - ii. Sterile gauze pads, and
      - iii. Sterile gauze rolls;
    - b. Antiseptic solution or sealed antiseptic wipes;
    - c. A pair of scissors;
    - d. Self-adhering tape;
    - e. Single-use, non-porous gloves; and
    - f. Reclosable plastic bags of at least one-gallon size; and
  - 2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
  - 1. Prepare and date a written fire and emergency plan that contains:
    - a. The location of the first aid kit;
    - b. The names of personnel members who have first aid training;
    - c. The names of personnel members who have cardiopulmonary resuscitation training;
    - d. The directions for:
      - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
      - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
    - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
  - 2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
  - 3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
  - 4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
  - 1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and



- 2. Maintain and use a communication system that contains:
  - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
  - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V.** If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
  - 1. Notifies the child's parent immediately after the accident, injury, or emergency;
  - 2. Documents:
    - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
    - b. The method used to notify the child's parent; and
    - c. The time the child's parent was notified; and
  - 3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W.** If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:
  - 1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
  - 2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X.** If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
  - 1. Immediately separates the child from other children.
  - 2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center.
  - 3. Documents the notification required in subsection (X)(2), and
  - 4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
  - 1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
    - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
    - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
    - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
  - 2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
  - 3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
  - 4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
    - a. The interior walls;
    - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
    - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
    - d. Indoor area that is substituted for required outdoor area.
- Z.** An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:
  - 1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
  - 2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA.** To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical



activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:

1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
2. Comply with one of the following:
  - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
  - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
  - c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).

**BB.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:

1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.

**CC.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. An outdoor area used by children receiving respite services:
  - a. Is enclosed by a fence:
    - i. A minimum of 4.0 feet high,
    - ii. Secured to the ground, and
    - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
  - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
  - c. Has gates that are kept closed while a child is in the outdoor area;
2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
  - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
  - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
5. A shaded area for each child occupying an outdoor area at any time of the day is provided.

**DD.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.

**EE.** In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:

1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
2. An unvented or open-flame space heater or portable heater is not used on the premises;
3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
4. Heating and cooling equipment is inaccessible to a child;
5. Fans are mounted and inaccessible to a child;
6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
8. A toilet room door does not open into a kitchen or laundry.

#### **R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards**

A. An administrator shall ensure that:

1. An outpatient treatment center's premises are:
  - a. Sufficient to provide the outpatient treatment center's scope of services;
  - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
  - c. Free from a condition or situation that may cause an individual to suffer physical injury;



- 2. ~~Except as provided in subsection (B), if~~ If an outpatient treatment center collects urine or stool specimens from a patient, ~~except as provided in subsection (B), or is authorized to provide respite services for children on the premises,~~ the outpatient treatment center has at least one bathroom on the premises that:
    - a. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation; and
    - b. Is for the exclusive use of the outpatient treatment center;
  - 3. A pest control program is implemented and documented;
  - 4. A tobacco smoke-free environment is maintained on the premises;
  - 5. A refrigerator used to store a medication is:
    - a. Maintained in working order, and
    - b. Only used to store medications;
  - 6. Equipment at the outpatient treatment center is:
    - a. Sufficient to provide the outpatient treatment center’s scope of services;
    - b. Maintained in working condition;
    - c. Used according to the manufacturer's recommendations; and
    - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - 7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.
- B.** An outpatient treatment center may have a bathroom used for the collection of a patient’s urine or stool that is not for the exclusive use of the outpatient treatment center if:
- 1. The bathroom is located in the same contiguous building as the outpatient treatment center’s premises,
  - 2. The bathroom is of a sufficient size to support the outpatient treatment center’s scope of services, and
  - 3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.
- C.** If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
- 1. Policies and procedures are established, documented, and implemented to:
    - a. Protect the health and safety of an individual using the bathroom; and
    - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
  - 2. Documented instructions are provided to a patient that cover:
    - a. Infection control measures when a patient uses the bathroom, and
    - b. The safe return of a urine or stool specimen to the outpatient treatment center;
  - 3. The bathroom complies with the requirements in subsection (A)(2)(a); and
  - 4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

**R9-10-1031. Colocation Requirements**

- A.** In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:  
“Patient” means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares common areas with the collaborating outpatient treatment center.
- B.** Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C.** The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
  - 1. An affiliated counseling facility, as defined in R9-10-1901;
  - 2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
  - 3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
  - 4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422 (F) or (G).
- D.** In addition to the requirements for an initial license application in R9-10-105, renewal license application in R9-10-107, or, if part of a license change or modification, the supplemental application requirements in R9-10-1002, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating



outpatient treatment center shall submit, in a Department-provided format:

