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From the Publisher

ABOUT THIS PUBLICATION

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

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

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

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

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

ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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

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 New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

WHERE IS A “CLEAN” COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

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

The printed Code is the official publication of a rule in the A.A.C., 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.
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

START HERE
APA, statute or ballot proposition is passed. It gives an agency authority to make rules.

Agency opens a docket. Agency files a Notice of Rulemaking Docket Opening; it is published in the Register. Often an agency will file the docket with the proposed rulemaking.

Agency drafts proposed rule and Economic Impact Statement (EIS); informal public review/comment.

Agency files Notice of Proposed Rulemaking. Notice is published in the Register. Notice of meetings may be published in Register or included in Preamble of Proposed Rulemaking. Agency opens comment period.


Oral proceeding and close of record. Comment period must last at least 30 days after publication of notice. Oral proceeding (hearing) is held no sooner than 30 days after publication of notice of hearing

Substantial change?
If no change then

Rule must be submitted for review or terminated within 120 days after the close of the record.

A final rulemaking package is submitted to G.R.R.C. or A.G. for review. Contains final preamble, rules, and Economic Impact Statement.

G.R.R.C. has 90 days to review and approve or return the rule package, in whole or in part; A.G. has 60 days.

After approval by G.R.R.C. or A.G., the rule becomes effective 60 days after filing with the Secretary of State (unless otherwise indicated).

Final rule is published in the Register and the quarterly Code Supplement.
Definitions


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.


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

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.
NOTICED 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 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

[R18-204]

PREAMBLE

1. Article, Part, or Section Affected (as applicable)  Rulemaking Action
   R4-17-203  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. § 32-2504(B)
   Implementing statute: A.R.S. §§ 32-2504(A)(11) and 32-2532

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. 2772, October 5, 2018 (in this issue)

4. The agency's contact person who can answer questions about the rulemaking:
   Name: Patricia McSorley, Executive Director
   Address: Arizona Medical Board
   1740 W. Adams St., Suite 4000
   Phoenix, AZ 85007
   Telephone: (480) 551-2700
   Fax: (480) 551-2704
   E-mail: patricia.mcsorley@azmd.gov
   Web site: www.azpa.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:
   Under Laws 2018, Chapter 233, the legislature amended A.R.S. § 32-2504(A)(11) to allow a licensed and otherwise qualified physician assistant to prescribe a 90-day supply of a schedule II or schedule III controlled substance that is not an opioid or benzodiazepine rather than the current 30-day supply of a schedule II or schedule III controlled substance. When prescribing an opioid or benzodiazepine, a physician assistant must comply with the limits imposed by the Arizona Opioid Epidemic Act. Except in an emergency, all prescribing by a physician assistant is subject to delegation by the supervising physician. This rulemaking places the 2018 statutory change in rule and allows current physician assistants with prescribing authority for schedule II or schedule III controlled substance to prescribe consistent with the new statute. An exemption from Executive Order 2018-02 was provided for this rulemaking by Emily Rajakovich, of the Governor’s Office, in an e-mail dated June 8, 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:
   The Board does not intend to review or rely on a study in its evaluation of or justification for any rule in this rulemaking.

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:
   Because the rulemaking simply makes the rule consistent with statute, the Board expects the economic impact will be minimal. To the extent that being able to prescribe and receive a 90-day rather than 30-day supply of medication has economic impact, it is the
statutory change rather than this rulemaking that produced the economic impact.

9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:
   
   Name: Patricia McSorley, Executive Director  
   Address: Arizona Medical Board  
   1740 W. Adams St., Suite 4000  
   Phoenix, AZ 85007  
   Telephone: (480) 551-2700  
   Fax: (480) 551-2704  
   E-mail: patricia.mcsorley@azmd.gov  
   Web site: www.azpa.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:
    
    An oral proceeding regarding the proposed rules will be held as follows:
    
    Date: Tuesday, November 13, 2018  
    Time: 10 a.m.  
    Location: 1740 W. Adams St., Board Room 1  
    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 license issued under R4-17-202 is a general permit consistent with A.R.S. § 41-1037 because it is issued to qualified individuals to conduct activities that are substantially similar in nature.
    
    b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:
       
       There are numerous federal laws regulating the practice of medicine and controlled substances. A physician assistant who prescribes, dispenses, or administers a schedule II through schedule V controlled substance is required to have a registration number from the U.S. Drug Enforcement Agency. However, none of these requirements is applicable to this rulemaking.
    
    c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:
       
       No analysis was submitted.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:
    
    None

13. The full text of the rules follows:

   TITLE 4. PROFESSIONS AND OCCUPATIONS
   CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

   ARTICLE 2. PHYSICIAN ASSISTANT LICENSURE

   Section
   R4-17-203. Regular License Application

   ARTICLE 2. PHYSICIAN ASSISTANT LICENSURE

   R4-17-203. Regular License Application
   A. No change
      1. No change
         a. No change
         b. No change
         c. No change
         d. No change
         e. No change
         f. No change
      2. No change
      3. No change
      4. No change
      5. No change
         a. No change
b. No change
c. No change
d. No change
e. No change
f. No change
g. No change
h. No change
i. No change
j. No change
k. No change
l. No change
m. No change
n. No change
o. No change
p. No change
6. No change
   a. No change
   b. No change
      i. No change
      ii. No change
c. No change
7. No change
8. No change
B. No change
   1. No change
   2. No change
   3. No change
   4. No change
      a. No change
      b. No change
      c. No change
5. No change
C. No change
   1. No change
   2. No change
      a. No change
      b. No change
      c. No change
      d. No change
e. No change
D. The Board's issuance of a regular license to an applicant also approves the applicant to issue prescriptions and dispense, or administer schedule II or schedule III controlled substances, subject to the limits and requirements specified in A.R.S. § 32-2532. Additionally, beginning October 1, 2018, a physician assistant previously certified by the Board for 30-day prescription privileges for schedule II or schedule III controlled substances is certified for 90-day prescription privileges for schedule II or schedule III controlled substances that are not opioids or benzodiazepines.
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 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 33. BOARD OF EXAMINERS FOR NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS

[R18-199]

PREAMBLE

1. Article, Part, or Section Affected (as applicable) Rulemaking Action
   R4-33-101 Amend
   R4-33-103 Amend
   Table 1 Amend
   R4-33-104 Amend
   R4-33-201 Amend
   R4-33-202 Amend
   R4-33-204 Amend
   R4-33-206 Amend
   R4-33-301 Amend
   R4-33-701 Amend
   R4-33-702 Amend
   R4-33-703 Amend
   R4-33-703.1 New Section
   R4-33-704 Amend
   R4-33-704.1 New Section
   R4-33-705 Amend
   R4-33-705.1 New Section
   R4-33-706 Amend

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. § 36-446.03(A)
   Implementing statute: A.R.S. §§ 36-446 and 36-446.03

3. The effective date for the rules:
   November 10, 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. Citation 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. 983, April 28, 2017
   Notice of Proposed Rulemaking: 24 A.A.R. 721, April 6, 2018

5. The agency’s contact person who can answer questions about the rulemaking:
   Name: Allen Imig, Executive Director
6. **An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**

The Board is making changes to Article 2 that will increase the number of individuals qualified for licensure and make it easier for licensed administrators in other states to obtain licensure in Arizona.

The Board is amending Article 7 to:

- Reduce the number of hours in the required curriculum of an assistant living facility caregiver training program
- Increase the percentage of classroom hours in an assistant living facility caregiver training program that may be provided by distance learning
- Increase the percentage of curriculum hours in an assistant living facility caregiver training program that are required to involve skills training
- Make it easier for certified nursing assistants, licensed nursing assistants, certified medication assistants, and trained direct-care workers to become qualified as a caregiver, and
- Establish a first-time student examination pass rate for owners of assistant living facility caregiver training programs to achieve.

The Board is also making corrections identified as needed in a five-year-review report approved by the Council on March 7, 2017. An exemption from EO2016-01 was provided by Mara Mellstrom, Policy Advisor in the Governor’s Office, in an e-mail dated January 4, 2017.

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 Board did not review or rely on a study in its evaluation of or justification for any rule in this rulemaking.

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. **A summary of the economic, small business, and consumer impact:**

The Board believes the rulemaking will have positive economic benefits for:

- Individuals who qualify for licensure by reciprocity in Arizona
- Certified nursing assistants, licensed nursing assistants, certified medication assistants, and trained direct-care workers wanting to become qualified as a caregiver in an assisted living facility
- Managers of assisted living facilities who will find it easier to employ certified nursing assistants, licensed nursing assistants, and trained direct-care workers qualified as caregivers
- Health professionals who will have additional opportunities as instructors in medication management training programs
- Owners of assisted living facility caregiver training programs that will be able to reduce the number of hours in the training program curriculum and increase the percentage of hours provided by distance learning

The rulemaking may result in certified nursing assistants and licensed nursing assistants electing to participate in a medication management training program only, which is 16 hours of training, rather than an assisted living facility caregiver training program, which is 62 hours of training. This may negatively impact the business of owners of assisted living facility caregiver training programs. However, the rulemaking provides an opportunity for owners of approved assisted living facility caregiver training programs to obtain approval of a medication management training program at no cost.

Currently, many owners of assisted living facility caregiver training programs offer a reduced-hours training program, as described under R4-33-702, but they charge the same amount for it as for the full training program. With increased competition in reduced-hours training programs, these owners may have to reduce the cost of their reduced-hours training programs which should put downward pressure on training costs for students.

The Board is confident the reduced number of training hours for an assisted living facility caregiver will not negatively impact the quality of care provided because the revised training program continues to cover the same subjects and skills. Additionally, the caregiver student must pass the final examination given by the Board-approved provider. Students such as certified nursing assistants and licensed nursing assistants, who take only the 16 hours of medication management training, are required to pass the same final examination as students who take the entire 62 hours of training.

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

To protect the environment and save state resources, subsections not being amended were labeled “No change” in the final rulemaking. Only word-choice, non-substantive changes were made between the proposed and final rules.
## An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to comments:

The Board received written comments from the following: David Voepel of the Arizona Health Care Association; Arizona Assisted Living Federation of America; Leading Age Arizona; and Laura Hartgroves of Terros Health. The comments, the Board’s evaluation of each comment, and the Board’s response to each comment follow.

<table>
<thead>
<tr>
<th>COMMENT</th>
<th>EVALUATION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of the growing acuity in the assisted living setting, we are concerned about the reduction in hours in the areas of abuse, cognitive impairment, infection control, and emergency services.</td>
<td>Although the number of hours required is reduced, the curriculum content is unchanged and students are still required to pass a final examination that measures knowledge of all content areas. It is because of the needs of those in assisted living facilities that the Board has taken steps to make it possible for more students to complete training as a caregiver in a timely, cost-efficient manner.</td>
<td>No change</td>
</tr>
<tr>
<td>The cost of training for caregivers is high compared with an average $11 per hour wage. Requiring people to sit in an actual classroom for 60-100+ hours is fast becoming an antiquated model and a deterrent for qualified caregiver candidates.</td>
<td>The Board believes the changes in this rulemaking will put downward pressure on the cost of training. The required hours of training are reduced by 40 percent and the percentage of hours that may be obtained by distance learning is increased. The owner of an assisted living facility caregiver training program that does not adjust the cost of the training program to reflect these changes may be at a competitive disadvantage. Additionally, to avoid “sitting in an actual classroom,” the percentage of hours focused on skill training is increased under the rulemaking. The focus of the rulemaking is to remove deterrents to training yet produce caregivers supportive of the health and wellbeing of those in assisted living.</td>
<td>No change</td>
</tr>
<tr>
<td>Align the Board’s requirements with other home and community-based service models. Specifically, allow at least 12 hours of credit for on-the-job training.</td>
<td>When amending the current curriculum, the Board examined the training curricula for both home- and community-based service providers and CNAs. The Board believes the amended curriculum aligns with that of these other service providers. The reduction in required hours of training for CNAs, LNAs, CMAs, and DCWs is part of that alignment. On-the-job training occurs for caregivers and is important. However, because of the difficulty in verifying that training occurred and evaluating the skills acquired, the Board determined on-the-job training could not be part of the required curriculum. The proposed curriculum focuses on the knowledge and skills a caregiver needs to be successfully employed in an assisted living facility.</td>
<td>No change</td>
</tr>
<tr>
<td>An examination that assesses skills is a better indicator of a caregiver’s ability to perform required duties than a theoretical test. The required examination should be skills-based.</td>
<td>Skill training is an important part of the proposed curriculum. Indeed, the caregiver curriculum requires 12 hours of instructor-supervised and evaluated skill training. However, the Board determined that to be successful, a student must understand the what, when, where, and why of the student’s duties rather than just the how. The Board also wanted an examination that results in quantifiable outcomes rather than one susceptible to the perceptions of the individual examination provider.</td>
<td>No change</td>
</tr>
<tr>
<td>The examination passing standard for training program owners should be on a skills-based examination. Otherwise, program owners will teach to the test rather than required skills.</td>
<td>The required examination covers the knowledge a caregiver training program is expected to teach. The Board believes it is not a problem if a program owner “teaches the test” because the examination measures whether a student acquired necessary knowledge.</td>
<td>No change</td>
</tr>
<tr>
<td>Current training for DCW is identical to training required for caregivers except for two sections. The reduced training proposed for DCW should acknowledge this similarity and require DCW to take training in only the two sections.</td>
<td>The Board respectfully disagrees that DCW training is the same as caregiver training except for two subjects. The caregiver training program allows a reduced-hours training program for DCWs that reduces required hours by 19 percent and allows increased use of distance learning. The caregiver training program teaches to the direct-care level while the DCW training teaches to the personal-care level.</td>
<td>No change</td>
</tr>
<tr>
<td>All caregivers in Arizona should be viewed as one workforce and required to obtain the same set of fundamental skill competencies. This would facilitate moving from one work setting to another without incurring additional cost for additional training.</td>
<td>The Board believes this is a fine suggestion. However, implementing it requires statutory change.</td>
<td>No change</td>
</tr>
</tbody>
</table>
The proposed requirements are inconsistent with AHCCCS training requirements. Specifically, the rules should allow on-the-job training and “testing out” by experienced personnel. The rules unnecessarily limit access to care and add costs.

