



Arizona Administrative REGISTER

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ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Arizona Secretary of State's website is the official published version for 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 *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 notices of rules terminated by the agency and rules that have expired.

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Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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

New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.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 authenticated pdf of *Code* chapters posted on the Arizona Secretary of State's website are the official published version of rules in the A.A.C. The *Code* is posted online for free.

LEGAL CITATIONS AND FILING NUMBERS

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

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

Arizona Administrative REGISTER

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

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

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

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The Office of the Secretary of State is an equal opportunity employer.



Participate in the Process

Look for the Agency Notice

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

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

Attend a public hearing/meeting

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

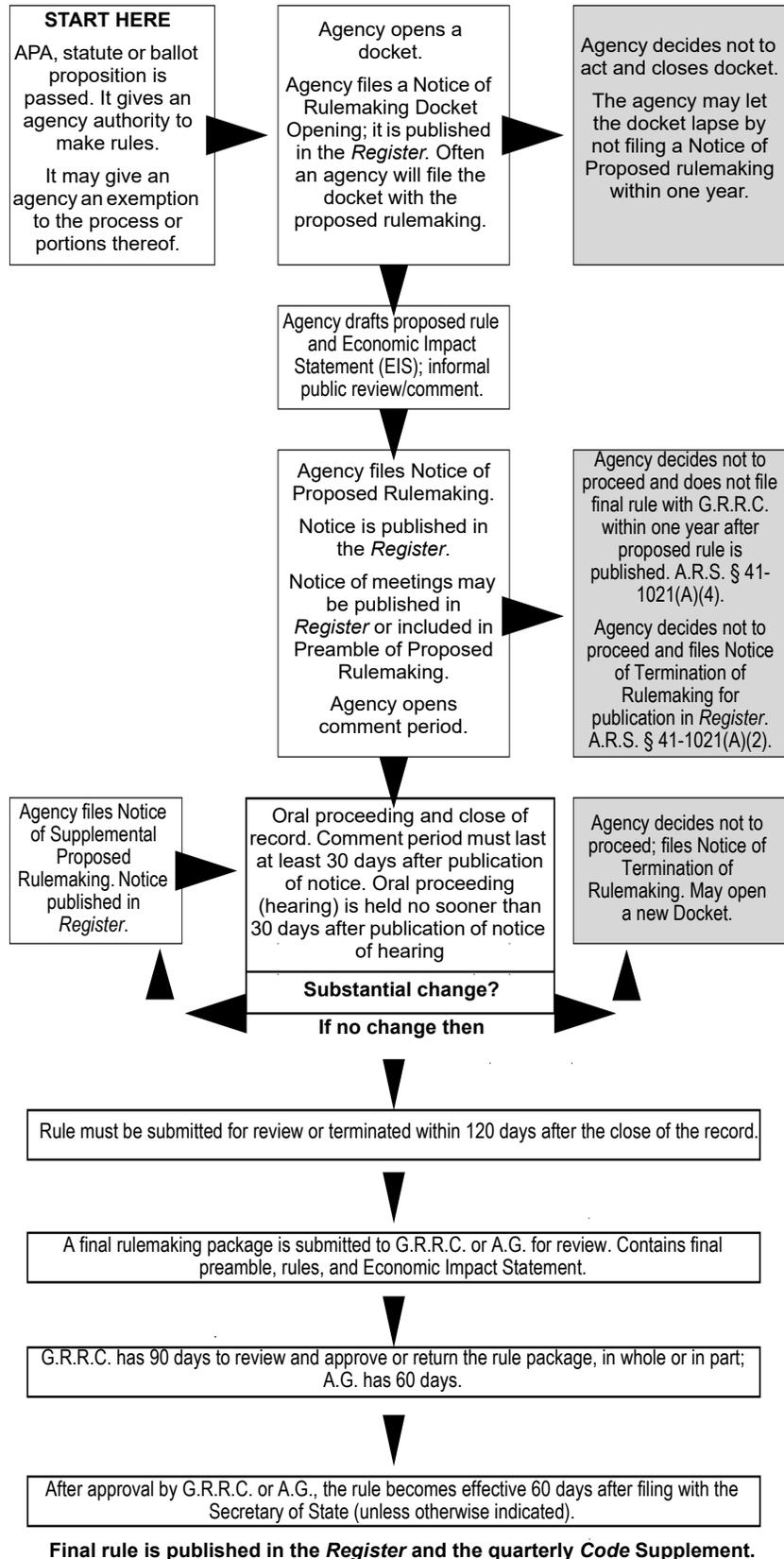
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