1. The following information for each proposed colocator that may share a common area and nontreatment personnel at the collaborating outpatient treatment center:
    - a. For each proposed associated licensed provider:
      - i. Name.
      - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department an initial license application for an outpatient treatment center or a counseling facility license.
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
    - b. For each exempt health care provider:
      - i. Name.
      - ii. Current health care professional license number.
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
  2. In addition to the requirements in R9-10-105(A)(5)(b)(v), a floor plan that shows:
    - a. Each colocator's proposed treatment area, and
    - b. The common areas of the collaborating outpatient treatment center.
- E.** An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
    - a. The associated licensed provider's name;
    - b. The name of the associated licensed provider's governing authority;
    - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
    - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
    - g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
    - h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
    - i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
    - j. A statement that the associated licensed provider will:
      - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
        - (1) The name of colocator;
        - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (3) A description of the emergency health care services provided; and
        - (4) The date and time the emergency health care services were provided;
      - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
      - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
    - k. A statement that the associated licensed provider will:
      - i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
        - (1) If different from the name of the associated licensed provider, the name of the physician, physician



- assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (2) The name of collocator;
        - (3) A description of the emergency health care services provided; and
        - (4) The date and time the emergency health care services were provided;
      - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
      - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
    - l. An attestation that the associated licensed provider will comply with the written agreement;
    - m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
    - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - 2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
  - 1. In a Department-provided format:
    - a. The exempt health care provider's name;
    - b. The exempt health care provider license type and license number;
    - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a collocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the exempt health care provider will transport or transfer a patient to another collocator within the collaborating outpatient treatment center;
    - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
    - g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
    - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
    - i. A statement that, if any of the collocators include children's behavioral health services in the collocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
    - j. A statement that the exempt health care provider will:
      - i. Document the following each time another collocator provides emergency health care services in the exempt health care provider's treatment area:
        - (1) The name of collocator;
        - (2) If different from the name of the collocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (3) A description of the emergency health care services provided; and
        - (4) The date and time the emergency health care services were provided;
      - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
      - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
    - k. A statement that the exempt health care provider will:
      - i. Document the following each time the exempt health care provider provides emergency health care services in another collocator's treatment area:
        - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (2) The name of collocator;
        - (3) A description of the emergency health care services provided; and



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## NOTICES OF RULEMAKING DOCKET OPENING

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This section of the *Arizona Administrative Register* contains Notices of Rulemaking Docket Opening.

A docket opening is the first part of the administrative rulemaking process. It is an “announcement” that the agency intends to work on its rules.

When an agency opens a rulemaking docket to consider rulemaking, the Administrative Procedure Act (APA) requires the publication of the Notice of Rulemaking Docket Opening.

Under the APA effective January 1, 1995, agencies must submit a Notice of Rulemaking Docket Opening before beginning the formal rulemaking process. Many times an agency may file the Notice of Rulemaking Docket Opening with the Notice of Proposed Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these notices. Questions about the interpretation of this information should be directed to the agency contact person listed in item #4 of this notice.

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### NOTICE OF RULEMAKING DOCKET OPENING

#### STATE RETIREMENT SYSTEM BOARD

[R16-70]

- 1. Title and its heading:** 2, Administration

**Chapter and its heading:** 8, State Retirement System Board

**Article and its heading:** 1, Retirement System; Defined Benefit Plan

**Section number:** R2-8-117 (*Sections may be added, deleted, or further modified as necessary.*)
- 2. The subject matter of the proposed rule:**

A.R.S. § 38-766.01 allows retirees to elect to continue receiving retirement benefits after returning to work if specific criteria are met and it requires retirees to submit the Working After Retirement form to acknowledge such election. The ASRS needs to clarify that pursuant to A.R.S. § 38-766.01(C), an ASRS retiree who returns to work with an ASRS employer must submit the Working After Retirement form to each of the retiree’s current ASRS employers through the retiree’s secure ASRS website application. Upon the employer’s verification of the information contained in the Working After Retirement form, the employer remits the validated information to the ASRS.

R2-8-117 will clarify that all retirees who return to work for an ASRS employer must submit this form, regardless of the election they make. The ASRS may need to clarify that a member who returns to work for an ASRS employer prior to the member’s retirement date, has not terminated employment for purposes of determining which retirees return to work under the return to work statute(s). In other words, the ASRS may need to clarify that in order to “return to work,” a member must terminate, retire, and then, seek subsequent employment with an ASRS employer. Also, the ASRS needs to clarify that a retiree must submit the Working After Retirement form within 30 days of the later: (1) accepting employment with an ASRS employer, or (2) obtaining access to the retiree’s secure ASRS website application. The retiree is also responsible for submitting a Working After Retirement form within 30 days of changes in employment status such as the intent to engage the retiree for 20 or more hours per week for 20 or more weeks per fiscal year. Finally, the ASRS needs to clarify what may happen if a retiree is found to be in violation of the return to work statute(s). These clarifications will ensure that the ASRS, its employers, and its members have prompt notice about which retirees are returning to work for which employers, and the process for reporting return to work information.
- 3. A citation to all published notices relating to the proceeding:**

None
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Jessica A. Ross, Rule Writer

Address: State Retirement System  
3300 N. Central Ave., Suite 1400  
Phoenix, AZ 85012-0250

Telephone: (602) 240-2039

E-mail: JessicaR@azasrs.gov
- 5. The time during which the agency will accept written comments and the time and place where oral comments may be made:**

The Board will accept comments during business hours at the address listed in item 4. Information regarding an oral proceeding will be included in the Notice of Proposed Rulemaking.



