



Arizona Administrative REGISTER

Published by the Department of State ~ Office of the Secretary of State

Vol. 24, Issue 29

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July 20, 2018

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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Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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 New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.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., and 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 page.

Arizona Administrative REGISTER

Vol. 24

Issue 29

PUBLISHER
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ADMINISTRATIVE REGISTER
This publication is available online for free at www.azsos.gov.

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.

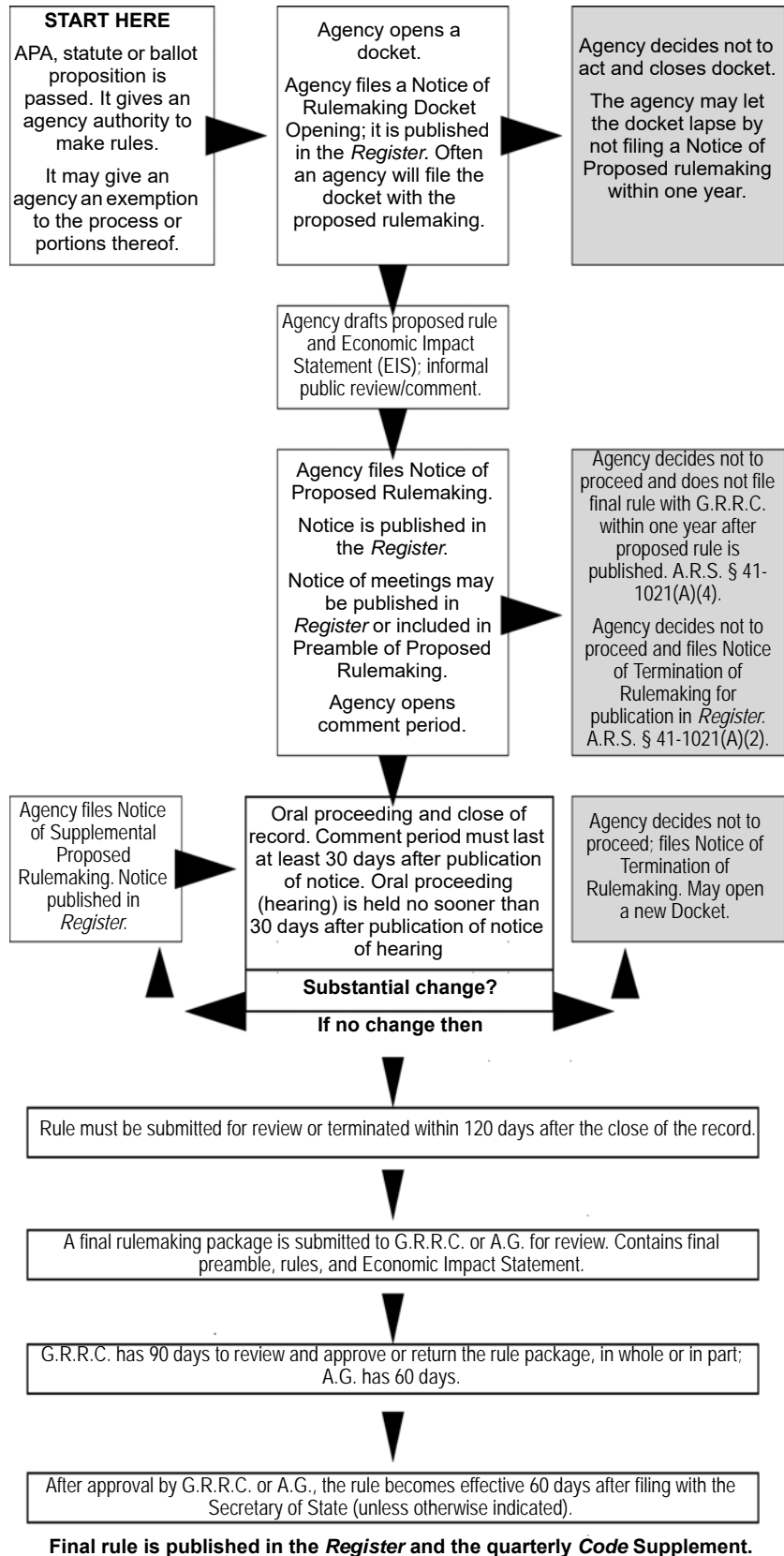
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

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.

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

Administrative Procedure Act (APA): A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at 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.

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.

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.



NOTICES OF PROPOSED RULEMAKING

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

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the *Administrative Procedure Act* (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any oral proceedings for making, amending, or repealing any rule (A.R.S. §§ 41-1013 and 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

NOTICE OF PROPOSED RULEMAKING

TITLE 1. RULES AND THE RULEMAKING PROCESS

CHAPTER 6. GOVERNOR’S REGULATORY REVIEW COUNCIL

[R18-130]

PREAMBLE

- | | |
|---|---------------------------------|
| <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
| R1-6-101 | Amend |
| R1-6-105 | New Section |
| R1-6-201 | Amend |
| R1-6-202 | Amend |
| R1-6-301 | Amend |
| R1-6-302 | Amend |
| R1-6-303 | Amend |
| R1-6-401 | 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. § 41-1051(E)
 Implementing statutes: A.R.S. §§ 41-1001.01(A)(6), 41-1023, 41-1027, 41-1033, 41-1052, 41-1053, 41-1055, 41-1056
- 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: 24 A.A.R. 2031, July 20, 2018
- 4. The agency’s contact person who can answer questions about the rulemaking:**
 Name: Chris Klemminich
 Address: Governor’s Regulatory Review Council
 100 N. 15th Ave., Suite 305
 Phoenix, AZ 85007
 Telephone: (602) 542-2024
 E-mail: christopher.klemminich@azdoa.gov
 Web site: <http://grrc.az.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 Governor’s Regulatory Review Council (Council) is amending the rules in 1 A.A.C. 6 to implement SB 1273, signed by the Governor in May 2018, which modifies A.R.S. § 41-1033. In addition, provisions that are unnecessary and duplicative of statute are removed from Sections 201, 202, and 301. Furthermore, R1-6-105, requiring state agencies to provide the Council office with one electronic copy of any public comment received by the agency within 10 business days of receipt, is being added. This new rule is intended to protect, in accordance with A.R.S. § 41-1001.01(A)(6), the public’s right to participate in the rulemaking process. Other amendments make the rules more clear and effective with respect to agency handling of public comments.
 An exception from Executive Order 2018-02 was provided by the Governor’s Office on June 18, 2018.



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 Council anticipates that the economic impact of the rulemaking is expected to be minimal (less than \$1,000) for all stakeholders. State agencies may face minimal costs from providing copies of public comments to the Council office and responses to public comments to the commenter and the Council. The removal of unnecessary provisions from Sections 201, 202, and 301 may provide a minimal beneficial economic impact to state agencies. The rulemaking will apply to all state agencies subject to Council review, currently estimated at 100 agencies.

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

Name: Chris Kleminich
Address: Governor's Regulatory Review Council
100 N. 15th Ave., Suite 305
Phoenix, AZ 85007
Telephone: (602) 542-2024
E-mail: christopher.kleminich@azdoa.gov
Web site: <http://grrc.az.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 close of record date for this rulemaking is August 20, 2018. An oral proceeding on the proposed rules will be held as follows:

Date: August 20, 2018
Time: 9:00 a.m.
Location: 100 N. 15th Ave., Room 301B
Phoenix, AZ 85007

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:**

None

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 issuance of a regulatory permit, license or agency authorization.

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:**

No corresponding federal laws apply. The rules are being promulgated under state 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:**

None

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 1. RULES AND THE RULEMAKING PROCESS
CHAPTER 6. GOVERNOR'S REGULATORY REVIEW COUNCIL

ARTICLE 1. GENERAL RULES OF PROCEDURE

Section
R1-6-101. Definitions
R1-6-105. ~~Repeated~~ Public Comments

ARTICLE 2. RULEMAKING PROCEDURES

R1-6-201. Submitting a Regular Rule
R1-6-202. Submitting an Expedited Rule

ARTICLE 3. FIVE-YEAR REVIEW REPORTS

Section
R1-6-301. Submitting a Five-year Review Report



- R1-6-302. Rescheduling a Five-year Review Report
 R1-6-303. Extension of the Due Date for a Five-year Review Report

ARTICLE 4. APPEALS AND PETITIONS

- Section
 R1-6-401. Applicability

ARTICLE 1. GENERAL RULES OF PROCEDURE

R1-6-101. Definitions

- A. The definitions in A.R.S. § 41-1001 apply to this Chapter.
 B. In this Chapter:
1. “Agency head” means the chief officer of an agency or another person directly or indirectly purporting to act on behalf or under the authority of the agency head.
 2. “Chair” means the chairperson of the Council or the chairperson’s designee.
 3. “Electronic copy” means a document submitted or filed by e-mail or ~~CD~~ other electronic means.
 4. “Expedited rule” means a rule made according to the procedures in A.R.S. §§ 41-1027 and 41-1053.
 5. “Five-year Review Report” means a report submitted to the Council according to the procedures in A.R.S. § 41-1056 or 41-1095.
 6. “Open Meeting Law” means A.R.S. Title 38, Chapter 3, Article 3.1.
 7. “Public Comment” means a written comment or criticism submitted to an agency that relates in whole or in part to a proposed rule or an existing rule, or a comment made at an oral proceeding held in accordance with A.R.S. § 41-1023.
 - ~~7.8.~~ “Regular rule” means a rule made according to the procedures in A.R.S. §§ 41-1021 through 41-1024 and 41-1052.

R1-6-105. ~~Repeated~~ Public Comments

Within 10 business days of receipt, an agency shall submit to the Council office one electronic copy of any public comment received by the agency.

ARTICLE 2. RULEMAKING PROCEDURES

R1-6-201. Submitting a Regular Rule

- A. To submit a regular rule for consideration by the Council, an agency shall submit to the Council office one electronic copy of each rulemaking document that follows, prepared in the manner required by this subsection, subsection (B), and the rules of the Office of the Secretary of State:
1. A request for approval, in the form of a cover letter signed by the agency head. The cover letter shall specify:
 - a. The close of record date;
 - b. Whether the rulemaking activity relates to a five-year review report and, if applicable, the date the report was approved by the Council;
 - c. Whether the rule establishes a new fee and, if it does, citation of the statute expressly authorizing the new fee;
 - d. Whether the rule contains a fee increase;
 - e. Whether an immediate effective date is requested for the rule under A.R.S. § 41-1032;
 - f. A certification that the preamble discloses a reference to any study relevant to the rule that the agency reviewed and either did or did not rely on in the agency’s evaluation of or justification for the rule;
 - g. If one or more full-time employees are necessary to implement and enforce the rule, a certification that the preparer of the economic, small business, and consumer impact statement has notified the Joint Legislative Budget Committee of the number of new full-time employees necessary to implement and enforce the rule; and
 - h. A list of all documents enclosed.
 2. A Notice of Final Rulemaking, including the preamble, table of contents for the rulemaking, and text of each rule;
 3. An economic, small business, and consumer impact statement that contains the information required by A.R.S. § 41-1055;
 4. The written comments received by the agency concerning the proposed rule and a written record, transcript, or minutes of any testimony received if the agency maintains a written record, transcript, or minutes; ~~and~~
 5. Any analysis submitted to the agency regarding the rule’s impact on the competitiveness of businesses in this state as compared to the competitiveness of businesses in other states;
- ~~B. In addition to the documents required in subsection (A), an agency shall submit one electronic copy of each reference document that follows:~~
- ~~6.1.~~ Material incorporated by reference, if any;
 - ~~7.2.~~ The general and specific statutes authorizing the rule, including relevant statutory definitions; and
 - ~~8.3.~~ If a term is defined in the rule by referring to another rule or a statute other than the general and specific statutes authorizing the rule, the statute or other rule referred to in the definition; ~~and~~
 4. ~~The existing rule if any subsections within the existing rule are designated as “no change” in the revised text of a rule the agency is amending.~~
- ~~C.B.~~ After a rule is placed on a Council agenda, Council staff shall review the rule for compliance with the requirements of A.R.S. §§ 41-1021 through 41-1024 and 41-1052 and this Chapter and may ask questions or suggest changes to the agency. If the agency revises any rulemaking document in response to a question or suggested change, the agency shall submit one electronic copy of the revised rulemaking document to the Council for review.



~~D.C.~~ After a rule is placed on a Council agenda, an agency may have the rule moved to the agenda of a later meeting by having the agency head send a written notice to the Chair that includes the date of the later meeting. If the agency makes a subsequent request that the rule be moved, the Chair may grant or deny the request at the Chair’s discretion.