Write the agency

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

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

Arizona Regular Rulemaking Process



Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Acronyms

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

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

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

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

FR – *Federal Register*

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

U.S.C. – *United States Code*

About Preambles

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

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

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



NOTICES OF PROPOSED RULEMAKING

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

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 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 2. ADMINISTRATION
CHAPTER 8. STATE RETIREMENT SYSTEM BOARD**

[R20-164]

PREAMBLE

- | | |
|---|---------------------------------|
| 1. <u>Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
| R2-8-303 | 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. § 38-714(E)(4)
 Implementing statute: A.R.S. §§ 38-797 et seq.
- 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 rules:**
 Notice of Rulemaking Docket Opening: 26 A.A.R. 2052, October 2, 2020 (*in this issue*)
- 4. The agency's contact person who can answer questions about the rulemaking:**
 Name: Jessica A.R. Thomas, Rules Writer
 Address: Arizona State Retirement System
 3300 N. Central Ave., Suite 1400
 Phoenix, AZ 85012-0250
 Telephone: (602) 240-2039
 E-mail: JessicaT@azasrs.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:**
 On August 27, 2019, SB1079 (2019) became effective and amended the definition for what it means to be disabled for Long-Term Disability (LTD) benefits. As such, the ASRS needs to amend its rules in order clarify how the new definition will be implemented. This rulemaking will clarify how ASRS will implement the new LTD definition. Such clarification will ensure members are aware of when they may be eligible to receive LTD benefits. However, the rules do not impose any additional requirements or burdens on members, other than those required in statute. Thus, the same regulatory objective is achieved while reducing the regulatory burden.
- 6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or 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
- 7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**
 Not applicable
- 8. The preliminary summary of the economic, small business, and consumer impact:**
 The ASRS promulgates rules that allow the agency to provide for the proper administration of the state retirement trust fund. ASRS rules affect ASRS members and ASRS employers regarding how they contribute to, and receive benefits from, the ASRS. The ASRS effectively administrates how public-sector employers and employees participate in the ASRS. As such, the ASRS does not issue permits or licenses, or charge fees, and its rules have little to no economic impact on private-sector businesses, with the exception of some employer partner charter schools, which have voluntarily contracted to join the ASRS. Thus, there is little to no economic, small business, or consumer impact, other than the minimal cost to the ASRS to prepare the rule package. The rule will



have minimal economic impact, if any, because it merely clarifies in further detail whether a member is eligible for LTD benefits.

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

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

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

An oral proceeding regarding the proposed rule will be held as follows:

Date: November 3, 2020
Time: 9:00 a.m.
Location: Virtual Meeting
Dial: 941-270-3696
Enter Passcode: 812-024-546#

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:

None of the rules requires a permit.

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

There are no federal laws applicable to these rules.

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

No analysis was submitted.

12. A list of 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 2. ADMINISTRATION
CHAPTER 8. STATE RETIREMENT SYSTEM BOARD**

ARTICLE 3. LONG-TERM DISABILITY

Section
R2-8-303. Long-Term Disability Calculation

ARTICLE 3. LONG-TERM DISABILITY

R2-8-303. Long-Term Disability Calculation

- A. The ASRS contracted LTD claims administrator shall calculate an LTD benefit for a member using the member's monthly compensation as described in A.R.S. § 38-797(11).
- B. For a member whose monthly compensation is \$0 as of the date of disability, the ASRS shall pay a monthly benefit of \$50 unless the benefit is reduced pursuant to R2-8-807 or required to be reduced pursuant to A.R.S. § 38-797.07(A)(2).
- C. The ASRS shall reduce a member's LTD benefit in accordance with A.R.S. § 38-797.07(A).
- D. Notwithstanding any other section, a member who became disabled on or after August 27, 2019, shall not receive a benefit under this article that would increase the member's monthly compensation after disability to an amount that exceeds 100% of the member's monthly compensation before disability.



Date: November 3, 2020
Time: 9:00 a.m.
Location: Virtual Meeting
Dial: 941-270-3696
Enter Passcode: 812-024-546#

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:

None of the rules requires a permit.

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

There are no federal laws applicable to these rules.

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

No analysis was submitted.