- 6. A timetable for agency decisions or other action on the proceeding, if known:**  
To be determined.

**NOTICE OF RULEMAKING DOCKET OPENING**

**STATE RETIREMENT SYSTEM BOARD**

[R16-71]

- 1. Title and its heading:** 2, Administration
- Chapter and its heading:** 8, State Retirement System Board
- Article and its heading:** 1, Retirement System; Defined Benefit Plan
- Section number:** R2-8-126 (*Sections may be added, deleted, or further modified as necessary.*)
- 2. The subject matter of the proposed rule:**  
R2-8-126 provides notice to members regarding what type of annuity the member may elect at retirement based on age and/or dollar amount. However, the ASRS will amend subsections (I) and (J) of this rule to better clarify those annuity options are applicable only to retirees with an original retirement date on or after the effective date of those provisions.
- 3. A citation to all published notices relating to the proceeding:**  
Notice of Docket Opening: 21 A.A.R. 1834, September 11, 2015  
Notice of Proposed Rulemaking: 21 A.A.R. 2281, October 9, 2015  
Notice of Final Rulemaking: 22 A.A.R. 79, January 15, 2016  
Notice of Substantive Policy Statement: 22 A.A.R. 707, April 1, 2016
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**  
Name: Jessica A. Ross, Rule Writer  
Address: State Retirement System  
3300 N. Central Ave., Suite 1400  
Phoenix, AZ 85012-0250  
Telephone: (602) 240-2039  
E-mail: JessicaR@azasrs.gov  
Website: www.azasrs.gov
- 5. The time during which the agency will accept written comments and the time and place where oral comments may be made:**  
The Board will accept comments during business hours at the address listed in item 4. Information regarding an oral proceeding will be included in the Notice of Proposed Rulemaking.
- 6. A timetable for agency decisions or other action on the proceeding, if known:**  
To be determined

**NOTICE OF RULEMAKING DOCKET OPENING**

**STATE RETIREMENT SYSTEM BOARD**

[R16-72]

- 1. Title and its heading:** 2, Administration
- Chapter and its heading:** 8, State Retirement System Board
- Article and its heading:** 7, Contributions Not Withheld
- Section number:** R2-8-704, R2-8-706, R2-8-708 (*Sections may be added, deleted, or further modified as necessary.*)
- 2. The subject matter of the proposed rule:**  
The ASRS needs to amend approximately three rules in Article 7. The rules need to reflect that Contributions Not Withheld (CNW) payments are not due to the ASRS when the employer remits an Alternate Contribution Rate (ACR) payment pursuant to A.R.S. § 38-766 or when contributions are made to another Arizona retirement system pursuant to A.R.S. § 38-766. This amendment will prevent the employer from overpaying contributions during the same time period and will clarify that members are not entitled to receive service credit for the same time period in more than one state retirement system. The rules also need to reflect that the employer representative is not required to initial each statement of understanding on the Verification of Contributions Not Withheld form; and that gross



salary and hours worked are reported by pay period within each fiscal year. The rules need to be amended to remove language that is duplicative of the appeals rules/process contained in 2 A.A.C. 8, Title 4.

**3. A citation to all published notices relating to the proceeding:**

None

**4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Jessica A. Ross, Rule Writer  
Address: State Retirement System  
3300 N. Central Ave., Suite 1400  
Phoenix, AZ 85012-0250  
Telephone: (602) 240-2039  
E-mail: JessicaR@azasrs.gov

**5. The time during which the agency will accept written comments and the time and place where oral comments may be made:**

The Board will accept comments during business hours at the address listed in item 4. Information regarding an oral proceeding will be included in the Notice of Proposed Rulemaking.