~~E.D.~~ Council staff shall notify the agency of any written comments received by the Council related to an agency’s rulemaking.

~~F.E.~~ If it is necessary for a rule to be heard at more than one Council meeting, the agency shall submit any revised documents for the later meeting, consistent with this Section.

E. An agency shall respond to any public comment received in accordance with A.R.S. § 41-1023. An agency shall provide a copy of its response to the commenter and the Council office.

R1-6-202. Submitting an Expedited Rule

A. To submit an expedited rule for consideration by the Council, an agency shall submit to the Council office one electronic copy of each rulemaking document that follows, prepared in the manner required by this subsection, subsection (B), and the rules of the Office of the Secretary of State:

1. A request for approval, in the form of a cover letter signed by the agency head. The cover letter shall specify:
 - a. The close of record date;
 - b. An explanation of how the expedited rule meets the criteria in A.R.S. § 41-1027(A);
 - c. Whether the rulemaking activity relates to a five-year review report and, if applicable, the date the report was approved by the Council;
 - d. A certification that the preamble discloses a reference to any study relevant to the rule that the agency reviewed and either did or did not rely on in the agency’s evaluation of or justification for the rule; and
 - e. A list of all documents enclosed.
2. A Notice of Final Expedited Rulemaking, including the preamble, and table of contents for the rulemaking, ~~and text of each rule;~~
3. The written comments, including objections that the rulemaking does not meet the criteria in A.R.S. § 41-1027(A), received by the agency or contained in a notice concerning the proposed rule; ~~and~~
4. Any analysis submitted to the agency regarding the rule’s impact on the competitiveness of businesses in this state as compared to the competitiveness of businesses in other states;

~~B.~~ ~~In addition to the documents required in subsection (A), an agency shall submit one electronic copy of each reference document that follows:~~

- ~~5.1.~~ Material incorporated by reference, if any;
- ~~6.2.~~ For a statute declared unconstitutional, the court’s decision;
- ~~7.3.~~ The general and specific statutes authorizing the rule, including relevant statutory definitions;
- ~~8.4.~~ If a term is defined in the rule by referring to another rule or a statute other than the general and specific statutes authorizing the rule, the statute or other rule referred to in the definition; ~~and~~
- ~~5.~~ ~~The text of the existing rule.~~

~~C.B.~~ After a rule is placed on a Council agenda, Council staff shall review the rule for compliance with the requirements of A.R.S. §§ 41-1027, 41-1053, and this Chapter and may ask questions or suggest changes to the agency. If the agency revises any rulemaking document in response to a question or suggested change, the agency shall submit one electronic copy of the revised rulemaking document to the Council for review.

~~D.C.~~ After a rule is placed on a Council agenda, an agency may have the rule moved to the agenda of a later meeting by having the agency head send a written notice to the Chair that includes the date of the later meeting. If the agency makes a subsequent request that the rule be moved, the Chair may grant or deny the request at the Chair’s discretion.

D. An agency shall respond to any public comment received in accordance with A.R.S. § 41-1023. An agency shall provide a copy of the response to the commenter and an electronic copy to the Council office.

ARTICLE 3. FIVE-YEAR REVIEW REPORTS

R1-6-301. Submitting a Five-year Review Report

A. To submit a five-year review report for consideration by the Council, an agency shall submit to the Council office one electronic copy of the cover letter signed by the agency head and the five-year review report required by A.R.S. § 41-1056. Consistent with subsection (B), the agency shall concisely analyze and provide the following information in the five-year review report in the following order for each rule:

1. General and specific statutes authorizing the rule, including any statute that authorizes the agency to make rules;
2. Objective of the rule, including the purpose for the existence of the rule;
3. Effectiveness of the rule in achieving the objective, including a summary of any available data supporting the conclusion reached;
4. Consistency of the rule with state and federal statutes and other rules made by the agency, and a listing of the statutes or rules used in determining the consistency;
5. Agency enforcement policy, including whether the rule is currently being enforced and, if so, whether there are any problems with enforcement;
6. Clarity, conciseness, and understandability of the rule;
7. Summary of ~~the any~~ written ~~criticisms~~ criticism of the rule received by the agency within the five years immediately preceding the five-year review report. An agency shall respond to any written criticism and shall provide a copy of its response to the commenter, including letters, memoranda, reports, written analyses submitted to the agency questioning whether the rule is based on valid scientific or reliable principles or methods, and written allegations made in litigation or administrative proceedings in which the agency was a party that the rule is discriminatory, unfair, unclear, inconsistent with statute, or beyond the authority of the agency to enact, and the result of the litigation or administrative proceedings;
8. A comparison of the estimated economic, small business, and consumer impact of the rule with the economic, small business, and consumer impact statement prepared on the last making of the rule or, if no economic, small business, and consumer impact



statement was prepared on the last making of the rule, an assessment of the actual economic, small business, and consumer impact of the rule;

9. Any analysis submitted to the agency by another person regarding the rule's impact on this state's business competitiveness as compared to the competitiveness of businesses in other states;
 10. If applicable, how the agency completed the course of action indicated in the agency's previous five-year review report;
 11. A determination after analysis that the probable benefits of the rule within this state outweigh the probable costs of the rule, and the rule imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs necessary to achieve the underlying regulatory objective;
 12. A determination after analysis that the rule is not more stringent than a corresponding federal law unless there is statutory authority to exceed the requirements of that federal law;
 13. For a rule adopted after July 29, 2010, that requires issuance of a regulatory permit, license or agency authorization, whether the rule complies with A.R.S. § 41-1037; and
 14. Course of action the agency proposes to take regarding each rule, including the month and year in which the agency anticipates submitting the rules to the Council if the agency determines it is necessary to amend or repeal an existing rule, or to make a new rule. If no issues are identified for a rule in the report, an agency may indicate that no action is necessary for the rule.
- ~~B.~~ To avoid repetition, an agency shall use a narrative format rather than a tabular format to present the information in the report. The narrative shall be organized according to the categories in subsection (A). For subsection (A)(2), the agency shall provide a specific objective, including the purpose for the existence of each individual rule. Within the remaining categories, an agency shall analyze each rule individually or, if the analysis for each rule is the same, consolidate the analysis, either by article or for all rules in the report. If the analysis for a category is identical for all of the rules in a report, the agency shall specify that the analysis within that category applies to all of the rules in the report. If the analysis for a category is identical for all of the rules in an article, the agency shall specify that the analysis within that category applies to all of the rules in the article.
- ~~C.B.~~ In addition to the documents required in subsection (A), an agency shall submit one electronic copy of the cover letter. The cover letter shall provide the following information:
1. A person to contact for information regarding the report,
 2. Any rule that is not reviewed with the intention that the rule will expire under A.R.S. § 41-1056(J),
 3. Any rule that is not reviewed because the Council rescheduled the review of an article under A.R.S. § 41-1056(H), and
 4. The certification that the agency is in compliance with A.R.S. § 41-1091.
- ~~D.~~ In addition to the documents required in subsections (A) and (C), an agency shall submit one electronic copy of the following reference documents:
1. Rules being reviewed;
 2. General and specific statutes authorizing the rules, including any statute that authorizes the agency to make rules; and
 3. If an economic, small business, and consumer impact statement was prepared on the last making of a rule being reviewed, the economic, small business, and consumer impact statement for the rule.
- ~~E.C.~~ After a five-year review report is placed on a Council agenda, Council staff shall review the report for compliance with the requirements of A.R.S. § 41-1056 and this Chapter and may ask questions or suggest changes to the agency. If the agency revises any document in response to a question or suggested change, the agency shall submit one electronic copy of the revised document to the Council for review.
- ~~F.D.~~ After a five-year review report is placed on a Council agenda, an agency may have the report moved to the agenda of a later meeting by having the agency head submit one electronic copy of a written notice to Council staff that includes the date of the later meeting. If the agency makes a subsequent request to have a five-year review report moved, the Chair may grant or deny the request at the Chair's discretion.
- ~~G.~~ A person may submit written comments to the Council. The Council may also permit testimony at a Council meeting.

R1-6-302. Rescheduling a Five-year Review Report

- A. To request that a five-year review report be rescheduled under A.R.S. § 41-1056(H), an agency head shall submit one electronic copy of a letter to the Chair before the report is due that includes the following information:
1. The title, chapter, and article of the rules for which rescheduling is sought;
 2. Whether the rules were initially made or substantially revised with an effective date or date of Council approval that is within two years before the due date of the report; and
 - a. If substantially revised:
 - i. A description of the revisions,
 - ii. Why the revisions are believed to be substantial,
 - iii. The date of Council approval of the rules, if applicable, and
 - iv. The date on which the rules were published in the *Register* by the Office of the Secretary of State and the effective date of the rules; or
 - b. If initially made:
 - i. The date of Council approval of the rules, if applicable, and
 - ii. The date on which the rules were published in the *Register* by the Office of the Secretary of State and the effective date of the rules.
- B. The Chair, in the Chair's discretion, may grant the rescheduling of a five-year review report for the rules within an article that meet the requirements of this Section.
- C. The Chair may, on the Chair's own initiative, reschedule a five-year review report if all rules within an article meet the requirements of this Section.



R1-6-303. Extension of the Due Date for a Five-year Review Report

- A. An agency may obtain an extension of 120 days to submit a five-year review report by ~~filing~~ submitting one electronic copy of a written notice of extension ~~with~~ to the Council office before the due date of the report. The agency shall specify in the notice the reason for the extension.
- B. An agency may, as an alternative, request a longer extension that is more than 120 days but does not exceed one year by ~~sending~~ submitting one electronic copy of a written request to the Chair at least 40 days prior to the due date of the report. The agency shall specify the length of the requested extension and the reason for the requested extension.
 - 1. A request for an extension that is more than 120 days but does not exceed one year shall be placed on the agenda of a Council meeting scheduled to occur prior to the due date of the report.
 - 2. The Council shall consider the reason for the requested extension and may grant a request for an extension that is more than 120 days but does not exceed one year.

ARTICLE 4. APPEALS AND PETITIONS

R1-6-401. Applicability

For purposes of this article, the term “petition or appeal” refers to the following:

- 1. The A.R.S. § 41-1008(G) Petition for an alternative expiration date for fees established or increased by exempt rulemaking;
- 2. The A.R.S. § 41-1033(B) Appeal of an agency’s decision on a petition requesting the making of a final rule or a review of an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule;
- 3. The A.R.S. § 41-1033(C) Petition to request a review of a final rule based on a person’s belief that a final rule does not meet the requirements prescribed in A.R.S. § 41-1030;
- 4. The A.R.S. § 41-1033(D) Petition to request a review of an existing agency practice, substantive policy statement, final rule, or regulatory licensing requirement that is not specifically authorized by statute pursuant to Title 32 based on the person’s belief that the existing agency practice, substantive policy statement, final rule or regulatory licensing requirement is unduly burdensome or is not demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern;
- 5. Pursuant to A.R.S. § ~~41-1033(D)~~ 41-1033(E), the Council’s receipt of information indicating that an existing agency practice or substantive policy statement may constitute a rule or that a final rule does not meet the requirements prescribed in A.R.S. § 41-1030;
- ~~5-6.~~ The A.R.S. § 41-1052(B) Early Review Petition;
- ~~6-7.~~ The A.R.S. § 41-1055(E) Petition for a determination that an agency is not required to file an economic, small business, and consumer impact statement;
- ~~7-8.~~ The A.R.S. § 41-1056(M) Petition to require an agency that has an obsolete rule to consider including the rule in a five-year review report with a recommendation for repeal of the rule;
- ~~8-9.~~ The A.R.S. § 41-1056(N) Petition to require an agency to consider including a recommendation for reducing a licensing time frame in a five-year review report;
- ~~9-10.~~ The A.R.S. § 41-1056.01(D) Appeal related to the economic, small business, and consumer impact of a rule; and
- ~~10-11.~~ The A.R.S. § 41-1081(F) Appeal of a delegation agreement.



NOTICES OF FINAL RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Final Rulemaking. Final rules have been through the regular rulemaking process as defined in the Administrative Procedures Act. These rules were either approved by the Governor’s Regulatory Review Council or the Attorney General’s Office. Certificates of Approval are on file with the Office.

The final published notice includes a preamble and

text of the rules as filed by the agency. Economic Impact Statements are not published.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the final rules should be addressed to the agency that promulgated them. Refer to Item #5 to contact the person charged with the rulemaking. The codified version of these rules will be published in the Arizona Administrative Code.