A.R.S. § 36-446.03(O) requires the Board to make rules that prescribe standards for assisted living facility training programs. Statute does not require these standards to be the same as those used by AHCCCS to train DCWs. The reason statute does not require the same standard and the reason the rules are not the same is, as previously stated, caregiver training focuses on the direct-care level for individuals in licensed assisted living facilities while DCW training focuses on the personal-care level for individuals receiving home and community services through ALTCS.

However, as previously indicated, these rules acknowledge the training of DCWs and provide an opportunity for them to participate in a reduced-hours training program. The Board believes that by reducing required hours for DCWs, the Board has increased access to care and decreased costs.

R4-33-702(L)(2) allows CMAs, who are experienced personnel, to “test out” of the caregiver training program.

12. All agencies shall list any 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:

<table>
<thead>
<tr>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
</tr>
<tr>
<td>The licenses listed in Table 1 are general permits consistent with A.R.S. § 41-1037 because they are issued to qualified individuals or entities to conduct activities that are substantially similar in nature.</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>There are federal laws such as the Americans with Disabilities Act, OSHA, and employment-related laws that apply to all employers. There is no federal law specifically applicable to this rulemaking.</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>No analysis was submitted.</td>
</tr>
</tbody>
</table>

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:

| No rule in this rulemaking was previously made, amended, or repealed as an emergency rule. |

15. The full text of the rules follows:

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 33. BOARD OF EXAMINERS FOR NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS**

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<td>Time Frames (in days)</td>
</tr>
<tr>
<td>R4-33-104.</td>
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</table>

**ARTICLE 2. NURSING CARE INSTITUTION ADMINISTRATOR LICENSING**

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**ARTICLE 3. ADMINISTRATOR-IN-TRAINING PROGRAM**

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<tr>
<td>R4-33-301.</td>
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</table>
ARTICLE 7. ASSISTED LIVING FACILITY CAREGIVER TRAINING PROGRAMS

Section
R4-33-701. Definitions
R4-33-702. Minimum Standards for Assisted Living Facility Caregiver Training Program
R4-33-703. Curriculum for Assisted Living Facility Caregiver Training Program
R4-33-703.1. Minimum Standards and Curriculum for an Assisted Living Facility Caregiver Medication Management Training Program
R4-33-704. Application for Approval of an Assisted Living Facility Caregiver Training Program
R4-33-704.1. Application for Approval of an Assisted Living Facility Caregiver Medication Management Training Program
R4-33-705. Renewal of Approval of an Assisted Living Facility Caregiver Training Program
R4-33-705.1. Renewal of Approval of an Assisted Living Facility Caregiver Medication Management Training Program
R4-33-706. Notice of Deficiency; Correction Plan; Disciplinary Action; Voluntary Termination

ARTICLE 1. GENERAL

R4-33-101. Definitions
The definitions in A.R.S. § 36-446 apply to this Chapter. Additionally, in this Chapter, unless otherwise specified:

“Accredited” means approved by the North Central Association of Colleges and Secondary Schools, New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or Western Association of Schools and Colleges.

“ACHCA certified” means written evidence of completing the Professional Certification Program administered by the American College of Health Care Administrators.

“Administrator” has the meaning prescribed at A.R.S. § 36-446 and means an individual licensed under this Chapter.

“Administrator in training” or “AIT” means an individual who is taking an AIT program to be licensed as an administrator for a nursing care institution.

“AIT program” means a training that the Board approves after determining that the training meets the standards at R4-33-302.

“Applicant” means an individual who applies to the Board to be licensed as an administrator of a nursing care institution, to be certified as a manager of an assisted living facility, or for approval of a continuing education.

“Application package” means the forms, documents, and fees that the Board requires an applicant to submit or have submitted on the applicant’s behalf.

“Arizona examination” means a measure of an applicant’s knowledge of Arizona statutes and rules regarding nursing care institution administration or assisted living facility management.

“Biennial period” means July 1 of an even-numbered year through June 30 of the next even-numbered year for an administrator and July 1 of an odd-numbered year through June 30 of the next odd-numbered year for a manager.

“Contact hour” means an hour during which an administrator or manager is physically present at a continuing education or a manager is physically present at a required initial training.

“Continuing education” means a planned educational course or program that the Board approves under R4-33-502.

“Good standing” means that an individual licensed by the state is not subject to any disciplinary action or consent order, and not currently under investigation for alleged unprofessional conduct.

“Health care institution” means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice services agencies. A.R.S. § 36-401.

“Manager” means an assisted living facility manager, as defined at A.R.S. § 36-446, who is certified under this Chapter.

“NAB” means the National Association of Board of Examiners for Nursing Home Administrators Long Term Care Administr- tor Boards.

“Party” has the same meaning as prescribed in A.R.S. § 41-1001.

“Preceptor” means a practicing nursing care institution administrator who helps to develop a new professional in the field of long-term care administration by tutoring the new professional.

“Qualified instructor” means a person who meets one or more of the following criteria:

A registered nurse, licensed under A.R.S. Title 32, Chapter 15;

An instructor employed by an accredited college or university, or health care institution to teach a health-care related course; or

A person or entity that has sufficient education and training to be qualified to teach a health-care related course.

“Work experience in a health-related field” means employment in a health care institution or in the professional fields of medicine, nursing, social work, gerontology, or other closely related field.

R4-33-103. Time Frames for Licenses, Certifications, and Approvals
A. For each type of license, certification, or approval issued by the Board, the overall time frame described in A.R.S. § 41-1072(2) is listed in Table 1.
B. For each type of license, certification, or approval issued by the Board, the administrative completeness review time frame described in A.R.S. § 41-1072(1) is listed in Table 1 and begins on the date the Board receives an application package.
1. If an application package is not administratively complete, the Board shall send a deficiency notice to the applicant that specifies each piece of information or document needed to complete the application package. Within the time provided in Table 1 for response to a deficiency notice, beginning on the mailing date of the deficiency notice, the applicant shall submit to the Board the missing information or document specified in the deficiency notice. The time frame for the Board to finish the administrative completeness review is suspended from the date the Board mails the deficiency notice to the applicant until the date the Board receives the missing information or document.
2. No change
3. No change

C. For each type of license, certification, or approval issued by the Board, the substantive review time frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins on the date the Board sends written notice of administrative completeness to the applicant.
1. During the substantive review time frame, the Board may make one comprehensive written request for additional information. Within the time provided in Table 1 for response to a comprehensive written request for additional information, beginning on the mailing date of the comprehensive written request for additional information, the applicant shall submit to the Board the requested additional information. The time frame for the Board to finish the substantive review is suspended from the date the Board mails the comprehensive written request for additional information to the applicant until the Board receives the requested additional information.
2. No change

D. Within the overall time frame listed in Table 1, the Board shall:
1. Deny a license, certificate, or approval to an applicant if the Board determines that the applicant does not meet all of the substantive criteria required by statute and this Chapter; or
2. Grant a license, certificate, or approval to an applicant if the Board determines that the applicant meets all of the substantive criteria required by statute and this Chapter.

E. No change
1. No change
2. No change
3. No change

F. In computing any period of time prescribed in this Section, the day of the act, event, or default after which the designated period of time begins to run is not included. The last day of the period is included unless it is Saturday, Sunday, or a state holiday, in which event the period runs until the end of the next day that is not Saturday, Sunday, or a state holiday. The computation includes intermediate Saturdays, Sundays, and state holidays. The time begins on the date of personal service, date shown as received on a certified mail receipt, or postmark date.

Table 1: Time frames (in days)

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Overall Time Frame</th>
<th>Administrative Review Time Frame</th>
<th>Time to Respond to Deficiency Notice</th>
<th>Substantive Review Time Frame</th>
<th>Time to Respond to Request for Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial License R4-33-201 and R4-33-202 A.R.S. §§ 36-446.04(A) and 36-446.05</td>
<td>135</td>
<td>30</td>
<td>90</td>
<td>105</td>
<td>60</td>
</tr>
<tr>
<td>Renewal of License R4-33-206 A.R.S. § 36-446.07(E)</td>
<td>75</td>
<td>30</td>
<td>15</td>
<td>45</td>
<td>15</td>
</tr>
<tr>
<td>Temporary License R4-33-203 A.R.S. § 36-446.06</td>
<td>135</td>
<td>30</td>
<td>90</td>
<td>105</td>
<td>60</td>
</tr>
<tr>
<td>Continuing Education Program Approval R4-33-502 A.R.S. § 36-446.07(E) and (F)</td>
<td>60</td>
<td>15</td>
<td>30</td>
<td>45</td>
<td>15</td>
</tr>
<tr>
<td>Administrator-in-Training Program Approval R4-33-301 A.R.S. § 36-446.04</td>
<td>60</td>
<td>15</td>
<td>30</td>
<td>45</td>
<td>15</td>
</tr>
<tr>
<td>Initial Certification R4-33-401 A.R.S. § 36-446.04(B)</td>
<td>135</td>
<td>30</td>
<td>90</td>
<td>105</td>
<td>60</td>
</tr>
</tbody>
</table>
ARTICLE 2. NURSING CARE INSTITUTION ADMINISTRATOR LICENSING

R4-33-104. Fees
A. No change
1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change
10. No change
11. No change
12. No change
B. No change
1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. Late renewal, $75;
9. No change
10. No change
11. No change
C. No change
1. No change
2. No change
D. No change
1. No change
2. No change
E. Under the authority provided at A.R.S. § 36-446.03(B), the Board establishes and shall collect the following fees related to approval of an assisted living facility caregiver medication management training program. The fees are nonrefundable unless A.R.S. § 41-1077 applies:
1. Initial approval, $300; and
2. Renewal approval, $250.

E-F. No change
a. No change
b. Hold a minimum of a master’s degree in either a health-related field or business administration from an accredited college or university; or
c. No change
   i. No change
   ii. No change
   iii. No change
2. No change
   a. Obtain the scaled passing score on both the NAB core of knowledge and line of service examinations or qualify with NAB as a Health Services Executive examination; and
   b. No change
3. No change
4. No change

R4-33-202. Requirements for Initial License by Reciprocity
To be eligible for an initial license by reciprocity as a nursing care institution administrator, an individual shall:
1. No change
   a. Meet the education and training requirement described in R4-33-201(1) Hold a minimum of a baccalaureate degree from an accredited college or university, or
   b. No change
2. No change
   a. Hold a valid and current license as a nursing care institution administrator issued by a state or territory, which was obtained by passing the NAB examination; or
   b. Have evidence of qualification by NAB as a Health Services Executive; and
   c. No change
3. Be employed full-time as a nursing care institution administrator of record for the last two years in a state or territory with a licensing authority;
4. Never have had a nursing care administrator license suspended, revoked, or otherwise restricted by any state or territory;
5. No change
6. No change
   a. No change
   b. Submit evidence of being employed full-time as a nursing care institution administrator of record for the last two years in a state or territory with a licensing authority,
   c. No change
d. Have submitted directly to the Board by NAB:
   i. The examination score that the applicant obtained on the referenced under subsection (2)(a), or
   ii. Evidence of qualification as a Health Services Executive NAB examination.

R4-33-204. Initial Application
A. No change
1. No change
2. Other names that the applicant has used;
3. No change
4. E-mail address of the applicant;
5. No change
6. Applicant’s date and place of birth;
7. No change
2. No change
8. No change
9. No change
10. No change
   a. No change
   b. No change
c. No change
d. No change
e. No change
   f. No change
11. No change
   a. No change
   b. No change
c. No change
d. No change
e. No change
f. No change
12. No change
13. No change
14. No change
15. No change
16. No change
B. In addition to the application form required under subsection (A), an applicant shall submit or have the following submitted directly to the Board on the applicant’s behalf:
1. Official transcript submitted directly to the Board by each accredited college or university attended by the applicant;
2. Verification of license that is signed, authenticated by seal or notarization, and submitted directly to the Board by each agency that ever issued a professional license to the applicant;
3. “Character Certification” form submitted directly to the Board by two individuals who have known the applicant for at least three years and are not related to, employed by, or employing the applicant; and
4. If the applicant is certified by ACHCA, verification of certification submitted directly to the Board by ACHCA;

C. In addition to complying with subsections (A) and (B), an applicant shall submit:

1. For every felony or misdemeanor charge listed under subsection (A)(18) or (A)(19), a copy of documents from the appropriate court showing the disposition of each charge;
2. For every felony or misdemeanor conviction listed under subsection (A)(18) or (A)(19), a copy of documents from the appropriate court showing whether the applicant met all judicially imposed sentencing terms;

D. When the information required under subsections (A) and (B) through (C) is received and following an appearance before the Board required under subsection (C), the Board shall provide notice regarding whether the applicant may take the licensing examinations required under R4-33-201 or R4-33-202.

E. Because of the time required for the Board to perform an administrative completeness review under R4-33-103, an applicant shall submit or ensure the information required under subsections (A) and (B) through (C) is submitted at least 30 days before the applicant expects to take the Arizona examination.

ARTICLE 3. ADMINISTRATOR-IN-TRAINING PROGRAM

R4-33-301. Approval of an AIT Program

A. No change
B. No change
C. No change
1. No change
2. Current e-mail address;
3. No change
4. No change
5. No change
6. The licensee’s dated and notarized signature affirming that the information provided is true and complete.

D. No change
1. No change
2. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, which is a form available from the Board Documentation described in A.R.S. § 41-1080(A) unless the documentation previously submitted under R4-36-204(C)(6) established U.S. citizenship or was a non-expiring work authorization issued by the federal government; and
3. No change

E. No change
1. No change
2. No change
3. The individual affirms that the individual has not acted as a nursing care institution administrator since the license expired.