**6. A timetable for agency decisions or other action on the proceeding, if known:**

To be determined

**NOTICE OF RULEMAKING DOCKET OPENING**

**DEPARTMENT OF ECONOMIC SECURITY  
SOCIAL SERVICES**

[R16-73]

**1. Title and its heading:**

6, Economic Security

**Chapter and its heading:**

5, Department of Economic Security - Social Services

**Article and its headings:**

52, Certification and Supervision of Family Child Care Home Providers

**Section numbers:**

R6-5-5201, R6-5-5202, R6-5-5207, R6-5-5217, R6-5-5218, R6-5-5219 (*Sections may be added, deleted, or modified as necessary.*)

**2. The subject matter of the proposed rules:**

This rulemaking is in response to a Five-Year Review Report, approved by the Governor’s Regulatory Review Council on September 9, 2014. This rulemaking will address concerns identified in a rulemaking petition that the current rule unnecessarily restricts the number of organizations that are allowed to provide training in first aid and infant/child cardiopulmonary resuscitation (CPR) to family child care home providers. Additionally, this rulemaking will make technical corrections to address typographical errors and incorrect citations.

**3. A citation to all published notices relating to the proceeding:**

Notice of Proposed Rulemaking: 22 A.A.R. 1029, May 6, 2016 (*in this issue*).

**4. The name and address of agency personnel with whom persons may communicate regarding the rule:**

Name: Rodney K. Huenemann  
Address: Department of Economic Security  
1789 W. Jefferson, Site Code 837A  
Phoenix, AZ 85007  
or  
P.O. Box 6123, Site Code 837A  
Phoenix, AZ 85005  
Telephone: (602) 542-6159  
Fax: (602) 542-6000  
E-mail: rhuenemann@azdes.gov

**5. The time during which the agency will accept written comments and the time and place where oral comments may be made:**

The Department will accept public comments for at least 30 days following the publication of the Notice of Proposed Rulemaking in the Arizona Administrative Register. Written comments may be submitted to the individual named in question 4. The Department has not scheduled any oral proceedings at this time.



**6. A timetable for agency decisions or action on the proceeding, if known:**

Publish Notice of Proposed Rulemaking within one month of publication of this Notice of Rulemaking Docket Opening.



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## NOTICES OF PUBLIC INFORMATION

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Notices of Public Information contain corrections that agencies wish to make to their notices of rulemaking; miscellaneous rulemaking information that does not fit into any other category of notice; and other types of information required by statute to be published in the Register.

Because of the variety of Notices of Public Information, the Office of the Secretary of State has not established a specific publishing format for these notices. We do however require agencies to use a numbered list of questions and answers and follow our filing requirements by presenting receipts with electronic and paper copies.

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### NOTICE OF PUBLIC INFORMATION

#### ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

[M16-106]

- 1. Name of the Agency:** Arizona Health Care Cost Containment System (AHCCCS)
- 2. The topic of the public information notice:**  
AHCCCS is cancelling the public hearing for the Notice of Proposed Rulemaking related to Outpatient Treatment Centers published in 22 A.A.R. 770, April 8, 2016.
- 3. The public information relating to the topic:**  
The public hearing scheduled at 10 a.m. on May 9, 2016 at the following locations has been cancelled and will be rescheduled after a Notice of Supplemental Proposed Rulemaking has been made:  
  
AHCCCS  
701 E. Jefferson  
Phoenix, AZ 85034  
  
Arizona Long-Term Care System  
1010 N. Finance Center Dr., Suite 201  
Tucson, AZ 85710  
  
AHCCCS  
2717 N. 4th St., Suite 130  
Flagstaff, AZ 86004  
  
Public Information regarding the rescheduled hearing will also be available at the AHCCCS website: [www.azahcccs.gov](http://www.azahcccs.gov).



GOVERNOR EXECUTIVE ORDERS

The Administrative Procedure Act (APA) requires the full-text publication of Governor Executive Orders.

With the exception of egregious errors, content (including spelling, grammar, and punctuation) of these orders has been reproduced as submitted.

In addition, the Register shall include each statement filed by the Governor in granting a commutation, pardon or reprieve, or stay or suspension of execution where a sentence of death is imposed.

EXECUTIVE ORDER 2016-03

Internal Review of Administrative Rules; Moratorium to Promote Job Creation and Customer-Service-Oriented Agencies

Editor's Note: This Executive Order is being reproduced in each issue of the Administrative Register until its expiration on December 31, 2016, as a notice to the public regarding state agencies' rulemaking activities.

[M16-29]

WHEREAS, Arizona is poised to lead the nation in job growth;

WHEREAS, burdensome regulations inhibit job growth and economic development;

WHEREAS, small businesses and startups are especially hurt by regulations;

WHEREAS, each agency of the State of Arizona should promote customer-service-oriented principles for the people that it serves;

WHEREAS, each State agency should undertake a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay, and legal uncertainty associated with government regulation;

WHEREAS, overly burdensome, antiquated, contradictory, redundant, and nonessential regulations should be repealed;

WHEREAS, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor;

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

- 1. A State agency subject to this Order, shall not conduct any rulemaking except as permitted by this Order.
2. A State agency subject to this Order, shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justification for the rulemaking:
a. To fulfill an objective related to job creation, economic development, or economic expansion in this State.
b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
c. To prevent a significant threat to the public health, peace, or safety.
d. To avoid violating a court order or federal law that would result in sanctions by a court or the federal government against an agency for failure to conduct the rulemaking action.
e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
f. To comply with a state statutory requirement.
g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud, or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
j. To eliminates rules that are antiquated, redundant or otherwise no longer necessary for the operation of state government.
3. For the purposes of this Order, the term "State agencies," includes without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official, (b) the Corporation Commission and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those State agencies, boards and commissions excluded



from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.

4. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, “person,” “rule,” and “rulemaking” have the same meanings prescribed in Arizona Revised Statutes Section 41-1001.
5. This Executive Order expires on December 31, 2016.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this Eighth day of February in the Year Two Thousand and Fifteen and of the Independence of the United States of America the Two Hundred and Thirty-Fourth.

**ATTEST:**

**Michele Reagan**  
**Secretary of State**



**GOVERNOR PROCLAMATIONS**

The Administrative Procedure Act (APA) requires the publication of Governor proclamations of general applicability, and ceremonial dedications issued by the Governor.

**AMYOTROPHIC LATERAL SCLEROSIS AWARENESS MONTH**

[M16-110]

**WHEREAS**, Amyotrophic Lateral Sclerosis (ALS), often known as Lou Gehrig's disease, is a fatal neurodegenerative disease characterized by degeneration of cell bodies of the lower motor neurons in the gray matter of the anterior horns of the spinal cord, with weakness of the skeletal muscles, especially those of the extremities being the initial symptom; and

**WHEREAS**, approximately 30,000 individuals in the United States are afflicted with ALS, with 5,000 new patients diagnosed each year; and

**WHEREAS**, ALS does not affect a patient's mental capacity, so that the patient remains alert and aware of his or her loss of motor functions and the inevitable outcome of continued deterioration and death; and

**WHEREAS**, ALS strikes a person regardless of race, sex, age, or ethnicity and has no known cause, means of prevention, or cure and as ALS progresses the patient experiences difficulty in swallowing, talking, and breathing eventually causing the muscles to atrophy and the patient becomes a functional quadriplegic; and

**WHEREAS**, on average, patients diagnosed with ALS only survive two to five years from the time of diagnosis; and

**WHEREAS**, Amyotrophic Lateral Sclerosis Awareness Month increases the public's awareness of ALS patients' circumstances and acknowledges the terrible impact this disease has not only on the patient, but on his or her family and the community and recognizes the research being done to eradicate this horrible disease.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 2016 as

**AMYOTROPHIC LATERAL SCLEROSIS AWARENESS MONTH**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-first day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**ARIZONA STATE EMPLOYEE RECOGNITION DAY**

[M16-111]

**WHEREAS**, Arizona's state employees make a significant contribution to the well-being and quality of life for all citizens of our state; and

**WHEREAS**, state employees have dedicated themselves to embrace a culture of continuous improvement where we reflect daily on how we are doing while always seeking a better way through a people-centered approach, with a focus on customer service and accountability to the taxpayer; and

**WHEREAS**, Arizona is served by an empowered workforce of highly engaged and creative men and women who dedicate every day to serving our customers' needs and earning the taxpayers' trust in many essential areas including education, health care, crime prevention, fire protection, economic development and management, transportation, and conservation of energy and natural resources; and

**WHEREAS**, state employees are engaged and equipped to streamline work, adding value and eliminating waste in order to bring government into the 21<sup>st</sup> century, which enhances the quality of service provided to the public, helping Arizona become the number one state to live, work, play, retire, recreate and get an education; and

**WHEREAS**, state employees deliver services with competence, skill and dedication which help Arizona develop a reputation for quality and excellence; and

**WHEREAS**, Arizona is pleased to join other states across the nation on May 4, 2016 to express special appreciation and gratitude for their hard work and generous spirit of dedication to the citizens of our state.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 4, 2016 as



### ARIZONA STATE EMPLOYEE RECOGNITION DAY

throughout the State, and encourage all Arizonans to recognize our state employees for their hard work and dedication to the people across the Grand Canyon State.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-first day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

### ARIZONA TRAVEL AND TOURISM WEEK

[M16-112]

**WHEREAS**, the U.S. Travel Association promotes the celebration of National Travel and Tourism Week, May 1 – 7, 2016, to support the positive impact travel has, as a major U.S. industry, on the nation's economy; and

**WHEREAS**, Arizona celebrates the state's travel and tourism industry as one of Arizona's leading export-oriented industries generating \$20.9 billion in direct visitor spending, and positively affecting all 15 statewide counties; and

**WHEREAS**, Arizona's travel and tourism industry enriches the lives of our residents by contributing to public services that improve our well-being and quality of life by generating \$2.8 billion in federal, state and local tax revenues; and