**NOTICE OF FINAL RULEMAKING
TITLE 6. ECONOMIC SECURITY
CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY
DEVELOPMENTAL DISABILITIES**

[R18-129]

PREAMBLE

- | <u>1. Article, Part or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|---------------------------------|
| Article 3 | Amend |
| R6-6-301 | Re-number |
| R6-6-301 | New Section |
| R6-6-302 | Re-number |
| R6-6-302 | Amend |
| R6-6-303 | Repeal |
| R6-6-303 | Re-number |
| R6-6-303 | Amend |
| R6-6-304 | New Section |
| R6-6-305 | New Section |
| R6-6-306 | New Section |
| R6-6-307 | New Section |
| R6-6-308 | New Section |
| R6-6-309 | New Section |
| Article 5 | Repeal |
| R6-5-501 | Repeal |
| R6-6-502 | Repeal |
| R6-6-503 | Repeal |
| R6-6-504 | Repeal |
| R6-6-505 | Repeal |
- 2. Citations to the agency’s statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**
 Authorizing statute: A.R.S. §§ 36-554 and 41-1954(A)(3)
 Implementing statute: A.R.S. § 36-552
- 3. The effective date of the rule:**
 August 24, 2018
- a. If the agency selected a date earlier than the 60 day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason or reasons the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
 Not applicable
- b. If the agency selected a date later than the 60 day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason or reasons the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**
 Not applicable
- 4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**
 Notice of Rulemaking Docket Opening: 23 A.A.R. 3167, November 10, 2017
 Notice of Proposed Rulemaking: 23 A.A.R. 3159, November 10, 2017



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

Name: Christian J. Eide
 Address: Department of Economic Security
 P.O. Box 6123, Mail Drop 1292
 Phoenix, AZ 85005
 or
 Department of Economic Security
 1789 W. Jefferson, Mail Drop 1292
 Phoenix, AZ 85007
 Telephone: (602) 542-9199
 Fax: (602) 542-6000
 E-mail: ceide@azdes.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:

Article 3 contains rules on Eligibility for the Division of Developmental Disabilities, including provisions regarding Eligibility for Services, Guidelines for Determining Developmental Disabilities, and Eligibility Review. Article 5 contains rules on Admission/Redetermination/Termination including provisions regarding Admission, Emergency Admission to Services, Redetermination, Termination of Services, and Continuation of Services.

The Department last amended this Article in 1993. A Five-Year-Review Report on Chapter 6 was approved by the Governor's Regulatory Review Council on December 1, 2015. The purpose of this rulemaking is to add, amend, and repeal rules to conform to current Department practices, and to make the rules more clear, concise, and understandable.

- The Department is adding a new Definitions section to help in understanding the terms used within the Article.
- The Department is changing section heading of the Eligibility for Services section to Eligibility for Program and amending this section to conform to the Department's current procedure to determine eligibility.
- The Department is changing section heading of the Guidelines for Determining Developmental Disabilities section to Requirements for Determining Developmental Disabilities and amending this section to conform to current Department practices.
- The Department is repealing Eligibility Review section. This section was moved to subsection G in Eligibility for Program section because determinations for review are within the purview of eligibility.
- The Department is repealing all of Article 5, but sections 501 through 504 within Article 5 will be added to Article 3 as new sections with changes that align with current Department practices.
- The Department is adding the following additional new sections to provide more comprehensive information relevant to current requirements: Eligibility under Arizona Long-Term Care System, Admission to Program, Emergency Services, Eligibility Redeterminations for the Program, Member Responsibilities, and Termination of Eligibility for the Program.
- The Department is repealing Continuation of Services section in Article 5 because it does not reflect current Department practice.

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:

The Department did not review or rely on any study relevant to the rules.

8. 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

9. The summary of the economic, small business, and consumer impact:

The economic impact of the rulemaking is expected to be minimal (less than \$1,000) for all persons involved in the rulemaking and application processes.

Consumers: The persons directly impacted by this rulemaking are individuals who are applicants to the Division of Developmental Disabilities (Division) and other responsible persons who voluntarily seek services through the Division. The rulemaking does not impose any obligation on the individual or responsible person to accept or participate in services without informed consent. Consumers who apply to the Division will benefit from a clear and updated eligibility and admission process.

Small Business: There are no negative impacts on small businesses.

The Department and members of the public will benefit from the revision of Article 3 because the proposed rulemaking will make the eligibility and admission process for the program more clear, concise, and understandable.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

- Added "under the age of six years" to the lead-in sentence of R6-6-302(G).
- Added "For a child under the age of six years," added "licensed" in front of physician, added "licensed psychologist," and removed striking from "informed clinical opinion" in R6-6-302(G)(3).
- Added "ii. Relevant comments in medical or behavioral records" in R6-6-303(C)(5)(c).
- Minor grammatical changes were also made.



The Department does not believe these are substantive changes under A.R.S. § 41-1025.

11. An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

	COMMENT FROM COMMENTOR	DEPARTMENT RESPONSE
<p>1.</p>	<p>Robin Blitz, MD</p> <p>A. 1. I applaud and support the division's proposal to add “pediatricians specially trained in the diagnosis of autism” as eligible to be able to make a DDD acceptable diagnosis of autism. - I would like to propose that DDD also recognize specially trained Developmental Pediatric Certified Nurse Practitioners as well. The Society of Developmental-Behavioral Pediatrics recognizes these specially trained and certified nurse practitioners and is, in fact, working towards a sub-board certification for NPs in this area.</p> <p>A. 4. I am concerned about the eligibility for a diagnosis of Cognitive / Intellectual disability. It states that only licensed psychologists can make this diagnosis. Many school psychologists are not licensed and they are most often the professionals who test children and make the majority of this diagnosis. School psychologists are required to test children for intellectual disability at no cost to parents. If DES requires that only licenses psychologists make this diagnosis, then many children, whose parents may not be able to afford to pay a licensed psychologist to confirm the school psychologist's diagnosis, would not be eligible for DDD services.</p> <p>Also, many children may get a psychiatric diagnosis prior to testing by a psychologist for Intellectual disability. Some of these children may get a diagnosis of ADHD for instance before psychoeducational testing is done. In schools, the school psychologist usually does not test the child for ID until that child is 6 or 7 years old. The child may have had an earlier diagnosis of ADHD, anxiety disorder, disruptive behavior disorder, oppositional defiant disorder, or others. The mental health diagnosis may, in fact, not be correct, as a child with ID may appear oppositional, for instance, when in fact the child cannot comply due to his / her ID. I do not agree with this eligibility criteria that the dx of ID has to come first prior to a co-existing or incorrect mental health diagnosis.</p>	<p>The Department declines to include Nurse Practitioners. Only one state permits Nurse Practitioners to make this diagnosis. The Department explored adopting this approach and has determined that it is impractical to implement at this time as there is no public registry of individuals with a qualifying specialty or sub-specialty. The Department may revisit this issue when there is more specific certification and training developed for Nurse Practitioners.</p> <p>The scope of a school psychologist is different from a licensed psychologist. The purpose of educational evaluations is for academic placement and accommodations, and is not diagnostic in nature. The special education category of intellectual disability is not necessarily equivalent to a diagnosis of DSM-5 Intellectual Disability.</p>
<p>2.</p>	<p>Terry Matteo, PhD. Clinical Child Psychologist</p> <p>The issue has to do with the department's proposed requirement to make ineligible any individual who has a dual diagnosis (both a Mental Health Disorder and a Developmental Disorder) if the presence of a developmental disorder cannot be proven to be present before the mental health disorder diagnosis.</p> <p><u>see: R6-303 4b: To be eligible for the program, in the presence of co-existing mental illness, an individual's cognitive/intellectual disability shall precede the onset of the mental illness.</u></p> <p>Timing of a diagnosis is problematic in many ways, particularly when autism overlaps with many mental health disorders (ADHD, Anxiety, OCD) and could possibly be missed all together or misdiagnosed as ADHD in young male children with well-developed language. With Intellectual Disabilities - it is inappropriate to diagnose an intellectual/cognitive disability before 5 or 6 years old; so it would be impossible to prove that an intellectual disability was present if an mental health disorder became apparent in a 5 or 6 year old (e.g., ADHD, anxiety, bipolar, etc).</p> <p>I would suggest that the department not make timing of a diagnosis a factor in an eligibility determination when there is the presence of co-existing mental illness - if an individual meets criteria for an intellectual disability (or autism) at any age... that in itself should be the qualifying factor (because timing of diagnosis is dependent on external factors - the systems of care making the diagnosis, the tools available for younger children, and the fact that intelligence does not become stable until children are in elementary school). (as well as the issues raised above with autism overlapping with several mental illnesses and may be missed in early childhood).</p>	<p>It is the Department’s intent to identify individuals who are eligible based on their standardized intellectual and adaptive testing and exclude from eligibility individuals whose intellectual disability is not developmental in nature and may be a consequence of mental illness.</p>



3.	<p>Nilam P Khurana, MD FAAP</p> <p>I would like to send my support for the proposed changes allowing Pediatricians with specific training to diagnose Autism Spectrum Disorder for DDD.</p> <p>We have an obscenely low number of providers that can diagnose Autism Spectrum Disorder in this state. Additionally, patients covered by AHCCCS have an even lower number of options for providers.</p> <p>I was privileged to be trained by Dr Robin Blitz when she began training general pediatricians to appropriately diagnose and treat patients with Autism. Since then, I have been able to provide this expanded service to my patients starting at a young age. And this in turn has proven to improve their outcome significantly. Many of these children are entering Early Intervention Programs, school programs with their local school district and getting services through DDD And ALTCS. And many kids have been progressing so well early on, that they are graduating out of service needs due to early access to care.</p> <p>This being said, despite the training provided by Dr Blitz's endless hours of effort, our diagnoses have been incomplete without her having to put more hours in, simply to re-evaluate each patient. Again, she is doing this during her non patient hours as a service to our community. Once we have diagnosed a patient in the manner in which she has trained us, she has to see every patient again in order to receive DDD approval. Then all of these patients have been able to get approval through DDD. Eliminating this inefficient waste of resources will improve access to more patients, reduce unnecessary medical spending and allow further early access to care.</p> <p>I whole heartedly support DDD approval in allowing specially trained pediatricians to diagnose Autism Spectrum Disorder.</p> <p>I appreciate all of your time and effort in helping us make this change to help our children have early access to care.</p>	The Department appreciates the comment.
4.	<p>Jasmin Payes Healing Hearts</p> <p>hello my name is jasmin Payes im emailing you regarding the amedment that is trying to be passed regarding approvign DDD allowing pediatricians to diagnos autism. I agree. I think it should be passed. It will benefit the patients. help them get the need and assistance much quick. it will be one less step to take. and parents really confy in our pediatricians here at healing hearts. my vote is yess!</p>	The Department appreciates the comment.
5.	<p>Ashley E. Fitton</p> <p>yes, I want to approve. It will help our autism patients with getting dx faster and not given the run around. making it easier for them and their families. one less step to go through.</p>	The Department appreciates the comment.
6.	<p>Nimisha Sciascia (Patel)</p> <p>I would like to support the state's proposal in expanding the approved clinicians that can diagnose Autism for DDD.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be approved to diagnose. This will continue to improve the concept of a patient centered medical home and increase availability of resources for our children.</p>	The Department appreciates the comment.
7.	<p>Cristian Flores Torres, MA Healing Hearts Pediatrics</p> <p>Hello Anthony my name is Cristian F. im a MA at Healing Hearts Pediatrics. I think that is a great idea to let pediatricians to dx Autism. In my personal belief its much easier for parents and patients if their pediatrician is able to do this. For this reason parents don't have to be in a waiting list for any therapy that is needed. Also more information and resources will be more availbe for parents. I have worked with Autism patients one on one in motor skills ect... I belief if more information is available and being able to diagnose at early age it will make a difference. Thank you for your time.</p>	The Department appreciates the comment.