12. A list of 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 2. ADMINISTRATION
CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

ARTICLE 9. EXPIRED-COMPENSATION

Section

- R2-8-901. Expired-Definitions
R2-8-902. Expired-Remitting Contributions
R2-8-903. Expired-Accrual of Credited Service
R2-8-904. Expired-Compensation from an Additional Employer

ARTICLE 9. EXPIRED-COMPENSATION

R2-8-901. Expired-Definitions

"Services rendered" means the duties which a member performs for an Employer as required by the member's employment with the Employer.

R2-8-902. Expired-Remitting Contributions

Pursuant to A.R.S. §§ 38-736, 38-737, and 38-797.05, an Employer shall remit contributions to the ASRS through the Employer's secure ASRS account for any payment the Employer provides to the member that is eligible to be included as compensation under this section.

R2-8-903. Expired-Accrual of Credited Service

A. A member shall accrue service credits pursuant A.R.S. § 38-739 for each month in which the Employer's pay period ends and for which contributions have been remitted to the ASRS, except for pay the member receives from the Employer for services rendered in a prior pay period for which contributions were remitted pursuant to R2-8-902.

B. Regardless of whether the member meets membership requirements with more than one Employer, a member may not earn more than one month of service credit in a calendar month and not more than one year of service credit during a fiscal year.

R2-8-904. Expired-Compensation from An Additional Employer

A. For purposes of remitting contributions pursuant to R2-8-902, compensation includes pay the member receives from an additional Employer if:

- 1. The member meets membership pursuant to A.R.S. § 38-711 with at least one Employer;
2. The member was employed with the additional Employer and did not meet membership with the additional Employer pursuant to A.R.S. § 38-711 between January 1, 2005 through December 31, 2009;
3. The member resumed or continued employment with the additional Employer and did not meet membership with the additional Employer prior to January 1, 2012; and
4. The member does not leave employment with an Employer or the additional Employer in an unpaid status for more than 30 consecutive days during the member's service year.

B. For purposes of calculating average monthly compensation according to A.R.S. § 38-711, compensation includes the pay identified in subsection (A).



- C. Notwithstanding any other subsection, for a member whose membership began after December 31, 2009, compensation includes pay the member receives from an additional Employer if the member meets membership pursuant to A.R.S. § 38-711 with the additional Employer.



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 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

[R20-163]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action
2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):
3. The effective date for the rules:
4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rules:
5. The agency's contact person who can answer questions about the rulemaking:
6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:



7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or 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:

The ASRS promulgates rules that allow the agency to provide for the proper administration of the state retirement trust fund. ASRS rules affect ASRS members and ASRS employers regarding how they contribute to, and receive benefits from, the ASRS. The ASRS effectively administrates how public-sector employers and employees participate in the ASRS. As such, the ASRS does not issue permits or licenses, or charge fees, and its rules have little to no economic impact on private-sector businesses, with the exception of some employer partner charter schools, which have voluntarily contracted to join the ASRS. Thus, there is little to no economic, small business, or consumer impact, other than the minimal cost to the ASRS to prepare the rule package. The rule will have minimal economic impact, if any, because it merely clarifies what information is required in order to submit a retirement or survivor benefit application and how the ASRS will process such applications.

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

The ASRS made formatting changes to R2-8-133(J) and conforming changes to the remaining subsections in that section.

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

The ASRS received no written comments regarding the rulemaking. No one attended the oral proceeding on June 30, 2020.

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:

None of the rules requires a permit.

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

There are no federal laws applicable to these rules.

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

No analysis was submitted.

13. A list of 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:

Not applicable

15. The full text of the rules follows:

TITLE 2. ADMINISTRATION CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

ARTICLE 1. RETIREMENT SYSTEM

Section

R2-8-115.	Return of Contributions Upon Termination of Membership by Separation from All ASRS Employment by Other Than Retirement or Death; Payment of Survivor Benefits Upon the Death of a Member
R2-8-120.	Designating a Beneficiary; Spousal Consent to Designation <u>Repealed</u>
R2-8-126.	Calculating Optional Forms of Benefits <u>Retirement Application</u>
R2-8-127.	<u>Re-Retirement Application</u>
R2-8-128.	<u>Joint and Survivor Retirement Benefit Options</u>
R2-8-129.	<u>Period Certain and Life Annuity Retirement Options</u>
R2-8-130.	<u>Rescind or Revert Retirement Election; Change of Contingent Annuitant</u>
R2-8-131.	<u>Designating a Beneficiary; Spousal Consent to Beneficiary Designation</u>
R2-8-132.	<u>Survivor Benefit Options</u>
R2-8-133.	<u>Survivor Benefit Applications</u>