**WHEREAS**, Arizona's travel and tourism industry directly supports 171,500 million jobs, and indirectly supports more than 300,000 statewide jobs connected to other industry-related businesses; and

**WHEREAS**, the Arizona Office of Tourism leads the Arizona travel and tourism industry in promoting the state's global image as a vibrant travel destination with unforgettable scenery, exciting outdoor adventures, rejuvenating resorts and spas, authentic local cuisines and a celebrated history to attract travelers and increase the economic benefits of visitor spending to the State.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 1 – 7, 2016 as

### ARIZONA TRAVEL AND TOURISM WEEK

and I further encourage residents and visitors to discover Arizona's vibrant travel and tourism offerings and celebrate Arizona as a place to live, work and visit.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this sixth day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

### ARIZONA YOUTH WEEK

[M16-113]

**WHEREAS**, the Elks Lodges of the State of Arizona will observe the first week in May as Elks National Youth Week in tribute to our Junior Citizens, honoring them for their achievements and contributions to the life of the community, State and Nation; and

**WHEREAS**, these young people represent the Nation's future and in the years ahead they will assume responsibility for the advancement of our free society; and

**WHEREAS**, our youth need guidance, inspiration and encouragement, which we must give in order to develop those qualities of character essential for future leadership, and to go forth to serve America; and

**WHEREAS**, all Elks Lodges recognize the youth in our communities with projects, scholarship programs for high school seniors, and after prom events; and

**WHEREAS**, to achieve this worthy objective we should demonstrate our partnership with youths, our understanding of their hopes and aspirations, and a sincere willingness to help prepare them for the responsibilities and opportunities of citizenship.



NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 1 - 7, 2016 as

**ARIZONA YOUTH WEEK**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this sixth day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**CHILD CARE PROVIDER APPRECIATION DAY**

[M16-114]

**WHEREAS**, our future depends on the quality of the early childhood experiences provided to young children today and high quality early childhood services represent a valuable commitment to our children’s future; and

**WHEREAS**, annually, 3,093 child care providers work with the Arizona Department of Economic Security to serve 51,972 children so family members may accept or maintain employment thus reducing or avoiding dependence on public assistance; and

**WHEREAS**, the contribution of child care providers to our children’s future is worthy of the highest respect; and

**WHEREAS**, by calling attention to the importance of high quality child care services for all children and families in the State of Arizona, we hope to improve the quality and availability of such services; and

**WHEREAS**, the State of Arizona encourages parents to take this day to show their child care providers how much they appreciate them.

NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 6, 2016 as

**CHILD CARE PROVIDER APPRECIATION DAY**

and urge all citizens to join me in acknowledging Arizona’s child care providers for their invaluable contributions made to the State of Arizona on this special day and throughout the year.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-first day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**CORNELIA DE LANGE SYNDROME AWARENESS DAY**

[M16-115]

**WHEREAS**, the good health and general well-being of the people of Arizona, is strengthened by our knowledge and understanding of a little-known genetic disorder known as Cornelia de Lange Syndrome (CdLS); and

**WHEREAS**, children with CdLS are usually born with low birth weight and develop at a slower rate, both cognitively and physically, and experience many medical complications; and

**WHEREAS**, dedicated professionals are presently involved in valuable research to explore new therapies and diagnostic tools and to offer hope to children with CdLS; and

**WHEREAS**, an estimated 20,000 men, women and children in the United States have CdLS but remain undiagnosed or without support services; therefore, they miss out on critical medical services and support that can impact their quality of life; and

**WHEREAS**, Arizona is pleased to join people throughout our nation in promoting a special celebration which seeks to raise awareness of Cornelia de Lange Syndrome, designed to have a positive and productive impact on the lives of all people with CdLS and their caregivers.

NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 14, 2016 as



**CORNELIA DE LANGE SYNDROME AWARENESS DAY**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this sixth day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**EMERGENCY MEDICAL SERVICES WEEK**

[M16-116]

**WHEREAS**, Arizona's 18,000-strong cadre of Emergency Medical Services (EMS) providers are called to care for 6.5 million Arizonan citizens and visitors 24 hours a day, seven days a week; and

**WHEREAS**, Arizona's EMS providers work for fire services, ambulance services, law enforcement agencies, hospital emergency departments and trauma centers; and

**WHEREAS**, Arizona's EMS providers faithfully respond to these calls for care while maintaining composure under unimaginably difficult and dangerous circumstances; and

**WHEREAS**, EMS is an indispensable part of Arizona's public health system, often the first point of access to care; and

**WHEREAS**, the state of Arizona takes one week each year to recognize the valued and dedicated services Arizona's EMS providers perform throughout the year.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 15 – 21, 2016 as

**EMERGENCY MEDICAL SERVICES WEEK**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-first day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**HEALTH MEANS BUSINESS DAY**

[M16-117]