<p>8.</p>	<p>Elizabeth Collett</p> <p>Hello, my name is Elizabeth Collett. My pediatrician told me about this effort to allow pediatricians to diagnose autism and I would like to voice my support.</p> <p>My pediatrician, Dr. Nilam Khurana, was able to recognize the signs of autism in my son when he was only 15 months old. I am a first time mom with no knowledge or experience of typical development, and had she not referred us for early intervention, my son would not be the high functioning four-year-old he is.</p> <p>We were fortunate to have all the pieces fall perfectly into place and my son was diagnosed and getting therapies just before he turned 2. From what I have heard, this is not the case for many parents. My son is currently in the special ed pre-school and thriving, but I've heard from two other parents about the headache they are going through, just trying to find a doctor to see so they can get an appointment to get their child evaluated.</p> <p>I find that Dr. Khurana has been a great resource, particularly because she has a complete medical and developmental picture of my son. For instance, when she asked about my son's sleep habits, she immediately knew to check his iron levels, because kids with autism are notoriously picky eaters. Sure enough, his iron levels were low, and now he takes an iron supplement and sleeps great. It's wonderful to have one doctor who has that complete picture.</p> <p>I apologize for sending such a long email, but I do hope you will see the advantages that can be had with allowing these trained professionals to help reach more families and more children.</p>	<p>The Department appreciates the comment.</p>
<p>9.</p>	<p>Stuart Goodman Arizona State Association of Physician Assistants</p> <p>On behalf of the Arizona State Association of Physician Assistants (ASAPA), I am submitting comments in reference to the proposed rule, R17-219, specifically relating to the provisions pertaining to licensed clinicians determining eligibility for the Division of Developmental Disabilities.</p> <p>As you are aware, the proposed amended Section R6-6-303.A references the clinicians that shall make the possible diagnoses (autism, cerebral palsy, epilepsy, and cognitive/intellectual disability) accepted for eligibility determination - physician assistants (PAs) have not been identified as one of those clinicians. Accordingly, ASAPA would like to officially express our interests in having PAs explicitly included as a clinician qualified to make the diagnosis for conditions accepted for eligibility determination, provided that the ability to make such diagnoses falls within the individual PA's scope of practice.</p> <p>PAs practice medicine in every medical and surgical specialty and setting, including psychiatry, neurology, rehabilitation medicine and pediatrics. PAs manage the full scope of patient care including, but not limited to, diagnosing and treating illnesses, ordering and interpreting tests, coordinating care, counseling on preventive healthcare, and prescribing medication. PAs practice medicine collaboratively in teams with physicians and other healthcare professionals, and each PA's scope of practice is determined by their education and experience, state law, employer and facility policies and the needs of the patients at the practice. PAs function as leaders of teams in patient-centered medical homes. It is common for PAs to serve as the lead on care coordination teams seeing patients in all settings without a physician present. PAs were identified, along with physicians and nurse practitioners, as one of the primary care medical providers identified in the Affordable Care Act. Additionally, in many rural and underserved areas, a PA may be the only provider, with PA-physician collaboration, for hundreds of miles. For all of the above reasons it is vital that PAs be included in the proposed rules addressing the clinicians that make diagnoses that determine eligibility.</p> <p>Based on the above, ASAPA is concerned that, by not explicitly including PAs as one of the clinicians that can make diagnoses that determine eligibility, there may be unnecessary barriers encountered by otherwise eligible individuals.</p>	<p>The Department declines to include Physician Assistants. Physician Assistants practice under the license of a physician and are not independent practitioners. Only independent licensed professionals can diagnose for the purpose of Department eligibility.</p>



	<p>Stuart Goodman (continued)</p> <p>If it is determined that the PA's diagnosis is not accepted in determining eligibility this will result in increased cost and time on the part of the patient and their family as they seek re-evaluation by another provider. In medically underserved areas, this may be a significant burden if the patient should travel large distances to receive specialty care. Additionally, there are PA primary care providers that are competent in and qualified for making the diagnoses that are utilized for eligibility determination. The absence of PA inclusion in the proposed rules may inadvertently result in patients having to establish care with a new provider in order to receive their diagnosis from a clinician identified in the rules. This results in inefficient healthcare that is not cost-effective.</p> <p>ASAPA would also like to acknowledge that persons with developmental disabilities are often medically underserved within the healthcare system. For reasons out of their own control, they may experience multiple barriers to accessing healthcare - there is a lack of providers skilled and comfortable in treating patients with developmental disabilities, there may be transportation challenges in accessing medical facilities, and the patient may have difficulty connecting with and trusting medical providers. The rules regarding who can make a diagnosis that determines eligibility should not negatively impact this already vulnerable population that already encounters far too many barriers when seeking medical care.</p> <p>As the definitive and authoritative representative for PAs in Arizona, ASAPA is committed to not only supporting PA practice in Arizona, but also advocating for the delivery of quality healthcare services within the state of Arizona. Including PAs in the proposed rules regarding developmental disabilities is a positive move toward implementing rules that will not impede with high-value, highly accessible, cost-effective, and efficient healthcare for some of our most vulnerable Arizonans. If you require any further information or additional clarification, please do not hesitate to contact me. Thank you, in advance, for your consideration.</p>	
<p>10.</p>	<p>Dr. Hixon Former DDD clinical director</p> <p>I fully agree with Dr. Matteo's position on this important matter.</p>	<p>Please see the Department's response to Comment 2.</p>
<p>11.</p>	<p>Nila Pittam</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>12.</p>	<p>Robert L. P. Klaehn, M.D. Board Certified in Adult and Child Psychiatry; Distinguished Fellow, American Academy of Child and Adolescent Psychiatry; Formerly, Medical Director, Arizona Division of Developmental Disabilities</p> <p>R6-6-309. Termination of Eligibility for the Program A. Pursuant to A.R.S. § 36-566(A) and (B), the Department may terminate eligibility following a 35-day written notice to the member or the responsible person when: 1. The Department determines that the member no longer meets the conditions of eligibility for services; 2. <i>The member reaches the age of 18, unless an application for eligibility has been filed with the Department;</i> or 3. The member fails to comply with R6-6-308. B. The 35-day written notice shall include the proposed termination date and information regarding the opportunity for administrative review under Article 18 of this Chapter. C. The Department shall terminate the member's eligibility for the program when the member or responsible person provides a written request for withdrawal from the program.</p> <p>The change from re-determination to re-application at age 18 will be a major inconvenience for families. I do not believe that this change serves the adolescents with Developmental Disabilities and their families. It will also create a huge administrative burden for the Division if everyone must re-apply at age 18. I would strongly recommend restoring the previous wording requiring a re-determination of eligibility at age 18. If termination of eligibility at 18 was not intended, then the italicized wording above is very misleading.</p>	<p>The re-application process permits the member to choose to continue with services after the member reaches the age of 18. This is current practice and does not reflect any change. The Department will maintain the term "re-determination" in the rule.</p>



<p>13.</p>	<p>Christopher Nicholls, PhD., ABPP, ADPdN Board Certified Clinical/Neuropsychologist, The Nicholls Group</p> <p>In reviewing the above information I have noticed the following statement:</p> <p>A.4b: “To be eligible for the program, in the presence of co-existing mental illness, an individual’s cognitive/intellectual disability shall precede the onset of the mental illness”</p> <p>I would like to point out that this condition presumes an order effect that may not be present. The Diagnostic Manual - Intellectual Disability 2 specifically states that there exists a complex 1 relationship between Intellectual Disability (ID) and such considerations as severe psychosocial deprivation, severe and persistent psychiatric diagnoses, progressive neurodevelopmental disorder, epilepsy and extensive brain damage. In other words, ID may result from these conditions and not precede them. Publishing the referenced guidelines would therefore be inconsistent with scientific knowledge, and would place individuals and families in a position of conflict between research-driven findings and political decision-making.</p> <p>It is my strong recommendation that the Department of Economic Security adhere to the definitions of ID promulgated by the World Health Organization, 2 The American Association of Intellectual and Developmental Disabilities,3 and the American Psychiatric Association,4 all of whom state that intellectual disability is a disorder with onset during the developmental period, but does not require that it precedes other conditions. Indeed, the DSM5 specifically states that “When intellectual disability results from a loss of previously acquired cognitive skills...” (p.38); indicating that ID can result from other other conditions and may not precede these conditions.</p> <p>Thank you for your attention to my request/comment. If I might provide additional information please do not hesitate to contact me.</p>	<p>It is the Department’s intent to identify individuals who are eligible based on their standardized intellectual and adaptive testing and exclude from eligibility individuals whose intellectual disability is not developmental in nature and may be a consequence of mental illness. In cases of severe psychosocial deprivation, progressive neurodevelopmental disorder, and extensive brain damage, the Department will consider eligibility dependent on standardized intellectual and adaptive testing prior to the age of 18. Epilepsy may be a separate eligibility category of developmental disability.</p>
<p>14.</p>	<p>Clifford Gross, MD FAAP Pediatrician, Mountain Park Health Center – Maryvale Clinic</p> <p>As a participant in Dr. Robin Blitz’s Early Access to Care – Arizona program, I am very happy that DDD is considering a statute change to allow pediatricians such as myself with special training in autism to be able to make this diagnosis for state DDD services. Every single person who participated in EAC-AZ did so due to their desire to provide better services in Arizona to these children and their families. This will make things so much better for so many families in our state! My colleagues and I have spent a lot of personal time, outside of our busy work schedules, learning about autism and working on this very important program so we can better serve our patients with autism and developmental disabilities. The need for diagnosis and medical home care for children with autism is tremendous, and I am grateful to have the support of DDD in recognizing this effort to better serve those who need it!</p> <p>Sincerely, Clifford Gross, MD FAAP Early Access to Care – Arizona trained pediatrician with expertise in autism</p>	<p>The Department appreciates the comment.</p>
<p>15.</p>	<p>Sydney Rice, MD, MS Developmental Pediatrics; Associate Professor of Pediatrics; Director, University of Arizona LEND</p> <p>I am a developmental pediatrician at Banner/UA in Tucson.</p> <p>I would like to submit my comments on proposed rule changes for Title 6, DES Chapter 6:</p> <p>A. 1. I propose that pediatric nurse practitioners who are specially trained also be allowed to diagnose children with autism. This is in concert with the national trend in the American Academy of Pediatrics where the expertise of these practitioners who focus only on autism is recognized. I would prefer a diagnosis from a specially trained developmental nurse practitioner over most pediatricians because these nurse practitioners see children with autism every day.</p>	<p>The Department declines to include Nurse Practitioners. Only one state permits Nurse Practitioners to make this diagnosis. The Department explored adopting this approach and has determined that it is impractical to implement at this time as there is no public registry of individuals with a qualifying specialty or sub-specialty. The Department may revisit this issue when there is more specific certification and training developed for Nurse Practitioners.</p>



	<p>Sydney Rice, MD, MS (continued)</p> <p>A. 4.a. Does “licensed psychologist” include a school psychologist? In section C. 1.b and c., the information in an IEP is taken into consideration for functional limitations. I suggest that we also use the school psychologist diagnostic evaluation for admission into the DDD system. Many families struggle to pay for a clinical psychological evaluation because most insurance companies see this as under the purview of the educational system.</p> <p>A. 4.b. Children with intellectual disability frequently don’t get a full diagnosis of intellectual disability until about second grade. Before that, they often have a “developmental delay” diagnosis. If they receive an ADHD or anxiety diagnosis at 5 years and then ID diagnosis at age 7 years, are they disqualified from DDD? Many psychiatric conditions are co-morbid with intellectual disability and having a psychiatric diagnosis should not preclude these individuals from receiving DDD services. I would completely remove restriction regarding psychiatric illness for this diagnosis.</p> <p>Thank you for considering these comments.</p>	<p>The scope of a school psychologist is different from a licensed psychologist. The purpose of educational evaluations is for academic placement and accommodations, and is not diagnostic in nature. The special education category of intellectual disability is not necessarily equivalent to a diagnosis of DSM-5 Intellectual Disability.</p> <p>This person would still be eligible for Division services having met the Division’s requirements. The diagnosis of intellectual disability does not have to be made prior to the age of 18, however, there must be standardized testing of intellectual and adaptive behavior prior to age 18 that is consistent with a diagnosis of intellectual disability.</p>
<p>16.</p>	<p>Shannon Cosner Northland Rural Therapy Associates</p> <p>I think allowing pediatricians to diagnosis Autistic clients would be very beneficial especially for the rural communities in Arizona that do not have developmental pediatricians.</p>	<p>The Department appreciates the comment.</p>
<p>17.</p>	<p>Philip Barry, PhD., ABN Licensed Psychologist, Southern Desert Medical Center</p> <p>I am writing as a licensed psychologist and board-certified neuropsychologist to express my concern for the proposed rule change of <i>R6-6-303 Requirements for determining developmental disabilities</i></p> <p><i>A. 4. Cognitive/Intellectual Disability</i> <i>b. To be eligible for the program, in the presence of co-existing mental illness, an individual’s cognitive/intellectual disability shall precede the onset of the mental illness.</i></p> <p>This wording suggests to me that a child who has been evaluated, diagnosed and/or treated for mental illness, from Attention-Deficit Hyperactivity Disorder to Bipolar Disorder, at any point in his/her life, and subsequently acquires significant cognitive impairment, e.g., from traumatic brain injury or meningitis, that otherwise would qualify him/her for services through the developmental disabilities program, would now be ineligible for DD services.</p> <p>I believe this decision would be harmful to the child and deprive him/her of the specialized services available to disabled children through DES-DD. I strongly recommend that this clause not be changed, and that children in need of DD services because of qualifying cognitive/ intellectual disabilities continue to have access to DES-DD services.</p>	<p>As long as the diagnosis occurs prior to the age of 18, the child would be eligible. The Division will clarify this language. “To be eligible for the program, in the presence of co-existing mental illness, an individual’s cognitive/intellectual disability shall not be the result of the onset of mental illness”</p>
<p>18.</p>	<p>Yesenia Castellano</p> <p>I would like to support the State’s Proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>19.</p>	<p>Bohdan (“Bo”) N. Hrecznyj, MD Children’s Medical Director, Health Choice Integrated Care, LLC</p> <p>As a board certified and fellowship trained Child and Adolescent Psychiatrist with specialty training in ASD, I would like to take this opportunity to comment on the upcoming proposed rulemaking in reference to the Department of Developmental Disabilities’ eligibility requirements regarding Autism Spectrum Disorders.</p> <p>As such, I strongly believe that the eligibility determination should be a two tiered approach.</p>	<p>The Department does not endorse any particular method of testing for the purpose of diagnosing Autism Spectrum Disorders. However, the diagnostic evaluation must be comprehensive as defined by the Department’s policies.</p>