ARTICLE 1. RETIREMENT SYSTEM

R2-8-115. Return of Contributions Upon Termination of Membership by Separation from All ASRS Employment by Other Than Retirement or Death; ~~Payment of Survivor Benefits Upon the Death of a Member~~

- A. The following definitions apply to this Section unless otherwise specified:
1. ~~“Acceptable documentation” means any ASRS form request containing all the accurate, required information, dates, and signatures necessary to process the form request.~~ “DRO” means the same as “domestic relations order” in A.R.S. § 38-773(H)(1).
 2. “Eligible retirement plan” means the same as in A.R.S. § 38-770(D)(3).
 3. “Employer number” means a unique identifier the ASRS assigns to a member employer.
 4. “Employer plan” means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(c), (d), (e), and (f).
 5. “LTD” Means the same as in R2-8-301.
 6. “On file” means ASRS has received the information.
 7. “Process date” means the calendar day the ASRS generates contribution withdrawal documents to be sent to a member.
 8. “Warrant” means a voucher authorizing payment of funds due to a member.
- B. A member who terminates from all ASRS employment by other than retirement or death and desires a return of the member’s contributions, including amounts received for the purchase of service, any employer contributions authorized under A.R.S. § 38-740, and interest on the contributions, shall request from the ASRS, in writing or verbally, the documents necessary to apply for the withdrawal of the member’s contributions.
- C. Upon request to withdraw by the member, the ASRS shall provide:
1. An Application for Withdrawal of Contributions and Termination of Membership form to the member, and
 2. An Ending Payroll Verification - Withdrawal of Contribution and Termination of Membership form to the employer, if ASRS has received contributions for the member within the six months immediately preceding the date the member submitted the request to ASRS.
- D. The member shall complete and return to the ASRS the Application for Withdrawal of Contributions and Termination of Membership form that includes the following information:
1. The member’s full name;
 2. The member’s Social Security number or U.S. Tax Identification number;
 3. The member’s current mailing address, if not On File with ASRS;
 4. ~~The member’s daytime telephone number, if applicable;~~
 5. The member’s birth date, if not On File with ASRS;
 6. ~~The date of termination;~~
 7. Dated Notarized signature of the member certifying that the member:
 - a. ~~Is no longer employed by any ASRS employer~~ Employer;
 - b. ~~Is neither under contract nor has any verbal or written agreement for future employment with an ASRS employer~~ Employer;
 - c. ~~Is not currently in a leave of absence status with an ASRS employer~~ Employer;
 - d. ~~Understands that each of the member’s former ASRS employers~~ Employers will complete a an ending payroll verification form if payroll transactions occurred with the ASRS has received contributions for the member employer within the six months before immediately preceding the process date the member submitted the request to ASRS;
 - e. Understands that the member’s most recent Employer will complete an ending payroll verification form for the member if the member has reached the member’s required beginning date pursuant to A.R.S. § 38-775;
 - f. ~~Has read and understands the Special Tax Notice Regarding Plan Payments the member received with the application and the member elects to waive the member’s 30-day waiting period to consider a rollover or a cash distribution;~~
 - g. ~~Understands that the member is forfeiting all future retirement rights and privileges of membership with the ASRS;~~
 - h. ~~Understands that long term disability LTD benefits will be canceled if the member elects to withdraw contributions while receiving or electing to receive long-term disability benefits;~~
 - i. ~~Understands that if the member elects to roll over all or any portion of the member’s distribution to another employer plan, it is the member’s responsibility to verify that the receiving employer plan will accept the rollover and, if applicable, agree to separately account for the pre-tax and post-tax amounts rolled over and the related subsequent earnings on the amounts;~~
 - j. ~~Understands that if the member elects to roll over all or any portion of the member’s distribution to an individual retirement account, it is the member’s responsibility to separately account for pre-tax and post-tax amounts; and~~
 - k. ~~Understands that if the member elects a rollover to another employer plan or individual retirement account, any portion of the distribution not designated for rollover roll over will be paid directly to the member and any taxable amounts will be subject to 20% federal income tax withholding and 5% state applicable state and federal tax withholding;~~
 - l. Understands that the member is not considered terminated and cannot withdraw the member’s ASRS contribution if the member was called to active military service and is not currently performing services for an Employer;
 - m. Understands that any person who knowingly makes any false statement with an intent to defraud the ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793.
 8. ~~Specify that:~~
 - a. The entire amount of the distribution be paid directly to the member,
 - b. The entire amount of the distribution be ~~transferred~~ rolled over to an eligible retirement plan, or
 - c. An identified amount of the distribution be ~~transferred~~ rolled over to an eligible retirement plan and the remaining amount be paid directly to the member; and
 9. ~~If the member selects all or a portion of the withdrawal be paid~~ rolled over to an eligible retirement plan, specify:
 - a. The type of eligible retirement plan; and
 - b. ~~The eligible retirement plan account number, if applicable; and~~
 - e. ~~The name and mailing address of the eligible retirement plan.~~