F. No change
b. Name, telephone number, and e-mail address of an individual who can be contacted regarding the information provided;

2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
   a. No change
   b. No change
C. No change
D. No change

1. No change
2. The letter required under subsection (B)(1) and the signature of an authorized representative of the provider affirming that the materials previously submitted under subsections (B)(2) through (B)(6) continue to be true and complete and authorizing the Board to monitor the program’s compliance with the standards in R4-33-302.

ARTICLE 7. ASSISTED LIVING FACILITY CAREGIVER TRAINING PROGRAMS

R4-33-701. Definitions
A. The definitions in R4-33-601 apply to this Article; the following definitions apply in this Article:

1. “CMA” means certified medication assistant, an LNA certified by the Arizona Board of Nursing under A.R.S. § 32-1650.02.
2. “CNA” means certified nursing assistant, an individual licensed by the Arizona Board of Nursing under A.R.S. § 32-1645.
3. “DCW” means direct-care worker, an individual who meets the standards and requirements specified in Section 1240(A) of the Arizona Health Care Cost Containment System policy manual.
4. “LNA” means licensed nursing assistant, an individual licensed by the Arizona Board of Nursing under A.R.S. § 32-1645.

R4-33-702. Minimum Standards for Assisted Living Facility Caregiver Training Program
A. No change
1. No change
   a. No change
      i. No change
      ii. No change
      iii. No change
   b. No change
2. No change
   a. Attendance. Ensure that a student receives at least 104 hours of instruction;
      b. No change
      c. No change
         i. No change
         ii. No change
         iii. No change
      d. No change
         i. No change
         ii. No change
         iii. No change
         iv. No change
         v. No change
      e. No change
      f. No change
      g. No change
      h. No change
         i. No change
         j. No change
3. No change
4. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
5. No change
   a. No change
   b. Student’s examination scores score as provided by a Board-approved provider;
   c. No change
d. No change
e. No change
f. No change
g. No change
h. No change
6. No change
   a. No change
   b. No change
c. No change

B. No change
   1. No change
   2. No change
   3. No change

C. No change
   1. No change
   2. Is a licensed medical health professional:
      a. No change
      b. Has held the medical health professional license referenced in subsection (C)(2)(a) for at least two years;
      c. Has not been subject to disciplinary action against the medical health professional license during the last two years; and
      d. No change
   3. No change
      a. No change
      b. No change
c. No change

D. No change
   1. No change
   2. No change
   3. No change
   4. No change
   5. No change
   6. No change
   7. Uses a maximum of 26 20 hours of distance learning,
   8. Supervises health-care health professionals who assist in providing training program instruction, and
   9. Ensures that a health-care health professional who assists in providing training program instruction:
      a. Is licensed or certified as a health-care health professional,
      b. No change
c. No change

E. No change
   1. Provide each student with at least 46 12 hours of instructor-supervised skills training, and
   2. No change

F. No change
   1. No change
   2. No change
      a. No change
      b. No change
c. No change
d. No change
e. No change
f. No change
   3. No change
   4. No change
   5. No change

G. No change
   1. No change
      a. No change
      b. Results of state-approved written examination and manual skills testing checklist:
      c. No change
d. No change
   2. No change
      a. No change
      b. No change
c. No change
d. No change
e. No change
i. No change
ii. No change
iii. No change

f. Copy of the certificate evidence of completion issued to the student as required under subsection (A)(4);

H. Examination and evaluation requirements for students. The owner of an assisted living facility caregiver training program shall ensure that each student in the training program:
1. No change
2. No change
3. No change
4. Does not take the final examination referenced in subsection (H)(3) more than two three times. If a student fails the final examination referenced in subsection (H)(3) two three times, the student is able to obtain evidence of completion only by taking the assisted living facility caregiver training program again;

I. Examination passing standard. The owner of an assisted living facility caregiver training program shall attain an annual first-time passing rate of 70 percent for all students who take the examination specified under subsection (H)(3). The Board may waive this requirement for a program if fewer than 10 students took the examination during the year.

J-L. No change

J-K. Partial waiver of Reduced-hours training program hours. The owner of an assisted living facility caregiver training program may provide a reduced-hours training program for a student who, at the time of admission, is in good standing and a CNA, LNA, or DCW.
1. May waive the following. The owner of an assisted living facility caregiver training program shall ensure a reduced-hours training program hours for a student who, at the time of admission, is a nursing assistant under A.R.S. Title 32, Chapter 15, and in good standing provides the following:
   a. Hours of classroom instruction listed in subsections R4-33-703(C)(2) through (C)(4) and (C)(6) through (C)(13), and For a CNA or LNA, the classroom instruction listed in subsection R4-33-703(C)(14); and
   b. Sixteen hours of skills training; and For a DCW, the classroom instruction listed in subsections R4-33-703(C)(1) through (C)(8), (C)(11), (C)(12), and (C)(14).
2. Shall The owner of an assisted living facility caregiver training program shall ensure that a student to whom a waiver is provided under this subsection completes:
   a. Hours of classroom instruction listed in subsections R4-33-703(C)(1), (5), and (14); and
   b. Examination a CNA, LNA, or DCW in a reduced-hours training program or a CMA complies fully with the examination and evaluation requirements in subsection (H).

R4-33-703. Curriculum for Assisted Living Facility Caregiver Training Program
A. The owner of an assisted living facility caregiver training program shall ensure that the training program consists of at least 404 62 hours of instruction including:
1. Eighty-eight Fifty hours of classroom instruction, of which a maximum of 26 20 hours may be provided by distance learning, and
2. Sixteen Twelve hours of instructor-supervised skills training.

B. No change

C. The owner of an assisted living facility caregiver training program shall ensure that the training program includes classroom instruction and skills training regarding each of the following subjects:
1. Orientation to and overview of the assisted living facility caregiver training program (at least two one classroom hour hour).
   a. No change
   b. No change
2. Legal and ethical issues and resident rights (at least two classroom hours).
   a. Confidentiality (HIPAA HIPPA);
3. Communication and interpersonal skills (at least \textbf{two} classroom hours).
   a. No change
   b. No change
   c. No change
   d. No change
      i. No change
      ii. No change
      iii. No change
e. No change

4. Job management skills (at least \textbf{one} classroom hour).
   a. No change
   b. No change

5. Service plans (at least \textbf{two} classroom hours). Developing, using, and maintaining resident service plans;

6. Infection control (at least \textbf{three} classroom hours).
   a. No change
   b. No change
   c. No change
      i. No change
      ii. No change
      iii. No change
e. No change

7. Nutrition and food preparation (at least \textbf{two} classroom hours).
   a. No change
   b. No change
   c. No change
   d. No change

8. Fire, safety, and emergency procedures (at least \textbf{two} classroom hours).
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change

9. Home environment and maintenance (at least \textbf{two} classroom hours).
   a. No change
   b. No change
   c. No change

10. Basic caregiver skills (at least \textbf{eight} classroom hours).
    a. No change
    b. No change
    c. No change
    d. No change
    e. No change
    f. No change
    g. No change
    h. No change
    i. No change
    j. No change
    k. No change
    l. No change
    m. No change
    n. No change
    o. No change
    p. No change
    q. No change

11. Mental health and social service needs (at least \textbf{three} classroom hours).
    a. No change
    b. No change
    c. No change
    d. No change
    e. No change
    f. No change
    g. No change
    h. No change
    i. No change
    j. No change
    k. No change
    l. No change
    m. No change
    n. No change
    o. No change
    p. No change
    q. No change

12. Care of the cognitively impaired resident (at least \textbf{four} classroom hours).
    a. No change
b. No change
c. No change
d. No change

13. Skills for basic restorative services (at least two classroom hours).
   a. No change
   b. No change
c. No change
d. No change
e. No change
f. No change
g. No change
h. No change
i. No change
j. No change
k. No change
l. No change
m. No change
n. No change
o. No change

14. No change
   a. No change
   b. No change
c. No change
d. No change
e. No change
f. No change
g. No change
h. No change
i. No change
j. No change
k. No change
l. No change
m. No change
n. No change
o. No change
p. No change

D. No change
   1. No change
   2. Provides no more than 26 of the Subject to the limitations specified, uses distance learning for a maximum of 20 hours only for
      the classroom hours specified in subsections (C)(1), (C)(4), (C)(5), (C)(7), (C)(8), and through (C)(9), (C)(11) and (C)(12); by
      distance learning, and
         a. Only one of the classroom hours specified in subsection (C)(6) may be taught by distance learning; and
         b. Only two of the classroom hours specified in subsection (C)(12) may be taught by distance learning.

3. No change

E. No change

F. No change

R4-33-703.1. Minimum Standards and Curriculum for an Assisted Living Facility Caregiver Medication Management Training
   Program
A. An assisted living facility caregiver medication management training program may be established by:
   1. The owner or manager of an assisted living facility, or
   2. The owner of an assisted living facility caregiver training program.
B. A person under subsection (A) may offer an assisted living facility caregiver medication management training program to a CNA or
   LNA who is in good standing.
C. A person under subsection (A) that offers an assisted living facility caregiver medication management training program to individuals
   specified under subsection (B) shall ensure the assisted living facility caregiver medication management training program:
   1. Consists of at least the 16 classroom hours specified under R4-33-703(C)(14);
   2. Is not taught by distance learning;
   3. Is taught by a health professional who holds a license in good standing and issued under A.R.S. Title 32, Chapter 13, 15, 17, 18, or
      25; and
   4. Complies fully with the examination and evaluation requirements specified in R4-33-702(H).
D. In addition to complying with subsection (C), a person under subsection (A) that offers an assisted living facility caregiver medica-
   tion management training program to individuals specified under subsection (B) shall comply with the following subsections of R4-
   33-702:
   1. (A)(4)(a), (b), and (d) through (f);
   2. (A)(5)(a) through (d), (g), and (h);
   3. (A)(6);
   4. (G)(1)(b) through (d);
   5. (G)(2)(a) through (d) and (f);
   6. (I) and
   7. (J).

R4-33-704. Application for Approval of an Assisted Living Facility Caregiver Training Program
A. The owner of an assisted living facility caregiver training program shall ensure that no training is provided until the program is
   approved by the Board.
B. No change
Notices of Final Rulemaking

1. No change
2. No change
3. No change
4. No change
5. Name, telephone number, e-mail address, and license or certificate number of the program administrator required under R4-33-702(B);
6. Name, telephone number, e-mail address, and certificate/license number of each program instructor and evidence that each program instructor is qualified under R4-33-702(C);
7. No change
8. No change
   a. No change
   b. Name, e-mail address, and telephone number of a contact person at the assisted living facility;
   c. No change
   d. No change
   e. No change
9. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
10. No change
11. No change

C. The owner of an assisted living facility caregiver training program shall ensure that the application materials submitted under subsection (B) are printed on only one side of white, letter-sized paper, and are not bound in any manner.

D. No change
   1. No change
   2. No change

E. The owner of an assisted living facility caregiver training program that is denied approval by the Board may request a hearing regarding the denial by filing a written request with the Board within 30 days after service of the Board’s order denying approval of the training program. The Board shall conduct hearings under A.R.S. Title 41, Chapter 6, Article 10.

R4-33-704.1. Application for Approval of an Assisted Living Facility Caregiver Medication Management Training Program

A. A person described under R4-33-703.1(A) shall ensure no training is provided until the assisted living facility medication management training program is approved by the Board.

B. To obtain approval of an assisted living facility medication management training program, a person described under R4-33-703.1(A) shall submit to the Board an application packet that contains the following:
   1. Name, address, telephone number, and e-mail address of the person described under R4-33-703.1(A);
   2. A statement of whether the training program is based within an assisted living facility or other location and address of the location;
   3. Name, telephone number, e-mail address, and license number of each program instructor and evidence each program instructor is qualified under R4-33-703.1(C)(3);
   4. The information required under R4-33-704(B)(8);
   5. The following evidence of compliance with R4-33-703.1(D):
      a. Skills checklist used to verify whether a student has acquired the necessary assisted living facility caregiver skills, consistent with R4-33-702(A)(6)(a);
      b. Evaluation form required under R4-33-702(A)(6)(c) to enable students to assess the quality of the instructional experience provided by the training program; and
      c. Evidence of completion issued to a student under R4-33-702(A)(4);
   6. Signature of the person described under R4-33-703.1(A); and
   7. The fee prescribed under R4-33-104(E)(1) except a person that has an assisted living facility caregiver training program approved under R4-33-704 is not required to pay a fee for approval under this Section.

C. R4-33-704(C) through (E) applies to this Section.

R4-33-705. Renewal of Approval of an Assisted Living Facility Caregiver Training Program

A. The approval of an assisted living facility caregiver training program expires one year from the date of approval. If the approval of an assisted living facility caregiver the training program expires, the owner of the training program shall immediately stop all training program activity.

B. No change
   1. No change
   2. No change
   3. Name, telephone number, e-mail address, and license number of the program administrator required under R4-33-702(B);
4. Name, telephone number, e-mail address, and license number of each program instructor and evidence that each program instructor is qualified under R4-33-702(C);
5. No change
6. No change
7. No change
   a. No change
   b. No change
   c. Results obtained on the Board-approved written examination and skills examinations checklist for each student, and
   d. Percentage of students who passed the examinations on the first attempt;
8. No change
9. No change
10. No change
11. No change
12. No change
13. No change
14. No change
15. No change
16. No change
C. After review of the materials submitted under subsection (B), the Board shall ensure that the training program is evaluated at either an onsite or telephonic meeting. The program owner shall ensure that the program owner, program administrator, and all instructors are available to participate in the evaluation meeting.
D. The Board shall ensure that each training program receives an onsite evaluation at least every four years. An onsite evaluation includes visiting each assisted living facility at which the training program provides instruction.
E. No change
F. No change
   1. Renew approval of a training program that the Board determines complies with R4-33-702 and R4-33-703, or
   2. Issue a notice of deficiency under R4-33-706 to the owner of a training program that the Board determines does not comply with R4-33-702 or R4-33-703.
G. The owner of an assisted living facility training program that is issued a notice of deficiency by the Board under subsection (F)(2) may request a hearing regarding the deficiency notice by filing a written request with the Board within 30 days after service of the Board’s order. The Board shall conduct hearings under A.R.S. Title 41, Chapter 6, Article 10.