<p>19.</p>	<p>Bohdan ('Bo') N. Hrecznyj, MD (continued)</p> <p><u>Two-Stage Approach to Developmentally Appropriate Evaluations:</u></p> <p>In the first stage of assessment, a pediatrician screens for developmental delays and autism with the use of specific screening checklists including the CHAT (and M-CHAT for toddlers), the STAT for two year olds, and the SCQ for children four years of age and older. For identifying school age children with high functioning autism, the ASSQ, A.S.A.S. and CAST screening tools may be used. The Pediatrician, a Pediatric Nurse Practitioner or Physician Assistant will usually order a lead level, genetic testing, and a hearing test. It is especially important that at this stage DDD considers eligibility so that services can be initiated as soon as possible. Evidence suggests that early interventions produce better outcomes.</p> <p>In the second stage of assessment, a more comprehensive analysis determines the level of functioning. This stage of assessment typically includes a multi-disciplinary team of clinicians and includes a neurological assessment along with cognitive and language testing. The tests usually include the ADI-R, ADOS-G, and CARS. Information from the second stage of assessment would then be used in the second level of DDD determination of eligibility for services.</p> <p>Individuals on the autism spectrum may come for evaluations at any age. General Psychiatrists, Psychiatric Nurse Practitioners, and Physician Assistants with specialty training in ASD are qualified to diagnose ASD. This would be the first stage of assessment for adults. Additional functional assessments would then trigger a second level of determination for the intensity and extent of services needed.</p>	
<p>20.</p>	<p>Teresa Bertsch, MD Chief Medical Officer, Health Choice Integrated Care, LLC</p> <p>As the Chief Medical Officer of HCIC, the Regional Behavioral Health Authority for northern Arizona, since 1992 and as a Board Certified Psychiatrist, I would like to recommend the following changes to R6-6-303 Requirements for Determining Developmental Disabilities.</p> <p>Section A.1:</p> <ul style="list-style-type: none"> •I agree with expanding to allow the diagnosis to be completed by a neurologist and developmental pediatrician. •I disagree that a developmental pediatrician needs to be qualified as having "expertise in diagnosing autism" as that is part of the developmental pediatrician's training. •I think a psychiatric nurse practitioner who either has "expertise in diagnosing autism" or has "completed specialized training approved by the Department" or has "advanced training as part of their Nursing Scope of Practice" should be allowed to diagnose autism for DD. PNPs can receive additional training as part of their child training. HCIC has PNPs with advance training in children's disorders as part of their Nursing Scope of Practice and who specialize in seeing children. In addition, many psychiatric nurse practitioners are now getting their PhDs, which makes them have more advanced training than psychologists, neurologists and pediatricians in diagnosing autism if their focus has been on children. <p>Section C.1.c</p> <ul style="list-style-type: none"> •Include relevant comments in a "psychiatric" evaluation as psychological and psychoeducational evaluations may only have been available if an individual attended school. <p>Section C.2.a</p> <ul style="list-style-type: none"> •Include relevant comments in a "psychiatric" evaluation as psychological and psychoeducational evaluations may only have been available if an individual attended school. <p>Section C.5, c.ii</p> <ul style="list-style-type: none"> •Include relevant comments in a "psychiatric" evaluation as psychological and psychoeducational evaluations may only have been available if an individual attended school. Section C.6, c.i •Include relevant comments in a "psychiatric" evaluation as psychological and psychoeducational evaluations may only have been available if an individual attended school. 	<p>Already in Department policies and now included in the rule.</p> <p>The expertise in diagnosing autism refers to any of the licensed practitioners diagnosing for the purpose of DD eligibility.</p> <p>The Department declines to include Nurse Practitioners. Only one state permits Nurse Practitioners to make this diagnosis. The Department explored adopting this approach and has determined that it is impractical to implement at this time as there is no public registry of individuals with a qualifying specialty or sub-specialty. The Department may revisit this issue when there is more specific certification and training developed for Nurse Practitioners.</p> <p>Psychiatric is included under C(1)(A).</p> <p>Psychiatric evaluations do not typically include testing of receptive and expressive language.</p> <p>The Department will add subsection (ii). medical or behavioral records.</p> <p>Psycho-educational evaluations are accepted as the majority of children attend school. Also acceptable are psychological evaluations, which would be conducted outside of the school setting.</p>



	<p>Teresa Bertsch, MD (continued)</p> <p>Other areas where there has been significant difficulty with DD determination, is that many people think that the DDD rules determine who can make an autism diagnosis in the state for any type of service, not DD eligibility. I propose you change [IN RED CAPS] this header to:</p> <ul style="list-style-type: none"> •R6-6-303 Requirements for Determining DIVISION ELIGIBILITY FOR Developmental Disabilities <p>Another area of difficulty is there does not seem to be a standard time within which DDD makes a decision. This makes it difficult on families and providers. The RHBA's have to refer to a person for an SMI Eligibility Determination within 7 days of identification/request and the state's contractor for SMI Determinations has to make the decision within 3 days. DDD doesn't collect its own information so a complete packet should be available to the reviewer.</p> <ul style="list-style-type: none"> •I suggest the time to make a decision be 30 days. 	<p>The Division proposes title change to "Requirements for determining eligibility for the Division of Developmental Disabilities".</p> <p>The Division agrees that a time-line for eligibility determination is needed and will address this in Division policy.</p>
<p>21.</p>	<p>Sara Gibson, MD Psychiatrist, Medical Director, Little Colorado Behavioral Health Centers</p> <p>Thank you for the opportunity to comment on the Proposed DDD Rulemaking.</p> <p>I propose that the authority to diagnose Autism be expanded to Nurse Practitioners and to Pediatricians who have completed specialty training approved by the department. Psychiatric Nurse Practitioners practice independently in Arizona and are providing excellent care, covering rural areas that are traditionally underserved. They are better trained in psychiatric care than general physicians. Pediatricians are technically able to provide the Autism diagnosis but are often denied as they are not Developmental Pediatricians.</p> <p>In rural Arizona, we have a severe and acute shortage of both Psychiatrists and Developmental Pediatricians, resulting in a delay in diagnosis and service provision to those with Autism and their families, a highly vulnerable population.</p> <p>In addition, the required "Functional limitations" I find quite difficult to apply to children, especially the very young who are the most likely to benefit from early diagnosis and treatment. Re-defining functional limitations with young children in mind would benefit those who need this determination the most.</p>	<p>The Department declines to include Nurse Practitioners. Only one state permits Nurse Practitioners to make this diagnosis. The Department explored adopting this approach and has determined that it is impractical to implement at this time as there is no public registry of individuals with a qualifying specialty or sub-specialty. The Department may revisit this issue when there is more specific certification and training developed for Nurse Practitioners.</p>
<p>22.</p>	<p>Elizabeth Homans McKenna, MD Co-owner, Healing Hearts Pediatrics, PLC</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>23.</p>	<p>Natalie Larson, PNP</p> <p>I would like to express my support for the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>24.</p>	<p>Charles L Roller, MD Healing Hearts Pediatrics</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians. A Pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>



<p>25.</p>	<p>Mohit Khurana</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>26.</p>	<p>Ajay Amin</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>27.</p>	<p>Paco Patel</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>28.</p>	<p>Dawn Bird</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>29.</p>	<p>Richard Heck</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>30.</p>	<p>Ryan McClellan, MD PL-3 Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained Pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>31.</p>	<p>Jeanna Tapia, PA-C</p> <p>I am a physician assistant working in pediatrics. I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>



<p>32.</p>	<p>Matthew Devlin, Assistant Director Arizona Health Care Cost Containment System</p> <p>The Arizona Health Care Cost Containment System Administration (AHCCCS) serves as the State's Medicaid Agency pursuant to Title XIX of the Social Security Act and also administers a variety of health care-related programs, including KidsCare, Arizona's version of the State Children's Health Insurance Program (SCHIP) authorized by Title XXI of the Social Security Act. In addition, the AHCCCS Administration assumed responsibility for serving individuals with Serious Mental Illness effective January 2016.</p> <p>Effective July 2016, the responsibilities of ADHS/BHS for serving individuals with Serious Mental Illness were transitioned to the AHCCCS Administration. The Arizona Long Term Care (ALTCS) Program is a Title XIX program, serving approximately 60,000 members. ALTCS members are age 65 years or older, have a physical disability, or have a developmental disability and whose level of care meet criteria for care in an institutional setting. More than 50% of ALTCS eligible members are individuals with a developmental disability. As of November 2017, AHCCCS, directly or through contracts, is responsible for the provision of health care coverage for approximately 1.9 million Arizonans. Most persons who are determined eligible receive coverage through managed care organizations that contract with the AHCCCS Administration.</p> <p>AHCCCS is responsible for the provision of services to its members and for that reason submits the following comments and suggestions to the Department of Economic Security's Notice of Proposed Rulemaking affecting a number of regulations in the Arizona Administrative Code Title 6, Chapter 6, Article 3.</p> <p><u>R6-6-302</u></p> <p>Under the proposed changes to R6-6-302, in (D) it is unclear when in the Department will be making the final determination of eligibility. Since this is a clinical diagnosis it should be performed by the Medical Director.</p> <p>Additionally, in section (E) there are no specifics pertaining to why an individual's eligibility may be reviewed and what actions may result from this review. Therefore, AHCCCS recommends that additional language be added to the proposed rule to specify the circumstances when eligibility will be reviewed.</p> <p>It is also unclear that (G)(3) pertains to only children under the age of six and what credentials DDD will accept for eligibility determination of children under age six regarding "an individual trained in early childhood development," and AHCCCS requests further clarity on both of these sections of the regulation.</p> <p><u>R6-6-303</u></p> <p>Under the proposed changes to R6-6-303, section (A)(l) lists a number of provider types, all of whom will need to be licensed. However, the section currently reads as though only psychologists would need to be licensed. AHCCCS requests that the licensing requirement be moved to apply to all of the provider types. Additionally, the specific guidelines established by the American Psychiatric Association (AP A) are not referenced. Since the AP A publishes many guidelines it is requested that the specific version be incorporated by reference. AHCCCS also recommends DDD include Nurse Practitioners (NPs) who have expertise in diagnosing autism to the provider list in this section, in order to align with how the healthcare delivery system operates in Arizona. In Arizona, NPs are licensed independent practitioners, who practice within the scope of their licensure, specialty certification, training/qualifications and competencies; they are held accountable to this standard by their regulatory board.</p> <p>In section (A)(4) of R6-6-303, the APA publishes many guidelines, therefore, AHCCCS requests that the rule specify that the guidelines are the current version of the diagnostic criteria published by the APA. AHCCCS also recommends eliminating the requirement in (B). "To be eligible for the program, in the presence of co-existing mental illness, an individual's cognitive/intellectual disability shall precede the onset of the mental illness." It is estimated that individuals with intellectual disability are two to four times more likely than those in the general population to experience mental illness. Individuals with less significant cognitive impairment may be diagnosed with other conditions that frequently appear in childhood (such as Attention Deficit Hyperactivity Disorder - ADHD) prior to determining the individual has an intellectual disability. Accordingly, AHCCCS recommends eliminating the requirement that cognitive/intellectual disability precede the onset of mental illness.</p> <p>Under the proposed changes in (A)(4)(c) since eligibility is based on a clinical diagnosis, the DDD Medical Director should be making this determination.</p> <p>If you need any further information regarding these comments, please contact Nicole Fries, Office of Administrative Legal Services at (602) 417-4795.</p>	<p>R6-6-302(D): The Department makes the final determination of eligibility, it does not make clinical diagnosis.</p> <p>Statute provides the required timeframe for review. The Department believes it does not require any additional parameters in this rule.</p> <p>The Department agrees and has added language to provide further clarity. The Department has added language in (G) to address children under the age of six years.</p> <p>The Department agrees with the comment but clarification is contained within Department policy.</p> <p>The Department declines to include Nurse Practitioners. Only one state permits Nurse Practitioners to make this diagnosis. The Department explored adopting this approach and has determined that it is impractical to implement at this time as there is no public registry of individuals with a qualifying specialty or sub-specialty. The Department may revisit this issue when there is more specific certification and training developed for Nurse Practitioners.</p> <p>It is the Department's intent to identify individuals who are eligible based on their standardized intellectual and adaptive testing and exclude from eligibility individuals whose intellectual disability is a not developmental in nature and may be a consequence of mental illness.</p> <p>The Department makes the final determination of eligibility, it does not make clinical diagnosis.</p>
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<p>33.</p>	<p>Barb Deppisch</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>
<p>34.</p>	<p>Raquel Balderas, Medical Director West Yavapai Guidance Clinic</p> <p>Good morning. I agree with the DDD rule that is currently proposed because I do not think that most nurse practitioners have the adequate training in the psychiatric field to address and diagnose this population. In my experience as a medical director for over 6 years I found the most NP (nurse practitioners) or PA (Physician Assistant) are not even adequately prepared to work with adult SMI, crisis, medically complex patients and definitely not children. It takes many years to become experienced not just in diagnosis but medication management, therapy, parent guidelines, communication and social skills that these children need. I have also trained many new grads who are Nurse Practitioners and PA and I know how much support and education they need just become competent and confident with an average adult patient. The learning curve is steep and schools are "cheapening" their curriculum so that these grads are faced with high anxiety after graduation and limited experience when it comes to children. Thank you for keeping your standards high for the most vulnerable children in Arizona.</p>	<p>The Department appreciates the comment. 1</p>
<p>35.</p>	<p>Sukanya Chandra-Sharma, D.O., Child-Adolescent Psychiatrist, Desert Garden Montessori</p> <p>I would like to support the state's proposal in expanding the approved clinicians from whom DDD will accept a diagnosis of Autism to include specifically trained pediatricians.</p> <p>A pediatrician who has been specifically trained to diagnose Autism should be able to provide the needs for a child with Autism from the beginning and throughout their childhood. This ruling will support the continued effort towards a patient centered medical home and increase availability of resources for all of our children.</p>	<p>The Department appreciates the comment.</p>