- ~~E.~~ If the member requesting the withdrawal has been inactive for five years or more, and if the member's account balance is \$1,000 or more, the member requesting the withdrawal shall provide a copy of a driver license or a form of other government issued identification to the ASRS.
- ~~F.~~ E. If ASRS has received contributions ~~a payroll transaction~~ for the member occurred with any ASRS employer within six months before immediately preceding the process date ~~the member submitted the request to ASRS~~ each ASRS employer Employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the following information:
1. The member's full name;
 2. The member's Social Security number or U.S. Tax Identification number;
 3. The member's termination date;
 4. The member's final pay period ending date;
 5. The final amount of contributions, including any adjustments or corrections, but not including any long-term disability contributions;
 6. The ASRS employer's Employer's name and telephone number;
 7. The ~~employer~~ Employer number ~~Number~~;
 8. The name and title of the authorized ~~employer~~ Employer representative;
 9. Certification by the authorized ~~employer~~ Employer representative that:
 - a. The member ~~terminated employment~~ Terminated Employment and is neither under contract nor bound by any verbal or written agreement for employment with the ~~employer~~ Employer;
 - b. There is no agreement to re-employ the member; ~~and~~
 - c. The authorized employer representative has the legal power to bind the employer in transactions with the ASRS; and Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony according to A.R.S. § 38-793; and
 - d. The authorized Employer representative certifies that they are the Employer user named on the Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form and their title and contact information is current and correct.
 10. ~~The signature of the authorized employer representative and date of signature.~~
- ~~F.~~ E. If the member has attained a required beginning distribution date as of the date the member submitted the request to ASRS, the most recent Employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the information contained in subsection (E).
- G. If the member requests a return of contributions and a ~~warrant~~ Warrant is distributed during the fiscal year that the member began membership in the ASRS, no interest is paid to the account of the member.
- H. If the member requests a return of contributions after the first fiscal year of membership, the ASRS shall credit interest at the rate specified in Column 3 of the table in R2-8-118(A) to the account of the member as of June 30 of each year, on the basis of the balance in the account of the member as of the previous June 30. The ASRS shall credit interest for a partial fiscal year of membership in the ASRS on the previous June 30 balance based on the number of days of membership up to and including the day the ASRS issues the ~~warrant~~ Warrant divided by the total number days in the fiscal year. Contributions made after the previous June 30 are returned without interest.
- I. Upon submitting to the ASRS the completed and accurate Application for Withdrawal of Contributions and Termination of Membership form and, if applicable, after the ASRS has received any Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership forms, a member is entitled to payment of the amount due to the member as specified in subsection (G) or (H) unless a present or former spouse submits to the ASRS a ~~domestic relations order~~ certified copy or original DRO that specifies entitlement to all or part of the return of contributions under A.R.S. § 38-773 before the ASRS returns the contributions as specified by the member.
- J. ~~Upon the death of a member, the ASRS shall distribute the survivor benefits according to the most recent, acceptable documentation that is on file with the ASRS that was received prior to the date of the member's death, unless otherwise provided by law. A member may cancel an Application for Withdrawal of Contributions and Termination of Membership form at any time before the return of contributions is disbursed by submitting written notice to ASRS to cancel the request.~~
- K. If there is no designation of beneficiary or if the designated beneficiary predeceases the member, the survivor benefit is paid as specified in A.R.S. § 38-762(E). The designated beneficiary or other person specified in A.R.S. § 38-762(E) shall:
1. ~~Provide a certified copy of a death certificate or a certified copy of a court order that establishes the member's death;~~
 2. ~~Provide a certified copy of the court order of appointment as administrator, if applicable; and~~
 3. ~~Except if the deceased member was retired and elected the joint and survivor option, complete and have notarized an application for survivor benefits, provided by the ASRS, that includes:~~
 - a. ~~The deceased member's full name;~~
 - b. ~~The deceased member's Social Security number;~~
 - c. ~~The following, as it pertains to the designated beneficiary or other person specified in A.R.S. § 38-762(F):~~
 - i. ~~Full name;~~
 - ii. ~~Mailing address;~~
 - iii. ~~Contact telephone number;~~
 - iv. ~~Date of birth, if applicable; and~~
 - v. ~~Social Security number or Tax ID number, if applicable.~~
- If an Application for Withdrawal of Contributions and Termination of Membership form is completed through the member's secure ASRS account, the secure login and successful submission of the knowledge based answers shall serve as the member's notarized signature required under subsection (D)(5).