R4-33-705.1. Renewal of Approval of an Assisted Living Facility Caregiver Medication Management Training Program
A. The approval of an assisted living facility caregiver medication management training program expires one year from the date of approval. If the approval expires, the person described under R4-33-703.1(A) shall immediately stop all medication management training program activity.
B. To renew approval of an assisted living facility caregiver medication management training program, the person described under R4-33-703.1(A) shall submit to the Board, no fewer than 60 and no more than 120 days before expiration of the current approval, an application packet that contains the following:
   1. Name, address, telephone number and e-mail address of the person described under R4-33-703.1(A);
   2. Name, telephone number, e-mail address, and license number of each program instructor and evidence each program instructor is qualified under R4-33-703.1(C)(3);
   3. The information required under R4-33-705(B)(7) through (11);
   4. Signature of the person described under R4-33-703.1(A); and
   5. The fee prescribed under R4-33-104(E)(2) except a person that has approval of an assisted living facility caregiver training program renewed under R4-33-705 is not required to pay a fee for approval under this Section.
C. R4-33-705(C) through (G) applies to this Section.

R4-33-706. Notice of Deficiency; Correction Plan; Disciplinary Action; Voluntary Termination
A. Notice of deficiency. If the Board determines that an assisted living facility caregiver or medication management training program does not comply with the requirements in this Article, the Board shall issue a written notice of deficiency to the owner of the program or person described under R4-33-703.1(A) of the training. The Board shall include the following in the notice of deficiency:
   1. No change
   2. No change
   3. No change
B. No change
   1. Within 10 days after service of a notice of deficiency under subsection (A), the owner or person described under R4-33-703.1(A) of the served training program shall submit to the Board a written plan to correct the identified deficiencies;
   2. No change
   3. The owner or person described under R4-33-703.1(A) of a training program implementing a correction plan shall notify the Board when all corrections have been made; and
   4. No change
      a. If the Board determines that all deficiencies have been corrected, the Board shall renew approval of the training program;
      b. If the Board determines that all deficiencies have not been corrected, the Board shall take disciplinary action under subsection (C).
C. Disciplinary action.
1. Under A.R.S. § 36-446.03(P), the Board shall issue a civil money penalty, suspend or revoke approval of an assisted living facility caregiver or medication management training program, or place the training program on probation if, following a hearing, the Board determines that the owner or the person described under R4-33-703.1(A) of the assisted living facility caregiver training program:
   a. No change
   b. Failed to comply with R4-33-702, or R4-33-703, or R4-33-703.1, as applicable, within the time set by the Board under R4-33-706(A)(3) for correction of deficiencies;
   c. No change
   d. Failed to allow the Board to conduct an evaluation under R4-33-702(J) or R4-33-703.1(D)(6);
   e. Failed to comply with R4-33-702(J) or R4-33-702(K);
   f. Lent or transferred training program approval to another individual or entity or another training program, including one owned by the same owner or person described under R4-33-703.1(A);
   g. Conducted an assisted living facility caregiver or medication management training program before obtaining Board approval;
   h. Conducted an assisted living facility caregiver or medication management training program after expiration of program approval without timely submitting an application for renewal under R4-33-705 or R4-33-705.1, as applicable;
   i. Falsified an application for assisted living facility caregiver or medication management training program approval under R4-33-704, or R4-33-704.1, R4-33-705, or R4-33-705.1;
   j. No change
   k. No change
   l. No change
   m. No change
   n. No change
   o. No change
   p. No change
   q. No change
   r. No change
   s. No change
   t. No change
   u. No change

2. The Board shall include in an order suspending or revoking approval of an assisted living facility caregiver or medication management training program the time and circumstances under which the owner or person described under R4-33-703.1(A) of the suspended or revoked training program may apply again under R4-33-704 or R4-33-704.1 for training program approval.

D. Voluntary termination. If the owner or person described under R4-33-703.1(A) of an approved assisted living facility caregiver or medication management training program decides to terminate the training program, the owner or person described under R4-33-703.1(A) shall:
   1. No change
   2. No change

NOTICE OF FINAL RULEMAKING

TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION
CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES

PREAMBLE

1. Article, Part, or Section Affected (as applicable)
   - R14-2-107 Amend
   - R14-2-108 New Section

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

3. The effective date of the rule:
   November 20, 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: 24 A.A.R. 1653, June 8, 2018
   Notice of Proposed Rulemaking: 24 A.A.R. 1643, June 8, 2018

5. The agency's contact person who can answer questions about the rulemaking:
   Name: Robin Mitchell, Assistant Director – Legal Division
   Address: Arizona Corporation Commission
            1200 W. Washington St.
            Phoenix, AZ 85007
6. **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

   The purpose of the proposed rules would amend R14-2-107 and add R14-2-108 to further streamline the rate application process for cooperative utilities by removing unnecessary regulatory hurdles. It is expected that the modifications to R14-2-107 will reduce costs for cooperative utilities and their customers.

   The addition of the new rule, R14-2-108, would provide a streamlined financing process for cooperatives providing electric, natural gas, or water service in Arizona meeting certain conditional requirements.

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

   None

8. **A showing of good cause why the 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. **A summary of the economic, small business, and consumer impact:**

   All classes of cooperative utilities meeting eligibility requirements should benefit from reduced legal and consulting costs from simplified rate and financing filings and shorter processing time-frames. However, cooperative utilities may file rate cases more frequently.

   Consumers of cooperative utilities should benefit as cooperative utilities pass on the cost savings of the simplified rate and financing process to their ratepayers. However, consumers may experience more frequent rate cases being filed. Some small businesses are also consumers of cooperative utilities.

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

    The Commission found it appropriate to make some minor changes to the text of the proposed rules to make the rules more clear, concise, and understandable. The changes are not intended to, and the Commission believes that they do not, change in any way the scope, meaning, or impact of the rules. The Commission believes that the minor changes do not result in any change to the rules that would necessitate publication of a Notice of Supplemental Proposed Rulemaking as required by A.R.S. § 41-1025(A) when an agency’s changes to a rule make it “substantially different” that the proposed rule. The Commission made the following minor changes to the Proposed Rules:

   (a) The text of Rule 107(A)(5)(d), the definition for “cooperative” was revised by deleting “either,” replacing the “or” after “electric utility services” with a comma, and inserting a comma after “natural gas utility services”;

   (b) The text of Rule 107(A)(6), the definition for “customer,” was revised by replacing “a member of a cooperative” with “anyone” to ensure that all those receiving utility services from cooperatives are included within the definition;

   (c) The text of Rule 107(B)(9) was revised by adding “through and including the test year” after “to the test year,” to eliminate any ambiguity concerning the results of test year participation;

   (d) The text of R14-2-107(D)(4) was revised by replacing “incorporating a charge” with “the mechanism has been” to clarify the rule by using consistent terminology; and

   (e) The text of R14-2-108(A) was revised by deleting “unless the context otherwise requires” as superfluous.
11. An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

<table>
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<tr>
<th>Written Comments on Notice of Proposed Rulemaking</th>
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<tbody>
<tr>
<td><strong>Public Comment</strong></td>
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<tr>
<td><strong>THE RULEMAKING GENERALLY</strong></td>
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<tr>
<td>Five electric cooperative member/customers filed letters requesting that the Commission approve the Proposed Rules, stating that the Proposed Rules will significantly decrease costs and processing times for their cooperative and its member/customers while allowing member/customers to express any concerns they may have. The customers stated that the cooperative is always looking for ways to keep electricity affordable and that the proposed rules will assist with that and will allow the cooperative to access the funds it needs to provide better quality service in a shorter time period.</td>
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<tr>
<td>An electric cooperative member/customer submitted a comment requesting that the Commission approve the Proposed Rules, stating that his cooperative does not have or desire to have the staff to deal with long, drawn out cases before the Commission and has been paying “devastating and unfair” costs to outside firms to accommodate hearings in rate cases. The member/customer stated that the Proposed Rules will help to preserve current rates and stay the need for significant increases in rate cases. The member/customer also stated that he trusts the cooperative leaders, who are also local member/customers, and that the cooperative allows its member/customers to voice their concerns and listens to their needs.</td>
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<td>An electric cooperative member/customer submitted a comment supporting the Proposed Rules, stating that they will decrease the time and cost of the cooperative’s rate and financing cases, thereby reducing expenses for the cooperative and its member/customers. The member/customer further stated that the Proposed Rules will allow the cooperative to file more rate cases under the less-expensive streamlined process and will allow member/customers to voice any concerns they have.</td>
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<th>Oral Comments on Notice of Proposed Rulemaking – Tucson Oral Proceeding 7/9/18</th>
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<td><strong>Public Comment</strong></td>
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<td><strong>THE RULEMAKING GENERALLY</strong></td>
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<td>Jack Blair, Chief Member Services Officer for SSVEC, supported adoption of the Proposed Rules, stating that a streamlined rate case under Rule 107 costs SSVEC approximately $250,000, while a rate case under A.A.C. R14-2-103 costs SSVEC approximately $1 million. Mr. Blair stated that SSVEC estimates a savings of $50,000 for a streamlined financing case under the new Rule 108. Mr. Blair stated that the cost savings go back to SSVEC’s member/customers.</td>
</tr>
<tr>
<td>Michele McCollum, appearing on behalf of Cochise Networking Our Way (“Cochise NOW”) and the SSVEC Young Member Engagement Group, supported adoption of the Proposed Rules, stating that they will result in lower rates, which are important to attracting businesses and young people to the community.</td>
</tr>
<tr>
<td>Cory East, owner/operator of C&amp;D Dairy and an SSVEC member/customer, supported adoption of the Proposed Rules, stating that the streamlined processes will result in lower rates and electric bills, which are very beneficial to his small dairy operation.</td>
</tr>
<tr>
<td>Eric Peterman, a member/customer of SSVEC, supported adoption of the Proposed Rules, stating that the streamlined processes will help SSVEC control costs for its membership, resulting in savings flowing through to SSVEC’s member/customers.</td>
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<th>Oral Comments on Notice of Proposed Rulemaking – Phoenix Oral Proceeding 7/12/18</th>
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<td><strong>Public Comment</strong></td>
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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:**

   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:**

      Not applicable

   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:**

      Not applicable

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 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION**

   **CHAPTER 2. CORPORATION COMMISSION - FIXED UTILITIES**

   **ARTICLE 1. GENERAL PROVISION**

   Section

   R14-2-107. Electric, or Natural Gas, or Affiliated Water Cooperative Alternative Streamlined Rate Application Filing Requirements and Process

   R14-2-108. Electric, Natural Gas, or Affiliated Water Cooperative Streamlined Financing Application Filing Requirements and Process

   **ARTICLE 1. GENERAL PROVISION**

   R14-2-107. Electric, or Natural Gas, or Affiliated Water Cooperative Alternative Streamlined Rate Application Filing Requirements and Process

   A. **Definitions. In this Section, unless otherwise specified:**

      1. **“Affiliated entity”** means an “entity” as defined in A.A.C. R14-2-801 that, in relation to a cooperative, meets the definition of an “affiliate” in A.A.C. R14-2-801.

      2. **“Base revenue”** means the revenue generated by permanent rates and charges, excluding:

         a. Revenue generated through adjustor mechanisms, and
         b. Revenue generated through miscellaneous service charges.

      3. **“CFC”** means the National Rural Utilities Cooperative Finance Corporation.

      4. **“Commission”** means the Arizona Corporation Commission.

      5. **“Cooperative”** means a legal entity that is:

         a. A domestic corporation or a foreign corporation authorized to transact business in this state;
         b. Operated as a not-for-profit or non-profit;
         c. Owned and controlled by its members; and
         d. Operating as a public service corporation in this state by providing either electric utility services, or natural gas utility services, or water utility services from an affiliated entity.

      6. **“Customer”** means a member of a cooperative anyone who receives utility service from the cooperative.
“Docket Control” means the organizational unit within the Commission’s Hearing Division that accepts, records, and maintains filings.

“FERC” means the Federal Energy Regulatory Commission.

“File” means to submit to Docket Control, with the required number of copies and in an acceptable format, for recording under an appropriate docket number.

“Full permanent rate case decision” means a Commission decision:
   a. Issued on an application filed under R14-2-103 and not under this Section,
   b. In which the Commission ascertained the fair value of a public service corporation’s property within Arizona and established a schedule of rates and charges for the public service corporation’s provision of utility services within Arizona, and

“Non-price tariff change” means modification of one or more tariff provisions, either through altering existing tariff language or adding new tariff language, in a manner that substantively alters a requirement other than a rate or charge.

“Rate schedule” means a schedule of rates and conditions for a specific classification of customer or for other specific services.

“Rate structure change” means any of the following:
   a. Introduction of a new rate schedule;
   b. Elimination of an existing rate schedule;
   c. A change in base revenue generated by any one the residential rate class greater than 150% of the overall base revenue increase;
   d. A change greater than 25%-35% in the customer charge within a rate schedule for residential customers; or
   e. A change in the rate blocks or the percentage relationship of the prices among rate blocks.

“RUS” means United States Department of Agriculture, Rural Utilities Service.

“Staff” has the same meaning as in R14-2-103.

“Test year” means the one-year historical period used in determining rate base, operating income, and rate of return, which shall have an ending date within nine 12 months before the filing date for a rate application under this Section and shall include at least six months during which a cooperative’s current rates and charges were in effect.

“Timely” means in the manner and before the deadlines prescribed in this Section.