12. 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:

This 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:

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:

No analysis was submitted.

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

None

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable

15. The full text of the rules follows:

**TITLE 6. ECONOMIC SECURITY
CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY
DEVELOPMENTAL DISABILITIES**



ARTICLE 3. ELIGIBILITY FOR DEVELOPMENTAL DISABILITIES SERVICES PROGRAM

- ~~R6-6-301.~~ Definitions
- ~~R6-6-301.~~~~R6-6-302.~~ Eligibility for Services Program
- ~~R6-6-302.~~~~R6-6-303.~~ Guidelines Requirements for Determining Eligibility for the Division of Developmental Disabilities
- ~~R6-6-303.~~ Eligibility Review ~~Repealed~~
- ~~R6-6-304.~~ Eligibility under Arizona Long-term Care System
- ~~R6-6-305.~~ Admission to Program
- ~~R6-6-306.~~ Emergency Services
- ~~R6-6-307.~~ Eligibility Redeterminations for the Program
- ~~R6-6-308.~~ Member Responsibilities
- ~~R6-6-309.~~ Termination of Eligibility for the Program

ARTICLE 5. ADMISSION/REDETERMINATION/TERMINATION REPEALED

- ~~R6-5-501.~~ Admission ~~Repealed~~
- ~~R6-6-502.~~ Emergency Admission to Services ~~Repealed~~
- ~~R6-6-503.~~ Redeterminations ~~Repealed~~
- ~~R6-6-504.~~ Termination of Services ~~Repealed~~
- ~~R6-6-505.~~ Continuation of Services ~~Repealed~~

ARTICLE 3. ELIGIBILITY FOR DEVELOPMENTAL DISABILITIES SERVICES PROGRAM

R6-6-301. Definitions

In addition to the definitions in Article 1 of this Chapter, the following definitions apply to this Article:

1. "ALTCs" means Arizona Long-Term Care System under the Arizona Health Care Cost Containment System (AHCCCS).
2. "Autism" means the same as in A.R.S. § 36-551.
3. "Cerebral palsy" means the same as in A.R.S. § 36-551.
4. "Cognitive disability" means a condition that involves subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior manifested before the age of eighteen and that is sometimes referred to as intellectual disability.
5. "Department" means the Arizona Department of Economic Security.
6. "Division" means the Division of Developmental Disabilities within the Department.
7. "Epilepsy" means the same as in A.R.S. § 36-551.
8. "Guardian" means the same as in A.R.S. § 36-551.
9. "Individualized education program (IEP)" means a written statement, as defined in 20 U.S.C. 1401 and 1412, for providing special education and related services to a child with a disability.
10. "Lawful Presence" means that an individual is a citizen or permanent legal resident of the United States or that the individual's presence in the United States is otherwise authorized under federal law.
11. "Member" means an individual enrolled with the Division.
12. "Personal information" means facts regarding an individual that may include:
 - a. Address.
 - b. Phone number.
 - c. Changes in physical or behavioral health status, or
 - d. Other health care insurance coverage.
13. "Planning Document" means the same as "Individual program plan" defined in A.R.S. § 36-551, and incorporates:
 - a. The Individual Support Plan (ISP), which serves the same purpose as the individual program plan, the placement evaluation, and the individualized service program plan used in A.R.S. § 36-557;
 - b. The Individual Family Service Plan (IFSP); or
 - c. The Person Centered Plan.
14. "Planning Team" means a placement evaluation team referenced in A.R.S. § 36-560(G)(1), and includes:
 - a. The member;
 - b. The responsible person, if applicable;
 - c. The Support Coordinator;
 - d. Other Department staff, as necessary; and
 - e. Any service provider selected by the member, responsible person, or the Department.
15. "Program" means the developmental disabilities program as outlined in A.R.S. § 36-558.
16. "Resident" means an individual who physically resides within the State of Arizona with the intent to remain, except in the case of minors whose residency is deemed to be the same as that of the guardian.
17. "Responsible person" means the same as in A.R.S. § 36-551.
18. "Services" means child, adult, residential, and resource services provided by the Department, as listed in A.R.S. § 36-558(C).



19. "Support Coordinator" means a "case manager" as defined in A.R.S. § 36-551.

R6-6-301-R6-6-302. Eligibility for Services Program

- A. In order to be eligible for ~~Developmental Disabilities~~ services, a person must be the program, an individual shall:
1. Demonstrate lawful presence in the United States;
 2. Be a resident of the state of Arizona; and
 3. ~~must be developmentally disabled~~ Have a developmental disability as determined in accordance with defined in A.R.S. § 36-551 and within the guidelines stated in R6-6-302; this Article; and
 4. Complete the application process.
- B. Notwithstanding the provisions of subsection (A), the requirement of state residency does not apply to federal programs ~~which that~~ are not subject to residency rules.
- C. As a condition of eligibility, applicants ~~are required to~~ shall assign rights to insurance benefits ~~in accordance with R6-6-1303~~ under this Chapter.
- D. ~~Final~~ The Department shall make the final determination of eligibility ~~will be the decision of the Division.~~
- E. The Division's Assistant Director or designee may review a member's eligibility at any time.
- ~~E.E.~~ Even though a person an individual may have at one time fully meet met the guidelines requirements contained herein in this Article, effective services interventions may later reduce substantial functional limitations to the extent that they are the individual no longer substantial meets the eligibility requirements. When, in the opinion of the Division Department, after a review pursuant to R6-6-1801 et seq. Article 18 of this Chapter, determines that it is necessary for a client member to receive continued services to maintain skills or to prevent regression, the client will member shall remain eligible for services the program.
- ~~F.G.~~ Eligibility for infants is determined The Department shall determine eligibility for children under the age of six years as follows:
1. A child under the age of six years may be eligible for ~~services~~ the program if there is a strongly demonstrated potential that the child is or will ~~become developmentally disabled~~ be diagnosed with a developmental disability as determined by developmentally appropriate tests evaluations.
 2. To be eligible for ~~Division services~~ the program, a child ~~from age 0-6~~ under the age of six years shall:
 - a. Have a diagnosis of cerebral palsy, epilepsy, autism, or ~~mental retardation~~ cognitive/intellectual disability; or
 - b. Be at risk for ~~becoming developmentally disabled~~ being diagnosed with a developmental disability based on:
 - i. ~~an An~~ An identified delay in one or more areas of development, or
 - ii. ~~if there is a~~ The likelihood that without services the child will become developmentally delayed or disabled; or be diagnosed with a developmental delay or disability.
 - c. Have demonstrated a significant developmental delay as determined in one or more areas of development as measured on a culturally appropriate and recognized developmental assessment tool. Eligibility is exclusive of cultural or environmental factors.
 - 2.3. ~~Developmental delay shall be determined by~~ For a child under the age of six years, a licensed physician, licensed psychologist, or person an individual formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools and informed clinical opinion shall determine the developmental delay or disability.
- H. To be eligible for the program, an individual, age six and older shall:
1. Have a diagnosis of cerebral palsy, epilepsy, autism, or cognitive/intellectual disability; and
 2. Have functional limitations in three or more areas of major life activities as described in R6-6-303(C).
- I. If the Department determines an individual to be ineligible for the program, the Department shall send the applicant a written notice of ineligibility by registered mail with return receipt requested. The notice shall include information regarding the opportunity for administrative review.

R6-6-302-R6-6-303. Guidelines Requirements for Determining Eligibility for the Division of Developmental Disabilities

- A. For the purpose of eligibility determination, the Department shall accept the diagnoses of ~~Autism~~ autism, cerebral palsy, epilepsy, and ~~mental retardation~~ cognitive/intellectual disability as follows:
1. Autism, — by a licensed psychiatrist or psychologist whose expertise in diagnosing autism is determined by the Division. A psychiatrist, neurologist, licensed psychologist, or developmental pediatrician who has expertise in diagnosing autism shall make an autism diagnosis. A pediatrician who has completed specialized training approved by the Department in the diagnosis of autism may also make an autism diagnosis. The psychiatrist, neurologist, licensed psychologist, developmental pediatrician, or pediatrician with specialized training shall submit a diagnostic report regarding the individual documenting the presence of diagnostic criteria for autism, including the presence of the required number of symptoms of autism based on current guidelines established by the American Psychiatric Association.
 2. Cerebral palsy, — by a A licensed physician with expertise in diagnosing neurological disorders, such as a neurologist, or specialist in rehabilitation medicine, shall diagnose cerebral palsy. The physician shall submit a report to the Department documenting the diagnosis of cerebral palsy and include available medical records supporting the diagnosis.
 3. Epilepsy, — by a licensed A physician, specializing in neurology shall diagnose epilepsy.
 - a. The physician specializing in neurology shall submit a report to the Department documenting the active diagnosis of epilepsy and include the following:
 - i. Electroencephalogram (EEG) report;
 - ii. A description of the nature and frequency of the seizures, including current anti-seizure medication; and
 - iii. Confirmation of the ongoing nature of the disorder.
 - b. If the records of a neurological evaluation cannot be obtained or a diagnosis is not made by a physician specializing in neurology, the Division Medical Director shall review the available medical records to confirm a diagnosis of epilepsy.
 4. Mental retardation — by a qualified person who performs psychological evaluations utilizing tests which are culturally appropriate and valid. Cognitive/Intellectual Disability.



- a. A licensed psychologist trained to perform psychological evaluations utilizing standardized, culturally appropriate, and psychometrically sound measures shall diagnose cognitive/intellectual disability by considering the following:
 - i. Other mental disorders identified in current guidelines established by the American Psychiatric Association, including Schizophrenia, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, and Substance Abuse;
 - ii. Significant disorders related to language or language differences;
 - iii. Physical factors, including sensory impairments, motor impairments, acute illness, chronic illness, and chronic pain;
 - iv. Testing performed during an acute inpatient hospitalization;
 - v. Educational or environmental deprivation; and
 - vi. Psychosocial factors.
- b. To be eligible for the program, in the presence of co-existing mental illness, an individual’s cognitive/intellectual disability shall not be the result of the onset of mental illness.
- c. If an existing psychological evaluation cannot be obtained, or an initial psychological evaluation cannot be completed, the Division’s Assistant Director or designee shall review the available records to confirm eligibility.