R2-8-120. Designating a Beneficiary; Spousal Consent to Designation Repealed

- A.** The following definitions apply to this Section unless otherwise specified:
 1. "DRO" means the same as "domestic relations order" in A.R.S. § 38-773(H)(1).
 2. "Joint and survivor annuity" means an optional form of retirement benefits described in A.R.S. § 38-760(B)(1).
 3. "Period certain and life annuity" means an optional form of retirement benefits described in A.R.S. § 38-760(B)(2).
 4. "Spouse" means the individual to whom a member is married under Arizona law.
- B.** Effective July 1, 2013, a married member:
 1. Who is not retired shall name and maintain the member's current spouse as primary beneficiary of at least 50 percent of the member's retirement account unless:
 - a. Naming or maintaining the current spouse as beneficiary violates another law, existing contract, or court order; or
 - b. The spouse consents to an alternate beneficiary; and
 2. Who retires shall choose a joint and survivor annuity and name the member's current spouse as contingent annuitant of at least 50 percent of the member's retirement benefit unless the spouse consents to an alternative.
- C.** Application of subsection (B):
 1. The ASRS shall honor a beneficiary designation last made or a retirement election submitted before July 1, 2013, even if the beneficiary designation or retirement election fails to comply with subsection (B).
 2. The ASRS shall not apply subsection (B) to a lump sum retirement authorized under A.R.S. § 38-764.
 3. The ASRS shall not apply subsection (B) if a member submits a letter to the ASRS in which the member affirms under penalty of perjury that spousal consent is not required because of one of the reasons specified in A.R.S. § 38-776(C).
- D.** Changing a beneficiary designation:
 1. If a married member changes a beneficiary designation on or after July 1, 2013, the member shall ensure that the new beneficiary designation is consistent with the requirements specified in subsection (B);
 2. If a married member who retired before July 1, 2013, and:
 - a. Chose a straight life annuity wishes to change the member's beneficiary, the member shall ensure that the new beneficiary designation is consistent with subsection (B); or
 - b. Chose a period certain and life annuity or joint and survivor annuity wishes to change either the annuity option or the contingent annuitant, the member shall ensure that the new beneficiary designation is consistent with subsection (B).
- E.** Re-retirement. A married member who re-retires, as described in A.R.S. § 38-766:
 1. Within 60 months of the member's previous retirement date, shall elect the same annuity option and beneficiary as the member made at the time of the previous retirement; or
 2. More than 60 months after the member's previous retirement date, shall comply with subsection (B).
- F.** Involuntary cancellation of retirement. If a married member retires on or after July 1, 2013, and is issued one or more estimate checks but fails to comply with subsection (B) within 30 days after the member's effective retirement date, the member shall submit a signed letter to ASRS stating that the member's spouse refuses to consent to the chosen alternative and asking that the retirement be cancelled. The member may submit another retirement application that complies with subsection (B). The member's new effective retirement date is the date ASRS receives the new application. ASRS shall not issue additional estimate checks to a member whose retirement was involuntarily cancelled.
- G.** Survivor benefits:
 1. If a married member last made a beneficiary designation before July 1, 2013, the ASRS shall, at the time of the member's death, honor the beneficiary designation even if the beneficiary designation is not consistent with the requirements specified in subsection (B); and
 2. If a married member made a beneficiary designation on or after July 1, 2013, that is not consistent with the requirements specified in subsection (B), the ASRS shall, at the time of the member's death:
 - a. Notify both the spouse and designated beneficiary and:
 - i. Provide the spouse with an opportunity to waive the right under subsection (B); and
 - ii. Provide the designated beneficiary with an opportunity to provide documentation that revokes the spouse's right under subsection (B); and
 - b. Designate 50 percent of the member's retirement benefit to the spouse if neither the spouse nor designated beneficiary respond under subsection (G)(2)(a) within 30 days after notification.
- H.** Effect of legal documents. In general, a legal document such as a QDRO or prenuptial agreement will supersede the requirements in subsection (B). The ASRS shall ask the Office of the Attorney General to review the legal document before the ASRS decides how to disburse the retirement benefit.
- I.** Spousal waiver and consent; consent revocation
 1. The current spouse of a member has a right to:
 - a. Be designated as primary beneficiary of at least 50 percent of the member's retirement account, and
 - b. Have the member choose a joint and survivor annuity with the spouse as contingent annuitant of at least 50 percent of the retirement benefit.
 2. To waive the right described in subsection (I)(1) and consent to an alternative, the current spouse shall complete and have notarized a spousal consent form, which is available from the ASRS. If the current spouse is not capable of completing the spousal consent form because of a documented incapacitating mental or physical condition, a person with power of attorney or a conservator may complete the spousal consent form on behalf of the current spouse.
 3. A spouse may revoke a waiver and consent by sending written notice to ASRS and ensuring the written notice is received no later than the earlier of one day before the member dies or ASRS disburses a retirement benefit to the member.