B. Eligibility Requirements. Except as provided in subsection (C), a cooperative may file and pursue a rate application under this Section rather than R14-2-103 only if all of the following eligibility requirements are met:
   1. The cooperative is classified as a Class A, B, or C utility under R14-2-103(A)(3)(q);
   2. A full permanent rate case decision for the cooperative has been issued within the 180-month 20-year period immediately preceding the filing of the cooperative’s rate application;
   3. The cooperative has not filed a rate application under this Section within the 12 months immediately preceding the filing of the cooperative’s rate application;
   4. The cooperative’s rate application is the first, second, third, fourth, or fifth rate application filed by the cooperative under this Section since its last full permanent rate case decision was issued;
   5. The cooperative’s rate application proposes only a change in rates and charges and non-price tariff language consistent with subsection (D) and does not propose any of the following:
      a. A change in an existing adjustor or surcharge mechanism;
      b. Adoption of a new adjustor or surcharge mechanism, unless incorporating a charge or charges otherwise previously approved by the Commission; or
      e. Adoption of a new hook-up fee or another new type of fee;
   6. The cooperative’s rate application does not propose a rate structure change or a non-price tariff change except for the elimination of a rate schedule if the rate schedule has had no customer participation within the one year prior to the test year through and including the test year;
   7. The cooperative’s rate application includes the most recent audited financials for a period ending no more than nine months before the beginning of the test year the cooperative;
   8. The cooperative’s rate application does not propose an increase in total base revenue amounting to more than 6% of the actual test year total base revenue;
   9. The cooperative’s rate application uses its original cost rate base as its fair value rate base;
   10. The cooperative’s rate application proposes only a change in rates and charges and non-price tariff language consistent with subsection (D) and does not propose any of the following:
       a. A change in an existing adjustor or surcharge mechanism;
       b. Adoption of a new adjustor or surcharge mechanism, unless incorporating a charge or charges otherwise previously approved by the Commission; or
       e. Adoption of a new hook-up fee or another new type of fee;
   11. The cooperative’s rate application does not propose a rate structure change or a non-price tariff change except for the elimination of a rate schedule if the rate schedule has had no customer participation within the one year prior to the test year through and including the test year;
   12. The cooperative’s rate application does not request financing approval or other approvals and does not request consolidation with another docket;
   13. The customer notice provided by the cooperative conformed to the requirements of subsection (D) (F) and was approved by the Staff;
   14. For a distribution cooperative, the objections timely submitted by the cooperative’s customers represent no more than 5% of all customer accounts or no more than 1,000 customer accounts, whichever is fewer; and
   15. For a generation or transmission cooperative, no member distribution cooperative has filed a timely objection to the application, and the objections timely submitted by retail customers served by member distribution cooperatives represent no more than 3,000 customer accounts.

C. A multi-jurisdictional cooperative with less than 30% of its customers within Arizona that seeks only to implement rates for Arizona customers that are already effective in the jurisdiction where the majority of the cooperative’s customers are located may pursue a rate application under this Section without meeting the eligibility requirements of subsections (B)(1) through (10).

D. A cooperative may propose any of the following in its rate application filed under this Section:
Pre-Filing Requirements. Before filing a rate application under this Section, a cooperative shall:

1. Analyze the cooperative’s eligibility under subsection (B);
2. Submit to Staff, in both hard copy and electronic (with formulae intact) formats, a Request for Pre-Filing Eligibility Review, which shall include a draft application including the items and information described in subsections (E)(1) through (6), and a copy of the Proposed Form of Notice to be sent to the cooperative’s customers, and a Proposed Form of Recommended Order;
3. No sooner than 30 days after the date Staff receives the Request for Pre-Filing Eligibility Review, meet with Staff to discuss the cooperative’s eligibility under subsection (B) and any Staff modifications to the Proposed Form of Notice; and
4. At least 20 days before filing a rate application under this Section, provide Notice of the application, conforming to the requirements of subsection (D) and as approved by Staff, as follows:
   a. If a distribution cooperative, by sending the Notice, by First Class Mail, to each of the cooperative’s customers; and
   b. If a generation or transmission cooperative, by publishing the Notice in at least one newspaper of general circulation in the service territory of each member distribution cooperative served and by sending the Notice, by First Class Mail, to each member distribution cooperative served.

Notice Requirements.

1. A cooperative shall ensure that the Proposed Form of Notice submitted to Staff for approval is in a form approved by Staff and that it includes, at a minimum, all of the following:
   a. The cooperative’s name and contact information;
   b. The docket number assigned to the cooperative’s rate application proceeding;
   c. A summary of the rate relief requested by the cooperative in its rate application;
   d. For a distribution cooperative, the monthly bill impact to a residential customer with average usage and to a residential customer with median usage if the requested rate relief were granted by the Commission;
   e. For a distribution cooperative, the monthly bill impact to a residential customer with average usage and to a residential customer with median usage if the requested rate relief were granted by the Commission;
   f. A summary of the rate relief supported by the cooperative in its rate application;
   g. A copy of the Proposed Form of Notice to be sent to the cooperative’s customers, and a Proposed Form of Recommended Order;
   h. Instructions for viewing or obtaining filed documents;
   i. Information regarding the Commission’s process under this Section;
   j. Information regarding disability accommodations;

2. After receiving Staff approval for a form of Notice, a cooperative shall provide notice of its application as follows:
   a. If a distribution cooperative, by sending the Notice, by First Class Mail, to each of the cooperative’s customers; and
   b. If a generation or transmission cooperative, by publishing the Notice in at least one newspaper of general circulation in the service territory of each member distribution cooperative served and by sending the Notice, by First Class Mail, to each member distribution cooperative served.

Filing Requirements. No later than 50 Within twenty days after completing the provision of Notice as required by subsection (C)(5) (E)(2), a cooperative may file in the assigned docket a rate application under this Section, which shall include the following:

1. The legal name of the cooperative and identification of the test year;
2. A waiver of the use of reconstruction cost new rate base to determine the cooperative’s fair value rate base;
3. A copy of the most recent certified annual financial and statistical report submitted by the cooperative to a federal agency, such as RUS or FERC, or an established national non-profit lender that specializes in the utility industry, such as CFC or CoBank;
4. A copy of the most recent audited financials for the cooperative, for a period ending no earlier than nine months before the beginning of the test year;
5. The information listed in the table in R14-2-103(B)(1) for Schedules Schedule A-1, A-4, and A-5, which shall be submitted in the format provided in Appendix Schedules Schedule A-1, A-4, and A-5;
6. The information listed in the table in R14-2-103(B)(1) for Schedules B-2, B-5, C-1, C-2 (if applicable), C-3 (if a taxable entity), D-2, E-1, E-2 (with the same year ending date as the test year and the same level of detail as shown for the test year in Schedule C-1), E-5, through E-8 (if a taxable entity), E-9, F-1, F-2, F-3, F-4, and H-1 through H-5, which:
   a. Shall be included on schedules labeled consistently with and containing the substantive information corresponding to the Appendix Schedules,
   b. Shall conform to the instructions and notes contained on the corresponding Appendix Schedules,
   c. May be submitted in the format provided in the Appendix Schedules or formatted in an alternate manner, and
   d. May omit information that is not applicable to the cooperative’s operations;
The information listed in the table in R14-2-103(B)(1) for Schedules B-3 and B-4, if requesting a change in depreciation rates in accordance with subsection (D)(7); 7-8. A copy of the Notice sent and, if applicable, published, as required under subsection (C)(5) (F)(2); and 8-9. Proof that the Notice was sent and, if applicable, published, as required under subsection (C)(5), at least 20 days, and no more than 50 days, before the date the rate application is filed (F)(2).

JH. Pre-Eligibility-Review Objections and Requests. Any person desiring to object to the cooperative’s rate application or to request intervention in the cooperative’s rate case shall file an objection or request no later than the date specified in the Notice provided pursuant to subsection (C)(5) (F)(2).

GI. Late Objections. In determining the cooperative’s eligibility to proceed with its rate application under this Section, Staff shall not consider any objection that is filed after the deadline in the Notice provided pursuant to subsection (C)(5) (F)(2).

HJ. Eligibility and Sufficiency Review. Within 14 seven days after the deadline for objections and intervention requests specified in the Notice provided pursuant to subsection (C)(5) (F)(2), Staff shall:
1. Review the cooperative’s rate application, along with any objections timely filed under subsection (F) (H), to determine whether the cooperative is eligible, under subsection (B), to pursue its rate application under this Section;
2. File either a Notice of Eligibility or a Notice of Ineligibility;
3. If the cooperative is eligible, complete the following:
   a. Conduct a sufficiency review of the cooperative’s rate application;
   b. Determine whether the rate application complies with the requirements of subsection (G); and
   c. File either a Notice of Sufficiency that classifies the cooperative as provided in R14-2-103(A)(3)(q) or a Notice of Deficiency that lists and explains each defect in the rate application that must be corrected to make the rate application sufficient.

JK. Eligibility and Sufficiency Determinations. Staff’s determination of eligibility, ineligibility, sufficiency, and deficiency are final and are not Commission decisions or Commission orders under A.R.S. §§ 40-252 and 40-253. A cooperative or intervenor that disagrees with Staff’s determination of eligibility, ineligibility, sufficiency, or deficiency may petition the Commission to review Staff’s determination by filing a petition in the docket. A Commissioner may include a petition for review as an agenda item to be considered by the Commission at an Open Meeting. If a petition for review is not included in an Open Meeting agenda within 30 days after the date it is filed in the docket, the petition for review shall be deemed denied.

JJ. Request for Processing under R14-2-103. Within 40 75 days after a Notice of Ineligibility is filed, a cooperative may file a Request for Processing under R14-2-103. If a cooperative files a Request for Processing under R14-2-103, all further activity under this Section shall cease, and the cooperative’s rate application shall be deemed a new rate application, filed under R14-2-103, on the date the Request for Processing under R14-2-103 is filed.

KJ. Docket Closure. If a Request for Processing under R14-2-103 is not filed within 40 75 days after a Notice of Ineligibility is filed, the Hearing Division shall issue a procedural order administratively closing the docket.

LN. Action on Notice of Deficiency. After Staff files a Notice of Deficiency:
1. The cooperative shall promptly address each defect listed in the Notice of Deficiency and file all necessary corrections and information to bring the rate application to sufficiency; and
2. Within 14 10 days after receiving the cooperative’s corrections and information, Staff shall again take the actions described in subsections (I)(3) through (5) subsection (J)(3).

MQ. Substantive Review and Staff Report. After Staff files a Notice of Sufficiency, Staff shall:
1. Conduct a substantive review of the rate application;
2. Prepare a Staff Report that shall include Staff’s recommendations and may include a Request for Hearing that complies with subsection (O) (Q); and
3. If including a Request for Hearing, file the Staff Report within the following number of days after the Notice of Sufficiency is filed:
   a. If the cooperative is a Class A utility, 100 days;
   b. If the cooperative is a Class B utility, 100 days; and
   c. If the cooperative is a Class C utility, 75 days; and
4. If not including a Request for Hearing, file the Staff Report and a Recommended Order within the following number of days after the Notice of Sufficiency is filed:
   a. If the cooperative is a Class A utility, 120 days;
   b. If the cooperative is a Class B utility, 120 days; and
   c. If the cooperative is a Class C utility, 95 days.
3. File the Staff Report (and a Recommended Order if no Request for Hearing) within:
   a. 150 days after the Notice of Sufficiency is filed, for a rate application requesting adjustment to the base cost of power;
   b. 120 days after the Notice of Sufficiency is filed, for a rate application requesting a new adjustor mechanism; and
   c. 60 days after the Notice of Sufficiency is filed, for any other rate application.

NP. Responses to Staff Report. Within 10 days after Staff files a Staff Report:
1. The cooperative shall file a Response to the Staff Report, which may include a Request for Hearing that complies with subsection (O) (Q), or a Request for Withdrawal; and
2. Each intervenor shall file a Response to the Staff Report, which may include a Request for Hearing that complies with subsection (O) (Q).

OQ. Request for Hearing. A Request for Hearing shall include, at a minimum, an explanation of the requesting party’s reasons for believing that an evidentiary hearing should be held, a summary of each issue on which the party believes evidence should be provided; and a recitation of the witnesses and documentary evidence that the requesting party believes could be produced to provide evidence on each issue.

PR. Responses to and Action on Request for Hearing.
1. A party shall file any response to a Request for Hearing within five business days after the Request for Hearing is filed.

2. The Hearing Division shall rule on each Request for Hearing within 10 business days after it is filed and may require party responses, including oral argument, or other proceedings at its discretion in considering a Request for Hearing.

3. The Hearing Division may extend the party response deadline or Hearing Division’s ruling deadline for good cause.

4. If a hearing is granted, the Hearing Division shall preside over all further proceedings in the case.

Q-S. Action on Request for Withdrawal. The Hearing Division shall rule on each Request for Withdrawal and may require party responses, including oral argument, or other proceedings at its discretion in considering a Request for Withdrawal. If withdrawal is granted, the Hearing Division shall issue a procedural order administratively closing the docket.

R-T. Requirement for Service. A party that files a document under this Section shall also serve a copy of the document on each other party to the case, by a method conforming to the requirements of A.A.C. R14-3-107(B) and (C) in accordance with the Commission’s rules or as otherwise authorized by the Commission.

S-U. Revenue Increase Cap. No Commission decision issued under this Section shall increase a cooperative’s base revenue by more than 6% of the cooperative’s actual test year total base revenue, unless the cooperative meets the requirements of subsection (C). In calculating the 6% base revenue increase cap, the Commission shall not include the revenue derived from a change to the base cost of power, an existing adjustor rate, an existing surcharge rate, an existing hook-up fee, or another existing fee or the addition of a new adjustor mechanism or surcharge mechanism.

T-X. The Commission may, at any stage in the processing of a cooperative’s rate application under this section Section, determine that the rate application shall instead proceed under R14-2-103.

W. Recommended Opinion and Order. The Hearing Division shall issue a Recommended Opinion and Order within 90 days after the last day of a hearing held under this Section.

X. The Commission may, for good cause, waive an eligibility requirement of subsection (B).

R14-2-108. Electric, Natural Gas, or Affiliated Water Cooperative Streamlined Financing Application Filing Requirements and Process

A. Definitions. The definitions contained in R14-2-107 shall apply to this Section unless the context otherwise requires.

B. New Financing or Refinancing Requests.

1. Thirty days before filing an application to request new financing, a cooperative shall meet with Staff to discuss the financing application.