B. An individual, who acquires an impairment or condition after age six as a result of illness or traumatic brain injury, is not eligible in the absence of a qualifying diagnosis.

B-C. The Department shall determine ~~Substantial~~ substantial functional limitations ~~must be determined~~ in three or more areas of the major life activities as documented in records provided to the Department. These limitations are defined as follows:

1. Self-care. – Self-care means the performance of personal activities that sustain the health and hygiene of the individual appropriate to the individual’s age and culture. This includes bathing, toileting, tooth brushing, dressing, and grooming. A functional limitation regarding self-care occurs when a ~~person~~ an individual requires significant assistance in performing with eating, hygiene, grooming, or health care skills or when the time required for a ~~person~~ an individual to perform complete these skills tasks is so extraordinary excessive as to impair impede the ability to retain employment, attend school, or to conduct other activities of daily living. Documentation of substantial functional limitations for self-care may include recent:
 - a. Medical or behavioral records;
 - b. IEP that addresses limitations of self-care goals and objectives;
 - c. Relevant comments in a psychological or psychoeducational evaluation;
 - d. Relevant scores on the ALTCS assessment, Preadmission Screening (PAS) tool;
 - e. Relevant scores on the Vineland Adaptive Behavior Scales; or
 - f. Other structured standardized tests of adaptive functioning.
2. Receptive and expressive language. – Receptive and expressive language means the process of understanding and participating in conversations in the individual’s primary language, and expressing needs and ideas that can be understood by another individual who may not know the individual. A functional limitation regarding receptive and expressive language occurs when a ~~person~~ an individual is unable to communicate with others, or is unable to communicate effectively without the aid of a mechanical device, a third person, or a person with special skills, or without a mechanical device. Documentation of substantial functional limitations for receptive and expressive language may include recent:
 - a. Psychological, psychoeducational, or speech evaluation records;
 - b. IEP references of severe communication deficits;
 - c. Use of sign language, a communication board, or an electronic communication device; or
 - d. Relevant scores on the ALTCS assessment, PAS tool.
3. Learning. – Learning means the ability to acquire, retain, and apply information and skills. A functional limitation regarding learning occurs when a ~~person’s~~ an individual’s cognitive factors, or other factors, related to the acquisition and processing of new information (such as attentional factors, acquisition strategies, storage, and retrieval) are impaired to the extent that the ~~person~~ individual is unable to participate in age-appropriate learning activities without utilization of additional resources. Documentation of limitations for learning may include verification of placement in a special education program.
4. Mobility. – Mobility means the skill necessary to move safely and efficiently from one location to another within the individual’s residence, neighborhood, and community. A functional limitation regarding mobility occurs when a ~~person’s~~ an individual’s fine or gross motor skills are impaired to the extent that the assistance of another ~~person~~ individual or mechanical device is required to move from place to place or when the effort required to move from place to place is so extraordinary excessive as to impair impede ability to retain employment and conduct other activities of daily living. Documentation of limitations for mobility may include:
 - a. Relevant scores on the ALTCS assessment, PAS tool; or
 - b. Medical or educational records indicating the need to regularly use a wheelchair, walker, crutches, or other assistive devices, or to be physically supported by another person when ambulating.
5. Self-direction.
 - a. Self-direction means the ability to manage one’s life, including:
 - i. Setting goals,
 - ii. Making and implementing plans to achieve those goals,
 - iii. Making decisions and understanding the consequences of those decisions,
 - iv. Managing personal finances,
 - v. Recognizing the need for medical assistance,
 - vi. Behaving in a way that does not cause injury to self or others, and
 - vii. Recognizing and avoiding safety hazards.
 - b. A functional limitation regarding self-direction occurs when a ~~person~~ an individual requires assistance in managing personal finances, protecting self-interest, or making independent decisions ~~which~~ that may affect well-being. For children under the age of 18, the Department shall compare the child’s abilities in this area with age and developmentally appropri-



- ate abilities based on the current guidelines of Centers for Disease Control and Prevention and American Academy of Pediatrics.
- c. Documentation of limitations for self-direction may include:
 - i. Court records appointing a legal guardian or conservator.
 - ii. Relevant comments in medical or behavioral records.
 - iii. Relevant comments in psychoeducational or psychological evaluation.
 - iv. Relevant objectives in the IEP, or
 - v. Relevant scores on the ALTCS assessment, PAS tool.
6. Capacity for independent living. –
- a. Capacity for independent living means the performance of necessary daily activities in one's own residence and community, including:
 - i. Completing household chores;
 - ii. Preparing simple meals;
 - iii. Operating household equipment such as washing machines, vacuums, and microwaves;
 - iv. Using public transportation; and
 - v. Shopping for food, clothing, and other essentials.
 - b. A functional limitation regarding the capacity for independent living occurs when, for a person's own an individual needs supervision or assistance for the individual's safety or well-being, supervision, or assistance is needed on at least on a daily basis in the performance of health maintenance and housekeeping. For children under the age of 18, the Department shall compare the child's abilities in this area with age and developmentally appropriate abilities based on the current guidelines of Centers for Disease Control and Prevention and American Academy of Pediatrics, including:
 - i. Age of the child.
 - ii. Culture.
 - iii. Language.
 - iv. Length of time to complete task.
 - v. Level and type of supervision or assistance needed.
 - vi. Quality of task performance.
 - vii. Effort expended to complete the task performance.
 - viii. Consistency and frequency of task performance, and
 - ix. Impact of other health conditions.
 - c. Documentation of limitations for the capacity for independent living may include:
 - i. Relevant comments in a psychoeducational or psychological evaluation.
 - ii. Related objectives on the IEP, or
 - iii. Relevant comments in medical records.
7. Economic self-sufficiency. – Economic Self-Sufficiency means when a person an individual is unable to perform the tasks necessary for regular employment or is limited in productive capacity to the extent that earned annual income, after extraordinary expenses occasioned by the disability, is below the poverty level. For children under the age of 18, the Department shall compare the child's abilities in this area with age and developmentally appropriate abilities based on the current guidelines of Centers for Disease Control and Prevention and American Academy of Pediatrics. Documentation of limitations for economic self-sufficiency may include:
- a. The receipt of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits, or
 - b. Eligibility for Vocational Rehabilitation Services.

R6-6-303. Eligibility Review Repealed

Determinations of eligibility are subject to review at any time by the Assistant Director or designee.

R6-6-304. Eligibility under Arizona Long-term Care System

- A. The Department shall refer an individual with a developmental disability who may be eligible for the ALTCS to the Arizona Health Care Cost Containment System Administration (AHCCCS) to determine eligibility under ALTCS.
- B. The Department shall not provide services, other than emergency services as provided in this Chapter, to an individual who has been referred for ALTCS eligibility determination until that determination has been completed.
- C. Applicants who are determined eligible and enrolled in the program, but knowingly refuse to cooperate in the ALTCS eligibility process, are not eligible for services pursuant to A.R.S. § 36-559.

R6-6-305. Admission to Program

When the Department determines an individual to be eligible and enrolls the individual in the program, the Support Coordinator, with the Planning Team, shall complete a Planning Document to document any necessary supports and services.

R6-6-306. Emergency Services

In an emergency, the Department may provide services without a Planning Document to an individual who has been enrolled in the program. The Planning Team shall complete a Planning Document for emergency services within 10 days of the enrollment.

R6-6-307. Eligibility Redeterminations for the Program

The Department may redetermine eligibility for the program:

1. As a result of periodic evaluations in accordance with A.R.S. § 36-565; or
2. At any time, as authorized by the Division's Assistant Director or designee.

R6-6-308. Member Responsibilities

Members shall:



1. Inform the Support Coordinator of any change in personal information;
2. Participate in the development of the Planning Document and signify agreement or disagreement by signing the Planning Document;
3. Uphold all local, state, and federal laws and regulations; and
4. Cooperate and comply with the ALTCS redetermination process.

R6-6-309. Termination of Eligibility for the Program

- A.** Pursuant to A.R.S. § 36-566(A) and (B), the Department may terminate eligibility following a 35-day written notice period to the member or the responsible person when:
1. The Department determines that the member no longer meets the conditions of eligibility for services;
 2. The member reaches the age of 18, unless an application for eligibility has been filed with the Department; or
 3. The member fails to comply with R6-6-308.
- B.** The 35-day written notice shall include the proposed termination date and information regarding the opportunity for administrative review under Article 18 of this Chapter.
- C.** The Department shall terminate the member’s eligibility for the program if the member or responsible person provides a written request for withdrawal from the program.

ARTICLE 5. ADMISSION/REDETERMINATION/ TERMINATION REPEALED

R6-6-501. Admission Repealed

- A:** ~~If determined eligible pursuant to A.R.S. § 36-559 and R6-6-301 et seq., the person for whom services are requested shall be considered by the ISPP team for assignment to services and thereby become a client.~~
- B:** ~~If the person for whom services are requested is determined ineligible, the Division shall send the applicant written notice of ineligibility by registered mail, return receipt requested.~~

R6-6-502. Emergency Admission to Services Repealed

~~In an emergency, the Division may provide services for a limited period of time, pursuant to A.R.S. § 36-560(L) et seq., without the performance of an ISPP. However, for services to continue, a completed application for regular admission shall be filed and an ISPP conducted within 30 days of the emergency admission date in compliance with this Article.~~

R6-6-503. Redeterminations Repealed

- A:** ~~The Division may redetermine a client’s eligibility as a result of periodic evaluations in accordance with R6-6-604.~~
- B:** ~~The Division may redetermine a client’s eligibility at any time as may be authorized by the Assistant Director or designee.~~
- C:** ~~The Division may redetermine a client’s financial status, for purposes of client contribution to cost of care, as a result of:~~
1. ~~Scheduled periodic financial redeterminations.~~
 2. ~~Changes in the financial situation of the client and/or the parents of a client under age 18. The responsible person shall report to the Division any changes in financial situation which may affect the amount of contribution to cost of care within ten days of change.~~
 3. ~~Financial redeterminations conducted at the responsible person’s request.~~

R6-6-504. Termination of Services Repealed

- A:** ~~Pursuant to A.R.S. § 36-566(A) and (B), the Division shall terminate services to a client following 30 days’ written notice to the responsible person of the proposed termination and of the opportunity for administrative review through A.R.S. § 36-563 and R6-6-1801 et seq.:~~
1. ~~Upon the Division’s receipt of a written request from the responsible person for withdrawal from services;~~
 2. ~~When the Division determines that the client no longer meets the conditions of eligibility for services;~~
 3. ~~When the client reaches the age of 18 unless an application for continuation of services has been filed pursuant to R6-6-505;~~
 4. ~~When the responsible person refuses to cooperate or comply with the ISPP.~~
- B:** ~~Notwithstanding R6-6-504(A), the Division shall not terminate services to a child with developmental disabilities assigned to the Department by the juvenile court except pursuant to court order.~~

R6-6-505. Continuation of Services Repealed

~~Pursuant to A.R.S. § 36-566(C), following the Division’s timely written and oral notice to the responsible person of termination, the responsible person may file a written application for the continuation of services in the same manner provided in R6-6-401.~~



NOTICES OF RULEMAKING DOCKET OPENING

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.

**NOTICE OF RULEMAKING DOCKET OPENING
GOVERNOR'S REGULATORY REVIEW COUNCIL**

[R18-131]

1. **Title and its heading:** 1, Rules and Rulemaking Process
Chapter and its heading: 6, Governor's Regulatory Review Council
Article and its heading: 1, General Rules of Procedure
 2, Rulemaking Procedures
 3, Five-Year Review Reports
 4, Appeals and Petitions (*Articles may be added, deleted, or modified as necessary*)
Section numbers: R1-6-101, R1-6-105, R1-6-201, R1-6-202, R1-6-301, R1-6-302, R1-6-303, R1-6-401 (*Sections may be added, deleted, or modified as necessary.*)
2. **The subject matter of the proposed rule:**
 The Governor's Regulatory Review Council (Council) is amending the rules in 1 A.A.C. 6 to implement recent changes to the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) made by SB 1273, signed by the Governor in May 2018. Changes are also proposed to make the rules more clear and effective.
3. **A citation to all published notices relating to the proceeding:**
 Notice of Proposed Rulemaking: 24 A.A.R. 2007, July 20, 2018 (*in this issue*)
4. **The name and address of agency personnel with whom persons may communicate regarding the rule:**
 Name: Chris Kleminich
 Address: Governor's Regulatory Review Council
 100 N. 15th Ave., Suite 305
 Phoenix, AZ 85007
 Telephone: (602) 542-2024
 E-mail: christopher.kleminich@azdoa.gov
5. **The time during which the agency will accept written comments and the time and place where oral comments may be made:**
 Written comments may be submitted at any time prior to the close of the public record on August 20, 2018. An oral proceeding will be held on August 20, 2018 at 9:00 a.m., at the Arizona Department of Administration, 100 N. 15th Ave., Room 301B, Phoenix, AZ 85007.
6. **A timetable for agency decisions or other action on the proceeding, if known:**
 To be determined.