R2-8-126. Calculating Optional Forms of Benefits Retirement Application

- A.** For the purposes of this Section, the following definitions apply, unless stated otherwise:



1. “Prior service credit” means a “service credit” listed in R2-8-501(24), credited service that is earned according to A.R.S. § 38-739, or a service credit that is transferred or redeemed according to A.R.S. §§ 38-730, 38-771, or 38-921 et seq. “Acceptable documentation” means any written request containing all the accurate, required information, dates, and signatures necessary to process the request.
2. “Acceptable form” means any ASRS form request containing all the accurate, required information, dates, and signatures necessary to process the form request.
3. “Applicable retirement date” means the later of:
 - a. The date a member retires from the ASRS for the first time; or
 - b. The date a member re-retires from the ASRS after returning to active membership.
4. “Conservator” means the same as in A.R.S. § 14-7651.
5. “DRO” means the same as in R2-8-115.
6. “Joint and survivor retirement benefit option” means an optional form of retirement benefits described in A.R.S. § 38-760(B)(1).
7. “Legal documentation” means:
 - a. One document issued from a United States government entity; or
 - b. Two documents issued from one or more federal, state, local, sovereign, medical, or religious institution.
8. “LTD” means the same as in R2-8-301.
9. “Irrevocable PDA” means the same as in R2-8-501.
10. “On file” means the same as in R2-8-115.
- 2-11. “Original retirement date” means the later of:
 - a. The date a member retires from the ASRS for the first time; or
 - b. The date a member re-retires from the ASRS after returning to active membership for 60 consecutive months or more according to A.R.S. § 38-766(C).
11. “Period certain and life annuity retirement benefit option” means an optional form of retirement benefits described in A.R.S. § 38-760(B)(2).
12. “Spouse” means the individual to whom a member is married under Arizona law.
13. “Straight life annuity” means the same as monthly life annuity according to A.R.S. § 38-757.
- ~~B. An individual who is 104 years of age or older at the time of retirement is not eligible to elect an option of life annuity with a term certain.~~
- ~~C. An individual who is 93 years of age or older at the time of retirement is not eligible to elect the options of life annuity with ten years certain or life annuity with 15 years certain.~~
- ~~D. An individual who is 85 years of age or older at the time of retirement is not eligible to elect the option of life annuity with 15 years certain.~~
- B. A member may retire from the ASRS by submitting a Retirement Application to the ASRS that contains the following information:**
 1. The member’s full name;
 2. The member’s Social Security number or U.S. Tax Identification number;
 3. The member’s marital status, if not On File with ASRS;
 4. The member’s current mailing address; if not On File with ASRS;
 5. The member’s date of birth, if not On File with ASRS;
 6. A retirement date according to A.R.S. § 38-764(A);
 7. The retirement option the member is electing;
 8. If the member is electing to roll over a lump sum distribution amount to another retirement account, then:
 - a. The type of account and account number, if applicable, to which the member is electing to roll over the lump sum distribution; and
 - b. The name and address of the financial institution of the account to which the member is electing to roll over the lump sum distribution;
 9. The following information for each primary beneficiary, unless the member is receiving a mandatory lump sum distribution under subsection (M):
 - a. The beneficiary’s full name;
 - b. The beneficiary’s Social Security number, if the beneficiary is a U.S. citizen;
 - c. The beneficiary’s date of birth;
 - d. The beneficiary’s relationship to the member; and
 - e. The percent of benefit the beneficiary may receive upon death of the member, if the member is designating more than one beneficiary.
 10. Whether the member is electing the Optional Health Insurance Premium Benefit;
 11. The following spousal consent information, if the member is married and is electing a retirement option other than a Joint and Survivor Retirement Benefit Option with at least 50% of the retirement benefit designated to the member’s spouse:
 - a. Whether the member’s spouse consents to the member making a beneficiary election that provides the member’s spouse with less than 50% of the member’s account balance;
 - b. Whether the member’s spouse consents to the member electing a retirement option other than a Joint and Survivor Retirement Benefit Option;
 - c. The member’s spouse’s full name; and
 - d. The member’s spouse’s notarized signature;
 12. Whether the member is electing to receive a partial lump sum distribution according to A.R.S. § 38-760 and if so:
 - a. How many months of annuity, up to 36 months, the member is electing to receive as a partial lump sum;
 - b. Whether the member is electing to directly receive the partial lump sum distribution reduced by applicable tax withholding amounts;