2. A cooperative shall ensure that its filed financing application includes, at a minimum:
   a. The information provided to lenders by the cooperative,
   b. The most recent audited financials for the cooperative, and
   c. A capital budget or work plan showing how the cooperative proposes to use the funds obtained through the requested financing.

3. A cooperative shall post a notice regarding its financing application, in a form approved by Staff, or a link to such a notice, on the main page of the cooperative’s website.

4. Staff shall issue a Staff report and proposed order regarding a cooperative’s financing application within 75 days after the filing of the financing application.

C. Refinancing Requests.

1. Fourteen days before filing an application for refinancing, a cooperative shall meet with Staff to discuss the refinancing application.

2. A cooperative shall ensure that its filed refinancing application includes, at a minimum, the information required under subsection (B)(2).

3. A cooperative shall post a notice regarding its refinancing application, in a form approved by Staff, or a link to such a notice, on the main page of the cooperative’s website.

4. Staff shall issue a Staff report and proposed order regarding a cooperative’s refinancing application within 45 days after the filing of the refinancing application.

D. Joint Requests

1. A cooperative may file an application requesting approval of both new financing and refinancing.

2. An application requesting approval of both new financing and refinancing shall be processed under subsection (B).
NOTICES OF FINAL EXPEDITED RULEMAKING

This section of the Arizona Administrative Register contains Notices of Final Expedited Rulemaking. The Office of the Secretary of State is the filing office and publisher of these rules.

Questions about the interpretation of the expedited rules should be addressed to the agency promulgating the rules. Refer to Item #5 to contact the person charged with the rulemaking.

NOTICE OF FINAL EXPEDITED RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES AND INFESTATIONS

[R18-200]

PREAMBLE

1. Article, Part, or Section Affected (as applicable) Rulemaking Action
   Article 8 Amend
   R9-6-801 Amend
   R9-6-802 Amend

2. Citations to the agency’s statutory authority for the rulemaking, including both the authorizing statute (general) and the implementing statute (specific):
   Authorizing Statutes: A.R.S. §§ 36-136(A)(7) and 36-136(G)
   Implementing Statutes: A.R.S. §§ 13-1210 and 36-136(H)(1)

3. The effective date of the rules:
   September 11, 2018

4. Citations to all related notices published in the Register that pertain to the record of the final expedited rulemaking:
   Notice of Rulemaking Docket Opening: 24 A.A.R. 1437, May 11, 2018
   Notice of Proposed Expedited Rulemaking: 24 A.A.R. 1650, June 8, 2018

5. The agency’s contact person who can answer questions about the expedited rulemaking:
   Name: Jessica Rigler, Branch Chief
   Address: Arizona Department of Health Services
             Public Health Preparedness
             150 N. 18th Ave., Suite 100
             Phoenix, AZ 85007-3248
   Telephone: (602) 364-3909
   Fax: (602) 364-3199
   E-mail: Jessica.Rigler@azdhs.gov
   or
   Name: Robert Lane, Chief
   Address: Arizona Department of Health Services
             Office of Administrative Counsel and Rules
             150 N. 18th Ave., Suite 200
             Phoenix, AZ 85007
   Telephone: (602) 542-1020
   Fax: (602) 364-1150
   E-mail: Robert.Lane@azdhs.gov

6. An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S. § 41-1027, to include an explanation about the rulemaking:
   Arizona Revised Statutes (A.R.S.) § 36-136(H)(1) requires the Arizona Department of Health Services (Department) to make rules defining and prescribing “reasonably necessary measures for detecting, reporting, preventing, and controlling communicable and preventable diseases.” A.R.S. § 13-1210 authorizes a public safety employee or volunteer, an Arizona State Hospital (AzSH) employee, or the employing entity to petition for court-ordered testing of the blood of the alleged perpetrator of an assault on a public safety employee or volunteer or an AzSH employee. The Department has adopted in Arizona Administrative Code (A.A.C.) Title 9, Chapter 6, Article 8, rules to implement these statutes. As part of the five-year-review report for 9 A.A.C. 6, Article 8, the Department identified that the rules are inconsistent with A.R.S. § 13-1210, as amended by Laws 2008, Ch. 203, § 1, because the rules do not explicitly include AzSH employees. The rules are being amended to make this change to reduce a regulatory burden while achieving the same regulatory objective, comply with statutory requirements, and help eliminate confusion on the part of the
public. The Department believes the rulemaking meets the criteria for expedited rulemaking since the changes to be made will not increase the cost of regulatory compliance, increase a fee, or reduce procedural rights of persons regulated, but implement a course of action proposed in a five-year-review report approved by the Governor’s Regulatory Review Council on January 9, 2018.

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

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. A summary of the economic, small business, and consumer impact:
   Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

10. A description of any changes between the proposed expedited rulemaking, including supplemental notices, and the final expedited rulemaking:
    Between the proposed expedited rulemaking and the final expedited rulemaking, no changes were made to the rulemaking.

11. Agency’s summary of the public or stakeholder comments or objections made about the rulemaking and the agency response to the comments:
    The Department did not receive public or stakeholder comments about the rulemaking.

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:
    There are no other matters prescribed by statute applicable specifically to the Department or this specific rulemaking.
   a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:
      The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.
   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:
      Federal laws do not apply to the rule.
   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 such 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 rules:
    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:
    The rule was not previously made as an emergency rule.

15. The full text of the rule follows:

   TITLE 9. HEALTH SERVICES
   CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
   COMMUNICABLE DISEASES AND INFESTATIONS

   ARTICLE 8. ASSAULTS ON PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS OR STATE HOSPITAL EMPLOYEES

   R9-6-801. Definitions
   In addition to the definitions in A.R.S. § 13-1210 and R9-6-101, the following definitions apply in this Article, unless otherwise specified:
   1. “Employer” means an individual in the senior leadership position with an agency or entity for which a named public safety employee or volunteer works or that individual’s designee.
   2. “Named public safety employee or volunteer” means the public safety employee or volunteer one of the following who is listed as the assaulted individual in a petition, filed under A.R.S. § 13-1210 and granted by a court:
      a. Public safety employee or volunteer, or
      b. Arizona State Hospital employee.
3. “Occupational health provider” means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a named public safety employee or volunteer works.

4. “Public safety employee or volunteer” means the same as in A.R.S. § 13-1210.

R9-6-802. Notice of Test Results

A. Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 13-1210, the ordering health care provider shall:
   1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
      a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
      b. Notify the occupational health provider in writing of the results of the test; and
   2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
      a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D); and
      b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
      c. Notify the occupational health provider in writing of the results of the test.

B. Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:
   1. Notify the court-ordered subject as specified in subsection (D);
   2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
   3. Notify the officer in charge of the correctional facility as specified in subsection (E).

C. Within five working days after an occupational health provider receives written notice of test results as required in subsection (A), the occupational health provider shall notify:
   1. The named public safety employee or volunteer as specified in subsection (D); and
   2. The employer as specified in subsection (E).

D. An individual who provides notice to a court-ordered subject or named public safety employee or volunteer as required under subsection (A), (B), or (C) shall describe the test results and provide or arrange for the court-ordered subject or named public safety employee or volunteer to receive the following information about each agent for which the court-ordered subject was tested:
   1. A description of the disease or syndrome caused by the agent, including its symptoms;
   2. A description of how the agent is transmitted to others;
   3. The average window period for the agent;
   4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
   5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
   6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
   7. The availability of assistance from local health agencies or other resources; and
   8. The confidential nature of the court-ordered subject’s test results.

E. An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to an employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject’s test results indicate the presence of infection:
   1. A description of the disease or syndrome caused by the agent, including its symptoms;
   2. A description of how the agent is transmitted to others;
   3. Measures to reduce the likelihood of transmitting the agent to others;
   4. The availability of assistance from local health agencies or other resources; and
   5. The confidential nature of the court-ordered subject’s test results.

F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.

G. An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject’s personal identifying information and test results.

H. A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.

I. A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
   1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
   2. The court-ordered subject does not contact the ordering health care provider.

J. A health care provider who orders a test on a court-ordered subject’s blood shall comply with all applicable reporting requirements contained in this Chapter.
NOTICE OF FINAL EXPEDITED RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES AND INFESTATIONS

PREAMBLE

1. Article, Part, or Section Affected (as applicable) | Rulemaking Action
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R9-6-1001 | Amend
R9-6-1004 | Amend
R9-6-1005 | Amend
R9-6-1006 | Amend

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

   Authorizing Statutes: A.R.S. §§ 36-136(A)(7) and 36-136(G)

3. The effective date of the rules:
   September 11, 2018

4. Citations to all related notices published in the Register that pertain to the record of the final expedited rulemaking:
   Notice of Rulemaking Docket Opening: 24 A.A.R. 1681, June 15, 2018
   Notice of Proposed Expedited Rulemaking: 24 A.A.R. 1973, July 13, 2018

5. The agency's contact person who can answer questions about the expedited rulemaking:
   Name: Eugene Livar, Deputy Bureau Chief
   Address: Arizona Department of Health Services
   Public Health Preparedness
   150 N. 18th Ave., Suite 110
   Phoenix, AZ 85007-3248
   Telephone: (602) 364-3138
   Fax: (602) 364-2119
   E-mail: Eugene.Livar@azdhs.gov
   or
   Name: Robert Lane, Chief
   Address: Arizona Department of Health Services
   Office of Administrative Counsel and Rules
   150 N. 18th Ave., Suite 200
   Phoenix, AZ 85007
   Telephone: (602) 542-1020
   Fax: (602) 364-1150
   E-mail: Robert.Lane@azdhs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S.§ 41-1027, to include an explanation about the rulemaking:
   Arizona Revised Statutes (A.R.S.) § 36-136(I)(1) requires the Arizona Department of Health Services (Department) to make rules defining and prescribing “reasonably necessary measures for detecting, reporting, preventing, and controlling communicable and preventable diseases.” A.R.S. § 36-663 specifies requirements, restrictions, and exceptions for HIV-related testing. A.R.S. § 36-664 specifies requirements related to the confidentiality of communicable disease information and circumstances when communicable disease information may be disclosed. A.R.S. §§ 8-341, 13-1210, 13-1415, and 32-3207 specify requirements for court-ordered HIV-related testing. The Department has adopted rules to implement these statutes in Arizona Administrative Code (A.A.C.) Title 9, Chapter 6, Article 10. As part of the five-year-review report for 9 A.A.C. 6, Article 10, the Department identified changes that should be made to remove definitions that are no longer used, make the rules reflect current practice, improve clarity about the expectation that a local health agency assist a subject with a positive screening test to connect with medical care and more definitive testing, and correct a statutory cross-reference and grammatical errors. The Department believes the rulemaking meets the criteria for expedited rulemaking since the changes to be made will not increase the cost of regulatory compliance, increase a fee, or reduce procedural rights of persons regulated, but implement a course of action proposed in a five-year-review report approved by the Governor’s Regulatory Review Council on March 6, 2018.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:
   The Department did not review or rely on any study for this rulemaking.
8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminsh a previous grant of authority of a political subdivision of this state.

Not applicable

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

Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

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

Between the proposed expedited rulemaking and the final expedited rulemaking, no changes were made to the rulemaking.

11. Agency's summary of the public or stakeholder comments or objections made about the rulemaking and the agency response to the comments:

The Department did not receive public or stakeholder comments about the rulemaking.

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:

There are no other matters prescribed by statute applicable specifically to the Department or this specific rulemaking.

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

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.

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:

Federal laws do not apply to the rule.

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 such 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 rules:

None

14. Whether the rule was previously made, amended, or repealed as an emergency rules. 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:

The rule was not previously made as an emergency rule.

15. The full text of the rule follows:

TITLE 9. HEALTH SERVICES
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES AND INFESTATIONS

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

Section
R9-6-1001. Definitions
R9-6-1004. Court-ordered HIV-related Testing
R9-6-1005. Anonymous HIV Testing
R9-6-1006. Notification

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

R9-6-1001. Definitions

In this Article, unless otherwise specified:

1. “Governing board” means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.

2. “Informed consent” means permission to conduct an HIV-related test obtained from a subject who has capacity to consent or an individual authorized by law to consent for a subject without capacity to consent after an explanation that complies with A.R.S. § 36-663(B).

3. “Physician” means an individual licensed as a doctor of:

a. Allopathic medicine under A.R.S. Title 32, Chapter 13;

b. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or

c. Homeopathic medicine under A.R.S. Title 32, Chapter 29.


5. “Superintendent of a school district” means an individual appointed by the governing board of a school district to oversee the operation of schools within the school district.
“Works” means materials, such as cotton balls or a spoon, required when preparing or using a drug that requires injection.

R9-6-1004. Court-ordered HIV-related Testing

A. A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 9 A.A.C. 6, Article 8.

B. A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in 9 A.A.C. 6, Article 9.

C. When a court orders a test under A.R.S. §§ 8-341 or 13-1415 to detect HIV infection, the prosecuting attorney who petitioned the court for the order shall provide to the Department:
1. A copy of the court order, including an identifying number associated with the court order;
2. The name and address of the victim; and
3. The name and telephone number of the prosecuting attorney or the prosecuting attorney’s designee.

D. A person who tests a specimen of blood or another body fluid from a subject to detect HIV infection as authorized by a court order issued under A.R.S. §§ 8-341 or 13-1415 shall:
1. Use a screening test; and
2. If the test results from a screening test on the specimen indicate a positive result, retest the specimen using a confirmatory test.

E. A person who performs a test described in subsection (D) shall report the test results for each subject to the submitting entity within five working days after obtaining the test results.

F. A submitting entity that receives the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. §§ 8-341 or 13-1415 shall:
1. Notify the Department within five working days after receiving the results of the test to detect HIV infection;
2. Provide to the Department:
   a. A written copy of the court order;
   b. A written copy of the results of the test to detect HIV infection, and
   c. The name and telephone number of the submitting entity or submitting entity’s designee; and
3. Either:
   a. Comply with the requirements in:
      i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
      ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or
   b. Provide to the Department or the local health agency in whose designated service area the subject is living:
      i. The name and address of the subject;
      ii. A written copy of the results of the test to detect HIV infection, if not provided as specified in subsection (F)(2)(b); and
      iii. Notice that the submitting entity did not provide notification as specified in subsection (F)(3)(a).