**WHEREAS**, workplaces understand that healthy communities are vital to economic growth and competitiveness, and that health and economic growth must align to build healthier communities throughout Arizona; and

**WHEREAS**, Arizona must create many destination places to recruit and retain the best and brightest people – places where they want to live, work and play; and

**WHEREAS**, Arizona consistently ranks highly in national rankings for best places to do business; and

**WHEREAS**, the health and well-being of Arizonans is critical to the continued success of our economy vitality; and

**WHEREAS**, Arizona's focus must be on creating a culture of health in order to remain a great state to do business; and

**WHEREAS**, the Health Means Business Forum joins together workplaces, schools and communities to continue to improve our health and well-being rankings collectively.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 12, 2016 as

**HEALTH MEANS BUSINESS DAY**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-first day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.



**ATTEST:**  
**Michele Reagan**  
**SECRETARY OF STATE**

**HETEROTAXY SYNDROME AWARENESS DAY**

[M16-118]

**WHEREAS**, heterotaxy syndrome is a congenital condition that affects the development, placement and presence of internal organs, and requires a team of many specialists for treatment; and

**WHEREAS**, the public is unaware of heterotaxy syndrome, including many medical professionals; and

**WHEREAS**, families struggle to educate medical teams and are often the only common thread between medical specialties; and

**WHEREAS**, mortality is high, but due to lack of tracking and research, the exact numbers are unclear; and

**WHEREAS**, Heterotaxy Syndrome Awareness Day provides an opportunity for families whose lives have been affected to celebrate life and to remember loved ones lost, to honor dedicated health professionals, and to meet others and know they are not alone; and

**WHEREAS**, the establishment of Heterotaxy Syndrome Awareness Day will also provide the opportunity to share experience and information with the public and the media, in order to raise awareness about heterotaxy syndrome.

**NOW, THEREFORE**, I, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 4, 2016 as

**HETEROTAXY SYNDROME AWARENESS DAY**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this eighteenth day of April in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**  
**Michele Reagan**  
**SECRETARY OF STATE**

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**REGISTER INDEXES**

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The *Register* is published by volume in a calendar year (See “Information” in the front of each issue for a more detailed explanation).

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Abbreviations for rulemaking activity in this Index include:

**PROPOSED RULEMAKING**

PN = Proposed new Section  
PM = Proposed amended Section  
PR = Proposed repealed Section  
P# = Proposed renumbered Section

**SUPPLEMENTAL PROPOSED RULEMAKING**

SPN = Supplemental proposed new Section  
SPM = Supplemental proposed amended Section  
SPR = Supplemental proposed repealed Section  
SP# = Supplemental proposed renumbered Section

**FINAL RULEMAKING**

FN = Final new Section  
FM = Final amended Section  
FR = Final repealed Section  
F# = Final renumbered Section

**SUMMARY RULEMAKING****PROPOSED SUMMARY**

PSMN = Proposed Summary new Section  
PSMM = Proposed Summary amended Section  
PSMR = Proposed Summary repealed Section  
PSM# = Proposed Summary renumbered Section

**FINAL SUMMARY**

FSMN = Final Summary new Section  
FSMM = Final Summary amended Section  
FSMR = Final Summary repealed Section  
FSM# = Final Summary renumbered Section

**EXPEDITED RULEMAKING****PROPOSED EXPEDITED**

PEN = Proposed Expedited new Section  
PEM = Proposed Expedited amended Section  
PER = Proposed Expedited repealed Section  
PE# = Proposed Expedited renumbered Section

**SUPPLEMENTAL EXPEDITED**

SPEN = Supplemental Proposed Expedited new Section  
SPEM = Supplemental Proposed Expedited amended Section  
SPER = Supplemental Proposed Expedited repealed Section  
SPE# = Supplemental Proposed Expedited renumbered Section

**FINAL EXPEDITED**

FEN = Final Expedited new Section  
FEM = Final Expedited amended Section  
FER = Final Expedited repealed Section  
FE# = Final Expedited renumbered Section

**EXEMPT RULEMAKING****EXEMPT PROPOSED**

PXN = Proposed Exempt new Section  
PXM = Proposed Exempt amended Section  
PXR = Proposed Exempt repealed Section  
PX# = Proposed Exempt renumbered Section

**EXEMPT SUPPLEMENTAL PROPOSED**

SPXN = Supplemental Proposed Exempt new Section  
SPXR = Supplemental Proposed Exempt repealed Section  
SPXM = Supplemental Proposed Exempt amended Section  
SPX# = Supplemental Proposed Exempt renumbered Section

**FINAL EXEMPT RULMAKING**

FXN = Final Exempt new Section  
FXM = Final Exempt amended Section  
FXR = Final Exempt repealed Section  
FX# = Final Exempt renumbered Section