**NOTICE OF RULEMAKING DOCKET OPENING
BOARD OF PHARMACY**

[R18-132]

1. **Title and its heading:** 4, Professions and Occupations
Chapter and its heading: 23, Board of Pharmacy
Article and its heading: 1, Administration
 2, Pharmacist Licensure
 3, Intern Training and Pharmacy Intern Preceptors
 4, Professional Practices



6, Permits and Distribution of Drugs
11, Pharmacy Technicians

Section numbers:

R4-23-110, R4-23-202, R4-23-203, R4-23-205, R4-23-301, R4-23-302, R4-23-407, R4-23-407.1, R4-23-411, R4-23-601 through R4-23-607, R4-23-676, R4-23-1102, R4-23-1103, and R4-23-1105 (Additional Sections may be made, amended, or deleted as necessary).

2. The subject matter of the proposed rule:

The Board is amending several rules to make them consistent with recent statutory changes, to eliminate unnecessary and burdensome provisions, or to correct rule text:

R4-23-110 is amended to add definitions of virtual wholesaler and virtual manufacturer as required under A.R.S. § 32-1901, a requirement added under Laws 2017, Chapter 22, and to add a definition of change of ownership, as used in A.R.S. § 32-1901.01.

R4-23-203 is amended to make it easier for individuals licensed in other jurisdictions to become licensed in Arizona.

R4-23-205 is amended to add a fee for a permit for a third-party logistics provider. The new fee is specifically authorized under A.R.S. § 32-1931(C)(5), which was amended under Laws 2017, Chapter 95.

R4-23-302 is amended to remove unnecessary and burdensome requirements regarding a pharmacy intern preceptor.

R4-11-407 is amended to clarify the multiple means of communication that may be used to transfer prescription-order information between licensees and to include the prescription-order label language required under A.R.S. § 36-2525(L), which was amended by the legislature in Laws 2018, Chapter 1, § 37.

R4-23-407.1 is amended to be consistent with Laws 2017, Chapter 234, which amended A.R.S. § 32-1968 to require an opioid antagonist be dispensed under a prescription order or a standing order rather than allowing an opioid antagonist to be dispensed without a prescription order.

R4-23-411 is amended to align the date on which a licensee renews the license with the date on which the licensee renews a certificate to administer immunizations. Aligning the dates of these renewals reduces a burden on licensees who hold an immunization certificate.

R4-23-202, R4-23-301, R4-23-602, R4-23-1102, and R4-23-1103 are amended to correct internal cross references to R4-23-205. The internal cross references became incorrect when the Board amended R4-23-205 in an exempt rulemaking (See 23 A.A.R. 2383, September 1, 2017). To avoid this problem in the future, subsections are removed from the cross references.

R4-23-601 is amended to provide notice to permittees that a change of ownership, as used in A.R.S. § 32-1901.01 and defined at R4-23-110, requires a new permit application.

R4-23-603, R4-23-604, R4-23-605, R4-23-606, and R4-23-607 are amended to delete detail regarding the application process. This is necessary to ensure the rules don't become inconsistent with the applications.

R4-23-676 is added to address the requirements regarding third-party logistics providers established at A.R.S. § 32-1941 under Laws 2017, Chapter 95.

R4-24-1105 is amended consistent with a 5YRR approved by the Council on October 7, 2014.

Exemptions from the rulemaking moratorium were provided for this rulemaking by members of the governor's staff on May 3, 2017, September 7, 2017, September 21, 2017, November 9, 2017, January 4, 2018, January 32, 2018, March 1, 2018, and June 12, 2018.

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

None

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

Name: Kamlesh Gandhi
Address: Board of Pharmacy
1616 W. Adams St., Suite 120
Phoenix, AZ 85007
Telephone: (602) 771-2740
Fax: (602) 771-2749
E-mail: kgandhi@azpharmacy.gov
Website: www.azpharmacy.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



NOTICES OF SUBSTANTIVE POLICY STATEMENT

The *Administrative Procedure Act* (APA) requires the publication of Notices of Substantive Policy Statement issued by agencies (A.R.S. § 41-1013(B)(9)).

Substantive policy statements are written expressions which inform the general public of an agency's current approach to rule or regulation practice.

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect an agency's

internal procedures and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

If you believe that a substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

NOTICE OF SUBSTANTIVE POLICY STATEMENT STATE LOTTERY COMMISSION

[M18-61]

1. **Title of the Substantive Policy Statement and the substantive policy statement number by which the substantive policy statement is referenced:**
Arizona State Lottery Tribal Consultation Policy
2. **Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**
June 30, 2018
3. **Summary of the contents of the substantive policy statement:**
This policy establishes the basic principles governing the Arizona State Lottery's (Lottery) relations with Tribal governments in the State of Arizona. The policy reflects the Lottery's recognition of Tribal sovereignty and the goal of a cooperative relationship between Lottery and the Tribes.
4. **Federal or state constitutional provision; federal or state statute, administrative rule, or regulation; or final court judgment that underlies the substantive policy statement:**
Arizona Revised Statute § 41-2051.
5. **A statement as to whether the substantive policy statement is a new statement or a revision:**
This substantive policy statement is a revision of the 2011 Tribal Consultation Policy.
6. **The agency contact person who can answer questions about the substantive policy statement:**
Name: Sherri Zendri
Address: State Lottery Commission
4740 E. University Dr.
Phoenix, AZ 85034
Telephone: (480) 921-4401
Fax: (480) 921-4512
E-mail: szendri@azlottery.gov
Web site: www.arizonalottery.com
7. **Information about where a person may obtain a copy of the substantive policy statement and the costs for obtaining the policy statement:**
The full text of the Arizona Lottery Tribal Consultation Policy is available for free download on the Arizona Lottery website address reference above.



GOVERNOR EXECUTIVE ORDER

Executive Order 2018-02 is being reproduced in each issue of the Administrative Register as a notice to the public regarding state agencies' rulemaking activities.

This order will appear in the Register until its expiration on December 31, 2018, and has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2018-02

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

[M18-46]

WHEREAS, burdensome regulations inhibit job growth and economic development; and

WHEREAS, job creators and entrepreneurs are especially hurt by red tape and regulations; and

WHEREAS, in 2015 the State of Arizona implemented a moratorium on all new regulatory rulemaking by State agencies through executive order, and renewed the moratorium in 2016 and 2017; and

WHEREAS, in 2017 the State of Arizona eliminated or repealed 676 needless regulations; and

WHEREAS, estimates show these eliminations saved job creators more than \$48 million in operating costs; and

WHEREAS, 161,000 private sector jobs have been added to Arizona since January 2015; and

WHEREAS, all government agencies of the State of Arizona should continue to promote customer-service-oriented principles for the people that it serves; and

WHEREAS, each State agency shall continue 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; and

WHEREAS, each State agency should evaluate its administrative rules using any available and reliable data and performance metrics; and

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

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:

- 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 federal court 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 eliminate rules that are antiquated, redundant or otherwise no longer necessary for the operation of state government.
3. A State agency subject to this Order, shall not publicize any directives, policy statements, documents or forms on its website unless such are explicitly authorized by Arizona Revised Statutes or Arizona Administrative Code.
4. A State agency subject to this Order, shall coordinate with the Office of Economic Opportunity to prepare a statement of estimated regulatory costs analyzing the economic impact of agency rules, including an analysis of the effort of such rules on the creation and retention of jobs within the State of Arizona.
5. A State agency subject to this Order, shall review the agency's rules related to license reciprocity and identify opportunities to decrease burdens for qualified professionals who relocate to Arizona, whether administrative or legislative, and report these opportunities to the office of the Governor no later than July 1, 2018.



6. A State agency subject to this Order, shall review the agency’s rules to identify opportunities for veterans by recognizing the skills, credentials, and training received during military service in place of some or all of the training requirements for a specific license, and include additional opportunities in the report to the office of the Governor no later than July 1, 2018.
7. 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.
8. 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.
9. This Executive Order expires on December 31, 2018.

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 Twelfth day of February in the Year Two Thousand and Eighteen and of the Independence of the United States of America the Two Hundred and Thirty-Sixth.

ATTEST:
Michele Reagan
SECRETARY OF STATE

REGISTER INDEXES

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

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 RULEMAKING

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

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



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



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.

Deadline Date (paper only) Friday, 5:00 p.m.	Register Publication Date	Oral Proceeding may be scheduled on or after
March 23, 2018	April 13, 2018	May 14, 2018
March 30, 2018	April 20, 2018	May 21, 2018
April 6, 2018	April 27, 2018	May 29, 2018
April 13, 2018	May 4, 2018	June 4, 2018
April 20, 2018	May 11, 2018	June 11, 2018
April 27, 2018	May 18, 2018	June 18, 2018
May 4, 2018	May 25, 2018	June 25, 2018
May 11, 2018	June 1, 2018	July 2, 2018
May 18, 2018	June 8, 2018	July 9, 2018
May 25, 2018	June 15, 2018	July 16, 2018
June 1, 2018	June 22, 2018	July 23, 2018
June 8, 2018	June 29, 2018	July 30, 2018
June 15, 2018	July 6, 2018	August 6, 2018
June 22, 2018	July 13, 2018	August 13, 2018
June 29, 2018	July 20, 2018	August 20, 2018
July 6, 2018	July 27, 2018	August 27, 2018
July 13, 2018	August 3, 2018	September 4, 2018
July 20, 2018	August 10, 2018	September 10, 2018
July 27, 2018	August 17, 2018	September 17, 2018
August 3, 2018	August 24, 2018	September 24, 2018
August 10, 2018	August 31, 2018	October 1, 2018
August 17, 2018	September 7, 2018	October 9, 2018
August 24, 2018	September 14, 2018	October 15, 2018
August 31, 2018	September 21, 2018	October 22, 2018
September 7, 2018	September 28, 2018	October 29, 2018
September 14, 2018	October 5, 2018	November 5, 2018
September 21, 2018	October 12, 2018	November 13, 2018
September 28, 2018	October 19, 2018	November 19, 2018
October 5, 2018	October 26, 2018	November 26, 2018
October 12, 2018	November 2, 2018	December 3, 2018



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 5 p.m. 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 <http://grrc.az.gov>.

GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2018

[M18-01]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
Tuesday November 21, 2017	Tuesday December 19, 2017	Wednesday January 3, 2018	Tuesday January 9, 2018
Tuesday December 19, 2017	Tuesday January 23, 2018	Tuesday January 30, 2018	Tuesday February 6, 2018
Tuesday January 23, 2018	Tuesday February 20, 2018	Tuesday February 27, 2018	Tuesday March 6, 2018
Tuesday February 20, 2018	Tuesday March 20, 2018	Tuesday March 27, 2018	Tuesday April 3, 2018
Tuesday March 20, 2018	Tuesday April 17, 2018	Tuesday April 24, 2018	Tuesday May 1, 2018
Tuesday April 17, 2018	Tuesday May 22, 2018	Wednesday May 30, 2018	Tuesday June 5, 2018
Tuesday May 22, 2018	Tuesday June 19, 2018	Tuesday June 26, 2018	Tuesday July 10, 2018
Tuesday June 19, 2018	Tuesday July 24, 2018	Tuesday July 31, 2018	Tuesday August 7, 2018
Tuesday July 24, 2018	Tuesday August 21, 2018	Tuesday August 28, 2018	Wednesday September 5, 2018
Tuesday August 21, 2018	Tuesday September 18, 2018	Tuesday September 25, 2018	Tuesday October 2, 2018
Tuesday September 18, 2018	Tuesday October 23, 2018	Tuesday October 30, 2018	Tuesday November 6, 2018
Tuesday October 23, 2018	Tuesday November 20, 2018	Tuesday November 27, 2018	Tuesday December 4, 2018
Tuesday November 20, 2018	Tuesday December 18, 2018	Thursday January 3, 2019	Tuesday January 8, 2019
Tuesday December 18, 2018	Tuesday January 22, 2019	Tuesday January 29, 2019	Tuesday February 5, 2019

* Materials must be submitted by 5 PM on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.