G. If the Department or a local health agency is notified by a submitting entity as specified in subsection (F) of a subject who is not incarcerated or detained, the Department or local health agency shall comply with the requirements in:
1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.

H. When the Department receives a written copy of the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. §§ 8-341 or 13-1415, the Department shall either:
1. Provide to the victim:
   a. A description of the results of the test to detect HIV infection;
   b. The information specified in R9-6-802(D); and
   c. A written copy of the test results; or
2. Provide to the local health agency in whose designated service area the victim is living:
   a. The name and address of the victim,
   b. A written copy of the results of the test to detect HIV infection, and
   c. Notice that the Department did not provide notification as specified in subsection (H)(1).

I. If a local health agency is notified by the Department as specified in subsection (H)(2), the local health agency shall:
1. Provide to the victim:
   a. A description of the results of the test to detect HIV infection;
   b. The information specified in R9-6-802(D); and
   c. A written copy of the test results; or
2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect HIV infection.

R9-6-1005. Anonymous HIV Testing

A. A local health agency and the Department shall offer anonymous HIV testing to individuals.

B. If an individual requests anonymous HIV testing, the Department or a local health agency shall:
1. Provide to the individual requesting anonymous HIV testing:
   a. Health education about HIV;
   b. The meaning of HIV test results, and
   c. The risk factors for becoming infected with HIV or transmitting HIV to other individuals;
2. Record in a format specified by the Department information about the individual’s risk factors for becoming infected with or transmitting HIV and submit the information to the Department;
3. Collect a specimen of blood from the individual;
4.3. Record the following information on a form provided by the Department in a Department-provided format:
   a. The individual’s date of birth;
   b. The individual’s race and ethnicity;
   c. The individual’s gender;
   d. The date and time the blood specimen was collected; and
   e. The type of screening test;
   f. Information about the individual’s risk factors for becoming infected with or transmitting HIV; and
   g. The name, address, and telephone number of the person collecting the blood specimen; and

5.4. Before the individual leaves the building occupied by the Department or local health agency:
   a. Test the individual’s specimen of blood using a screening test for HIV specified in subsection (B)(3);
   b. Provide the results of the screening test to the individual;
   c. Record the test results on the form specified in the record established according to subsection (B)(4) (B)(3); and
   d. If the test results from the screening test on the specimen of blood indicate that the individual may be HIV-infected:
      i. Assist the individual to connect with persons that may have additional resources available for the individual; and
      ii. Provide confirmatory testing or submit the specimen of blood to the Arizona State Laboratory for confirmatory testing by:
         (1) Assigning to the blood specimen an identification number corresponding to the pre-printed number on the form specified in the record established according to subsection (B)(4) (B)(3);
         (2) Giving the individual requesting anonymous HIV testing the identification number assigned to the blood specimen and information about how to obtain the results of the confirmatory test; and
         (3) Sending the blood specimen and the form record specified in subsection (B)(4) (B)(3) to the Arizona State Laboratory for confirmatory testing; and
   e. If anonymous HIV testing is provided by a local health agency, submit the record specified in subsection (B)(3) to the Department.

R9-6-1006. Notification
A. The Department or the Department’s designee shall confidentially notify an individual reported to be at risk for HIV infection, as required under A.R.S. § 36-664(J) 36-664(I), if all of the following conditions are met:
   1. The Department receives the report of risk for HIV infection in a document that includes the following:
      a. The name and address of the individual reported to be at risk for HIV infection or enough other identifying information about the individual to enable the individual to be recognized and located,
      b. The name and address of the HIV-infected individual placing the individual named under subsection (A)(1)(a) at risk for HIV infection,
      c. The name and address of the individual making the report, and
      d. The type of exposure placing the individual named under subsection (A)(1)(a) at risk for HIV infection;
   2. The individual making the report is in possession of confidential HIV-related information; and
   3. The Department determines that the information provided in the report is accurate and contains sufficient detail to:
      a. Indicate that the exposure described as required in subsection (A)(1)(d) constitutes a significant exposure for the individual reported to be at risk for HIV infection, and
      b. Enable the individual reported to be at risk for HIV infection to be recognized

B. As authorized under A.R.S. § 36-136(L) 36-136(M), the Department shall notify the superintendent of a school district in a confidential document that a pupil of the school district tested positive for HIV if the Department determines that:
   1. The pupil places others in the school setting at risk for HIV infection; and
   2. The school district has an HIV policy that includes the following provisions:
      a. That a school shall not exclude a pupil who tested positive for HIV from attending school or school functions or from participating in school activities solely due to HIV infection;
      b. That school district personnel who are informed that a pupil tested positive for HIV shall keep the information confidential; and
      c. That the school district shall provide HIV-education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions.

NOTICE OF FINAL EXPEDITED RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING

PREAMBLE

1. Article, Part, or Section Affected (as applicable) | Rulemaking Action
   R9-10-1302 | Amend
   R9-10-1307 | Amend
   R9-10-1309 | Amend
   R9-10-1310 | Amend
   R9-10-1312 | Amend
2. **Citations to the agency’s statutory authority for the rulemaking to include the authorizing statute (general) and the implementing statute (specific):**
   - Authorizing Statutes: A.R.S. §§ 36-132(A)(1), 36-136(G)
   - Implementing Statutes: A.R.S. §§ 36-132(A)(17) and 36-405(A) and (B)

3. **The effective date of the rules:**
   September 11, 2018

4. **Citations to all related notices published in the Register that pertain to the record of the final expedited rulemaking:**
   - Notice of Rulemaking Docket Opening: 24 A.A.R. 1821, June 29, 2018
   - Notice of Proposed Expedited Rulemaking: 24 A.A.R. 1977, July 13, 2018

5. **The agency’s contact person who can answer questions about the expedited rulemaking:**
   - Name: Colby Bower, Assistant Director
     - Address: Department of Health Services
     - Public Health Licensing Services
     - 150 N. 18th Ave., Suite 510
     - Phoenix, AZ 85007
     - Telephone: (602) 542-6383
     - Fax: (602) 364-4808
     - E-mail: Colby.Bower@azdhs.gov
   - Name: Robert Lane, Chief
     - Address: Arizona Department of Health Services
     - Office of Administrative Counsel and Rules
     - 150 N. 18th Ave., Suite 200
     - Phoenix, AZ 85007
     - Telephone: (602) 542-1020
     - Fax: (602) 364-1150
     - E-mail: Robert.Lane@azdhs.gov

6. **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S. § 41-1027, to include an explanation about the rulemaking:**
   In order to ensure public health, safety, and welfare, Arizona Revised Statutes (A.R.S.) §§ 36-405 and 36-406 require the Arizona Department of Health Services (Department) to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. Pursuant to Arizona Administrative Code (A.A.C.) R9-10-101(31), a “behavioral health specialized transitional facility” means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.” Specific rules for Arizona’s sole behavioral health specialized transitional facility, the Arizona Community Protection and Treatment Center (ACPTC), may be found in A.A.C Title 9, Chapter 10, Article 13. Although the rules were made in 2013 and all but two revised in 2014, several issues have arisen that need to be addressed. Among them is that ACPTC is prohibited, according to the current requirement in R9-10-1309, from placing patients in seclusion (locked rooms) under emergency circumstances. Instead, staff must immediately resort to physically restraining patients, a more punitive and severe alternative than seclusion. The inability to place patients in seclusion has resulted in ACPTC receiving complaints from patients, potentially increasing costs and incurring unnecessary liability. As described in a five-year-review report for 9 A.A.C. Title 9, Chapter 10, Article 13, approved by the Governor’s Regulatory Review Council on January 9, 2018, the Department is revising the rules in 9 A.A.C. 10, Article 13, by expedited rulemaking to clarify the permissible use of seclusion in behavioral health specialized transitional facility clinical environments and address other issues described in the five-year-review report.

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

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. **A summary of the economic, small business, and consumer impact:**
   Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

10. **A description of any changes between the proposed expedited rulemaking, including supplemental notices, and the final expedited rulemaking:**
    Between the proposed expedited rulemaking and the final expedited rulemaking, no changes were made to the rulemaking.

11. **Agency's summary of the public or stakeholder comments or objections made about the rulemaking and the agency response to the comments:**
    The Department did not receive public or stakeholder comments about the rulemaking.
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:

There are no other matters prescribed by statute applicable specifically to the Department or this specific rulemaking.

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

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining “a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining.” A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

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

Federal laws do not apply to the rule.

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 such 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 rules:

None

14. Whether the rule was previously made, amended, or repealed as an emergency rules. 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:

The rule was not previously made as an emergency rule.

15. The full text of the rule follows:

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

Section
R9-10-1302. Administration
R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative
R9-10-1309. Patient Rights
R9-10-1310. Behavioral Health Services
R9-10-1312. Medical Records

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

A. The governing authority for a behavioral health specialized transitional facility:

1. Is the superintendent of the state hospital; and
2. Shall:
   a. Establish, in writing:
      i. A behavioral health specialized transitional facility’s scope of services, and
      ii. Qualifications for an administrator;
   b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
   c. Adopt a quality management program according to R9-10-1303;
   d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
   e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
      i. Expected not to be present on the behavioral health specialized transitional facility’s premises for more than 30 calendar days, or
      ii. Not present on the behavioral health specialized transitional facility’s premises for more than 30 calendar days; and
   f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility’s premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility’s premises.

C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
   a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
   b. Cover patient admission, assessment, treatment plan, transfer, discharge planning, discharge, and recordkeeping;
   c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
   d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient’s medical condition;
   e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
   f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
   g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
   h. Cover when informed consent is required and how informed consent is obtained;
   i. Cover the criteria and process for conducting research using patients or patients’ medical records;
   j. Cover the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
   k. Cover a method of patient identification to ensure a patient receives the services ordered for the patient;
   l. Cover contracted services;
   m. Cover health care directives;
   n. Cover medical records, including electronic medical records;
   o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
   p. Cover infection control;
   q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
   r. Cover environmental services that affect patient care;
   s. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
   t. Cover quality management, including incident reports and supporting documentation;
   u. Cover emergency treatment and disaster plan;
   v. Cover how personnel members will respond to a patient’s sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
   w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
   x. Include preventing unauthorized patient absences;
   y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient’s movement during transportation;
   z. Cover specific steps for:
      i. A patient to file a complaint, and
      ii. The behavioral health specialized transitional facility to respond to a patient’s complaint;
   aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and
   bb. Include equipment inspection and maintenance;
2. Policies and procedures are available to each personnel member;
3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
4. Food services are provided as specified in R9-10-1314;
5. The following individuals have access to a patient:
   a. The patient’s representative,
   b. An individual assigned by a court of law to provide services to the patient, and
   c. An attorney hired by the patient or patient’s family;
6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
   a. Patient rights,
   b. Telephone number for the Department and the Office of Human Rights,
   c. Location of inspection reports,
   d. Complaint procedures, and
   e. Visitation hours and procedures.
D. An administrator shall:
   1. Provide written notification to the Department of a patient’s:
      a. Death, if the patient’s death is required to be reported according to A.R.S. § 11-593, within one working day after the patient’s death;
      b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
      c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.

E. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
3. Document:
   a. The suspected abuse, neglect, or exploitation of the patient;
   b. Any action taken according to subsection (E)(1); and
   c. The report in subsection (E)(2);
4. Maintain the documentation required in subsections (E)(1) and (E)(2) for at least 12 months after the date of the report;
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
   a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
   b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
   c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
   d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (E)(3) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

F. An administrator shall:
1. Unless otherwise stated, ensure that:
   a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;
2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
   a. Is a medical staff member, and
   b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
   a. Is a psychiatrist or a psychologist;
   b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
   c. May, if qualified, also serve as the medical director.

G. A medical director:
1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Restraint and seclusion, according to R9-10-224; R9-10-225;
   b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient’s physical health conditions;
   c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
   d. The process by which emergency medical treatment will be provided to a patient; and
   e. The requirements for completion of medication records and recording of adverse events.

H. A clinical director:
1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
   b. Providing:
      i. Supervision to behavioral health paraprofessionals, according to R9-10-115(1); and
      ii. Clinical oversight to behavioral health technicians, according to R9-10-115(2);
   c. The qualifications for personnel members who provide clinical oversight;
   d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient’s behavioral health issues;
   e. The process for developing and implementing a patient's treatment plan;
f. The frequency of and process for reviewing and modifying a patient’s treatment plan, based on the ongoing monitoring of the patient’s response to treatment; and

R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative

A. An administrator shall ensure that annual written notice is given to a patient of the patient’s right to petition for:
   1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
   2. Discharge under A.R.S. § 36-3714.

B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient’s continued detention at or commitment to the behavioral health specialized transitional facility.

C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient’s:
   1. Conditional release to a less restrictive alternative, or
   2. Discharge including the disposition of the patient upon discharge.

D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
   1. The clinical director or the clinical director’s designee, as specified in the behavioral health specialized transitional facility’s discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient’s discharge summary will be sent; and
   2. The patient receives:
      a. Written follow-up instructions including as applicable to the patient:
         i. On-going behavioral health issues and physical health conditions;
         ii. A list of the patient’s medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
         iii. Counseling goals; and
      b. A supply of medications sufficient to last the patient for at least 14 calendar days determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

R9-10-1309. Patient Rights

An administrator shall ensure that:

1. A patient:
   a. Has privacy in treatment and personal care needs;
   b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
      i. Restricted by court order; or
      ii. Contraindicated on the basis of clinical judgment, as documented in the patient’s medical record;
   c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
      i. Whom the court assigns to the patient, or
      ii. Whom the patient obtains at the patient’s own expense; and
   d. Is not subjected to:
      i. Abuse;
      ii. Neglect;
      iii. Exploitation;
      iv. Coercion;
      v. Manipulation;
      vi. Seclusion, if not necessary to prevent imminent harm to self or others;
      vii. Restraint, if not necessary to prevent imminent harm to self or others;
      viii. Sexual abuse according to A.R.S. § 13-1404; or
      ix. Sexual assault according to A.R.S. § 13-1406; and

2. A patient or the patient’s representative:
   a. Is provided with the opportunity to participate in the development of the patient’s treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
   b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
   c. Is allowed to control the patient’s finances and have access to the patient’s personal funds account according to the behavioral health specialized transitional facility’s policies and procedures specified in R9-10-1302(C)(1)(j); and
   d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility’s policies and procedures; and
   e. Receives information about the behavioral health specialized transitional facility’s policies and procedures for:
      i. Health care directives;
      ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department’s telephone number; and
      iii. Petitioning a court for a patient’s discharge or conditional release to a less restrictive alternative.