**EMERGENCY RULEMAKING**

EN = Emergency new Section  
EM = Emergency amended Section  
ER = Emergency repealed Section  
E# = Emergency renumbered Section  
EEXP = Emergency expired

**RECODIFICATION OF RULES**

RC = Recodified

**REJECTION OF RULES**

RJ = Rejected by the Attorney General

**TERMINATION OF RULES**

TN = Terminated proposed new Sections  
TM = Terminated proposed amended Section  
TR = Terminated proposed repealed Section  
T# = Terminated proposed renumbered Section

**RULE EXPIRATIONS**

EXP = Rules have expired

*See also “emergency expired” under emergency rulemaking*

**CORRECTIONS**

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**2016 RULES EFFECTIVE DATES CALENDAR**

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		February		March		April		May		June	
Date Filed	Effective Date										
1/1	3/1	2/1	4/1	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/2	2/2	4/2	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/3	2/3	4/3	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/4	2/4	4/4	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/5	2/5	4/5	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/6	2/6	4/6	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/7	2/7	4/7	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/8	2/8	4/8	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/9	2/9	4/9	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/10	2/10	4/10	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/11	2/11	4/11	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/12	2/12	4/12	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/13	2/13	4/13	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/14	2/14	4/14	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/15	2/15	4/15	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/16	2/16	4/16	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/17	2/17	4/17	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/18	2/18	4/18	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/19	2/19	4/19	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/20	2/20	4/20	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/21	2/21	4/21	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/22	2/22	4/22	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/23	2/23	4/23	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/24	2/24	4/24	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/25	2/25	4/25	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/26	2/26	4/26	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/27	2/27	4/27	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/28	2/28	4/28	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/29	2/29	4/29	3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/30			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	3/31			3/31	5/30			5/31	7/30		



July		August		September		October		November		December	
Date Filed	Effective Date										
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30/13
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1/13	12/2	1/31/13
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2/13	12/3	2/1/13
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3/13	12/4	2/2/13
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4/13	12/5	2/3/13
7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5/13	12/6	2/4/13
7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6/13	12/7	2/5/13
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7/13	12/8	2/6/13
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8/13	12/9	2/7/13
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9/13	12/10	2/8/13
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10/13	12/11	2/9/13
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11/13	12/12	2/10/13
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12/13	12/13	2/11/13
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13/13	12/14	2/12/13
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14/13	12/15	2/13/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15/13	12/16	2/14/13
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16/13	12/17	2/15/13
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17/13	12/18	2/16/13
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18/13	12/19	2/17/13
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19/13	12/20	2/18/13
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20/13	12/21	2/19/13
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21/13	12/22	2/20/13
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22/13	12/23	2/21/13
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23/13	12/24	2/22/13
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24/13	12/25	2/23/13
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25/13	12/26	2/24/13
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26/13	12/27	2/25/13
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27/13	12/28	2/26/13
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28/13	12/29	2/27/13
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29/13	12/30	2/28/13
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1/13



REGISTER PUBLISHING DEADLINES

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

Table with 3 columns: Deadline Date (paper only) Friday, 5:00 p.m., Register Publication Date, and Oral Proceeding may be scheduled on or after. Rows list dates from January 22, 2016 to August 5, 2016.



## GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year-Review Reports and any adopted rule submitted to the Governor’s Regulatory Review Council. Council meetings and Register deadlines do not correlate. We publish these deadlines as a courtesy.

All rules and Five-Year Review Reports are due in the Council office by noon of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit [www.grrc.state.az.us](http://www.grrc.state.az.us).

### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2016

DEADLINE TO BE PLACED ON COUNCIL AGENDA	FINAL MATERIALS DUE FROM AGENCIES	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
November 17, 2015	December 18, 2015	December 29, 2015	January 5, 2016
December 21, 2015	January 15, 2016	January 26, 2016	February 2, 2016
January 19, 2016 (Tuesday)	February 12, 2016	February 23, 2016	March 1, 2016
February 16, 2016 (Tuesday)	March 18, 2016	March 29, 2016	April 5, 2016
March 21, 2016	April 15, 2016	April 26, 2016	May 5, 2016
April 18, 2016	May 20, 2016	June 1, 2016 (Wednesday)	June 7, 2016
May 23, 2016	June 17, 2016	June 28, 2016	July 6, 2016 (Wednesday)
June 20, 2016	July 15, 2016	July 26, 2016	August 2, 2016
July 18, 2016	August 19, 2016	August 30, 2016	September 7, 2016 (Wednesday)
August 22, 2016	September 16, 2016	September 27, 2016	October 4, 2016
September 19, 2016	October 14, 2016	October 25, 2016	November 1, 2016
October 17, 2016	November 18, 2016	November 29, 2016	December 6, 2016
November 21, 2016	December 16, 2016	December 28, 2016 (Wednesday)	January 4, 2017 (Wednesday)

\*Materials must be submitted by **noon** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.