R9-10-1310. Behavioral Health Services
A. A clinical director shall ensure that:
   1. A treatment plan is developed and implemented for the patient:
      a. According to the behavioral health specialized transitional facility’s policies and procedures;
      b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient’s behavioral health issues, mental disorders, and physical health conditions, as applicable; and
      c. Including:
         i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
         ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
         iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
         iv. The signature of the patient or the patient’s representative and dated signed, or documentation of the refusal to sign;
         v. The date when the patient’s treatment plan will be reviewed;
         vi. If a discharge date has been determined, the treatment needed after discharge; and
         vii. The signature of the personnel member who developed the treatment plan and the date signed; and
   2. A patient’s treatment plan is reviewed and updated:
      a. According to the review date specified in the treatment plan,
      b. When a treatment goal is accomplished or changes,
      c. When additional information that affects the patient’s assessment is identified, and
      d. When a patient has a significant change in condition or experiences an event that affects treatment.

B. A clinical director shall ensure that treatment is:
   1. Offered to a patient according to the patient’s treatment plan;
   2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
   3. Documented in the patient’s medical record as specified in R9-10-1312.

C. The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility’s policies and procedures.

D. A clinical director shall ensure that:
   1. A patient receives the annual examination required by A.R.S. § 36-3708, and
   2. A report of the patient’s annual examination is prepared according to the behavioral health specialized transitional facility’s policies and procedures.

R9-10-1312. Medical Records

A. An administrator shall ensure that:
   1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
   2. An entry in a patient’s medical record is:
      a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
      b. Dated, legible, and authenticated; and
      c. Not changed to make the initial entry illegible;
   3. An order is:
      a. Dated when the order is entered in the patient’s medical record and includes the time of the order;
      b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
      c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
   4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
   5. A patient’s medical record is available to an individual:
      a. Authorized according to policies and procedures to access the patient’s medical record;
      b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient’s representative; or
      c. As permitted by law;
   6. A patient’s medical record is available to the patient or patient’s representative upon request at a time agreed upon by the patient or patient’s representative and the administrator; and
   7. A patient’s medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health specialized transitional facility maintains patient’s medical records electronically, an administrator shall ensure that:
   1. Safeguards exist to prevent unauthorized access, and
   2. The date and time of an entry in a patient’s medical record is recorded by the computer’s internal clock.

C. An administrator shall ensure that a patient’s medical record contains:
   1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
   2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
   3. Patient information that includes:
      a. The patient’s name;
      b. The patient’s address;
      c. The patient’s date of birth; and
      d. Any known allergies, including medication allergies;
   4. Documentation of the patient’s freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient’s representative, except in an emergency;
6. If applicable, the name and contact information of the patient’s representative and:
   a. The document signed by the patient consenting for the patient’s representative to act on the patient’s behalf; or
   b. If the patient’s representative;
      i. Is a legal guardian, a copy of the court order establishing guardianship; or
      ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
7. Documentation of medical history and physical examination of the patient;
8. A copy of patient’s health care directives, if applicable;
9. Orders;
10. The patient’s assessment including updates;
11. The patient’s treatment plan including updates;
12. Progress notes;
13. Documentation of transportation provided to the patient;
14. Documentation of behavioral health services and physical health services provided to the patient;
15. Documentation of patient’s annual examination and report required by A.R.S. § 36-3708;
16. Documentation of the annual written notice of the patient of the patient’s right to petition for:
   a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
   b. Discharged as required by A.R.S. § 36-3714;
17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
18. Documentation of the patient’s, if applicable;
   a. Conditional release to a less restrictive alternative; or
   b. Discharge, including the disposition of the patient upon discharge;
19. If a patient has been discharged, a discharge summary that includes:
   a. A summary of the treatment provided to the patient;
   b. The patient’s progress in meeting treatment goals, including treatment goals that were and were not achieved;
   c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient’s discharge from the behavioral health specialized transitional facility;
   d. A description of the disposition of the patient’s possessions, funds, or medications; and
   e. The date the patient was discharged from the behavioral health specialized transitional facility;
20. If applicable:
   a. Laboratory reports,
   b. Radiologic reports,
   c. Diagnostic reports,
   d. Documentation of restraint or seclusion,
   e. Patient follow-up instructions, and
   f. Consultation reports; and
21. Documentation of a medication administered to the patient that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. For a medication administered for pain:
      i. An assessment of the patient’s pain before administering the medication, and
      ii. The effect of the medication administered;
   d. For a psychotropic medication:
      i. An assessment of the patient’s behavior before administering the psychotropic medication, and
      ii. The effect of the psychotropic medication administered;
   e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
   f. Any adverse reaction a patient has to the medication; and
   g. If applicable, a patient’s refusal to take medication ordered for the patient.
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
ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS
[R18-210]

1. Title and its heading: 4, Professions and Occupations
   Chapter and its heading: 17, Arizona Regulatory Board of Physician Assistants
   Article and its heading: 2, Physician Assistant Licensure
   Section numbers: R4-17-203

2. The subject matter of the proposed rule:
   Under Laws 2018, Chapter 233, the legislature amended A.R.S. § 32-2504(A)(11) to allow a licensed and otherwise qualified physician assistant to prescribe a 90-day supply of a schedule II or schedule III controlled substance that is not an opioid or benzodiazepine rather than the current 30-day supply of a schedule II or schedule III controlled substance. This rulemaking places the 2018 statutory change in rule and allows current physician assistants with prescribing authority for schedule II or schedule III controlled substance to prescribe consistent with the new statute. An exemption from Executive Order 2018-02 was provided for this rulemaking by Emily Rajakovich, of the Governor's Office, in an e-mail dated June 8, 2018.

3. A citation to all published notices relating to the proceeding:
   Notice of Proposed Rulemaking: 24 A.A.R. 2731, October 5, 2018 (in this issue)

4. Name and address of agency personnel with whom persons may communicate regarding the rule:
   Name: Patricia McSorley, Executive Director
   Address: Arizona Medical Board
   1740 W. Adams St., Suite 4000
   Phoenix, AZ 85007
   Telephone: (480) 551-2700
   Fax: (480) 551-2704
   E-mail: patricia.mcsorley@azmd.gov
   Web site: www.azpa.gov

5. The time during which the agency will accept written comments and the time and place where oral comments may be made:
   The Board will accept comments during business hours at the address listed in item 4. Information regarding an oral proceeding will be included in the Notice of Proposed Rulemaking.

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

NOTICE OF RULEMAKING DOCKET OPENING
DEPARTMENT OF HEALTH SERVICES
SOBER LIVING HOMES
[R18-203]

1. Title and its heading: 9, Health Services
   Chapter and its heading: 12, Department of Health Services - Sober Living Homes
   Articles and their headings:
   1, Licensure Requirements
   2, Sober Living Homes
   Section numbers:
   R9-12-101 through R9-12-108, Table 1.1, R9-12-201 through R9-12-207 (The Department may add, delete, or modify other Sections, as necessary.)

2. The subject matter of the proposed rules:
   Laws 2018, Ch. 194 adds A.R.S. Title 36, Chapter 18, Article 4, pertaining to the licensing and regulation of sober living homes. In
A.R.S. § 36-2062(A), Laws 2018, Ch. 194 requires the Arizona Department of Health Services (Department) to “adopt rules to establish minimum standards and requirements for the licensure of sober living homes . . . necessary to ensure the public health, safety, and welfare.” Laws 2018, Ch. 194 also requires the inclusion of specific standards; the establishment of fees for initial licensure, license renewal, and late payment of licensing fees; and provisions for the Department’s enforcement of licensing requirements. After receiving an exception from the rulemaking moratorium established by Executive Order 2018-02, the Department is adopting rules for licensing sober living homes in Arizona Administrative Code Title 9, Chapter 12 to comply with Laws 2018, Ch. 194.

3. A citation to all published notices relating to the proceeding:
None

4. The name and address of agency personnel with whom persons may communicate regarding the rules:
Name: Thomas Salow, Branch Chief
Address: Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 400
Phoenix, AZ 85007
Telephone: (602) 364-1935
Fax: (602) 364-4808
E-mail: Thomas.Salow@azdhs.gov
or
Name: Robert Lane, Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Avenue, Suite 200
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.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 will be accepted at the addresses listed in item #4 until the close of record, which has not yet been determined. No oral proceedings have been scheduled at this time.

6. A timetable for agency decisions or other action on the proceeding, if known:
To be announced in the Notice of Proposed Rulemaking
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

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.

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Vol. 24, Issue 40 | Published by the Arizona Secretary of State | October 5, 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**

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## REGISTER PUBLISHING DEADLINES

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

<table>
<thead>
<tr>
<th>Deadline Date (paper only)</th>
<th>Register Publication Date</th>
<th>Oral Proceeding may be scheduled on or after</th>
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**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

<table>
<thead>
<tr>
<th>DEADLINE FOR PLACEMENT ON AGENDA*</th>
<th>FINAL MATERIALS SUBMITTED TO COUNCIL</th>
<th>DATE OF COUNCIL STUDY SESSION</th>
<th>DATE OF COUNCIL MEETING</th>
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* 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.
GOVERNOR'S REGULATORY REVIEW COUNCIL

NOTICE OF ACTION TAKEN AT THE SEPTEMBER 11, 2018 MEETING

Rules:

DEPARTMENT OF HEALTH SERVICES (R-18-0901)
Title 9, Chapter 6, Article 8, Communicable Diseases and Infestations

Amend: Article 8; R9-6-801; R9-6-802

COUNCIL ACTION: APPROVED

DEPARTMENT OF AGRICULTURE (R-18-0903)
Title 3, Chapter 7, Article 1, Administration and Procedures; Article 7, Motor Fuels and Petroleum Products

Amend: R3-7-101; R3-7-701; R3-7-702; R3-7-708; R3-7-749; R3-7-751; R3-7-752; R3-7-755; R3-7-757; R3-7-759; Table 1; Table 2

COUNCIL ACTION: APPROVED

BOARD OF EXAMINERS FOR NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS (R-18-0904)
Title 4, Chapter 33, Article 1, General; Article 2, Nursing Care Institution Administrator Licensing; Article 3, Administrator-In-Training Program; Article 7, Assisted Living Facility Caregiver Training Programs

Amend: R4-33-101; R4-33-103; Table 1; R4-33-104; R4-33-201; R4-33-202; R4-33-204; R4-33-206; R4-33-301; R4-33-701; R4-33-702; R4-33-703; R4-33-704; R4-33-705; R4-33-706

New Section: R4-33-703.1; R4-33-704.1; R4-33-705.1

COUNCIL ACTION: APPROVED

DEPARTMENT OF HEALTH SERVICES (R-18-0906)
Title 9, Chapter 6, Article 10, HIV-related Testing and Notification

Amend: R9-6-1001; R9-6-1002; R9-6-1003; R9-6-1004; R9-6-1005

COUNCIL ACTION: APPROVED

DEPARTMENT OF HEALTH SERVICES (R-18-0907)
Title 9, Chapter 10, Article 13, Behavioral Health Specialized Transitional Facility

Amend: R9-10-1302; R9-10-1307; R9-10-1309; R9-10-1310; R9-10-1312

COUNCIL ACTION: APPROVED

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (R-18-0908)
Title 9, Chapter 22, Article 13, Children’s Rehabilitative Services

Amend: R9-22-1302; R9-22-1303; R9-22-1305

Repeal: R9-22-1306

COUNCIL ACTION: APPROVED

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (R-18-0909)
Title 9, Chapter 22, Article 21, Trauma and Emergency Services Fund

Amend: R9-22-2101

COUNCIL ACTION: APPROVED
REGISTRAR OF CONTRACTORS (R-18-0905)
Title 4, Chapter 9, Article 1, General Provisions
Amend: R4-9-110; R4-9-130
COUNCIL ACTION: TABLED UNTIL NEXT MEETING

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (R-18-0910)
Title 9, Chapter 22, Article 7, Standards for Payment
Amend: R9-22-712.35; R9-22-712.61; R9-22-712.71
COUNCIL ACTION: APPROVED

Five-Year Review Reports:

LAND DEPARTMENT (F-18-0405)
Title 12, Chapter 5, Article 5, Leases
COUNCIL ACTION: APPROVED

DEPARTMENT OF ECONOMIC SECURITY (F-18-0901)
Title 6, Chapter 1, Department of Economic Security
COUNCIL ACTION: APPROVED

DEPARTMENT OF TRANSPORTATION (F-18-0903)
Title 17, Chapter 4, Article 2, Vehicle Title; Article 3, Vehicle Registration
COUNCIL ACTION: APPROVED

DEPARTMENT OF REVENUE (F-18-0904)
Title 15, Chapter 3, Article 4, Tax on Alcoholic Beverages
COUNCIL ACTION: APPROVED

DEPARTMENT OF HEALTH SERVICES (F-18-0905)
Title 9, Chapter 7, Article 5, Sealed Source Industrial Radiography
COUNCIL ACTION: APPROVED

FIVE-YEAR REVIEW REPORT DUE DATE EXTENSION REQUESTS:

DEPARTMENT OF FINANCIAL INSTITUTIONS
Title 4, Chapter 46, Department of Financial Institutions - Real Estate Appraisal Division
COUNCIL ACTION: APPROVED - REPORT NOW DUE SEPTEMBER 30, 2019