- c. Whether the member is electing to roll over all or a portion of the partial lump sum distribution amount to one other retirement account; and
- d. Whether the member is electing to use the partial lump sum distribution to purchase service credit with ASRS based on a service purchase request dated before January 6, 2013;
- 13. Acknowledgement of the following statements of understanding:
 - a. The member is aware of the member's LTD stop-payment date and any disability benefits the member is receiving shall cease upon the retirement date the member elects according to subsection (B)(6);
 - b. The member understands that if an overpayment exists, ASRS shall collect the remaining overpayment amount according to 2 A.A.C. 8, Article 8 and all repayment plans previously established with ASRS LTD claims administrator shall cease;
 - c. The member understands that if the member is submitting written notice of a changed retirement date, benefit option, or partial lump sum increment selection, ASRS shall distribute the member's benefit as of the later of:
 - i. The date ASRS receives the most recent Acceptable Documentation; or
 - ii. The retirement date contained in the most recent Acceptable Documentation.
 - d. The member has received the Special Tax Notice Regarding Plan Payments;
 - e. The member has received the Return to Work information and will comply with the laws and rules governing the member's return to work;
 - f. The member authorizes ASRS and the banking institution identified in subsection (W) to debit the member's account for the purposes of correcting errors and returning any payments inadvertently made after the member's death;
 - g. The member understands that the member may have a one-time option to rescind a Joint and Survivor Retirement Benefit Option or a Period Certain and Life Annuity Retirement Benefit Option according to R2-8-130;
 - h. The member understands that any person who knowingly makes any false statement with the intent to defraud ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793; and
 - i. The member acknowledges that the member has complied with A.R.S. §§ 38-755 and 38-776 regarding spousal consent; and
- 14. The member's notarized signature.
- C. If a Retirement Application is completed through the member's secure ASRS account, the member's notarized signature is not required under subsection (B)(14).
- D. If the retirement date the member elects according to subsection (B)(6) is not allowed, the ASRS shall change the retirement date to the earliest eligible date according to A.R.S. 38-764(A), unless the member is not eligible to retire.
- E. A member who elects to roll over all or a portion of the partial lump sum distribution amount according to subsection (B)(12)(c), shall submit the following written information to the ASRS:
 - 1. The type of account and account number to which the member is electing to roll over;
 - 2. The name and address of the financial institution of the account to which the member is electing to roll over; and
 - 3. If the member is electing to roll over a portion of the partial lump sum distribution, then the amount the member is electing to roll over.
- F. If the member elects to roll over all or a portion of their lump sum or partial lump sum distribution, the ASRS shall only roll over the distribution to one retirement account.
- G. Any portion of the partial lump sum distribution that is not rolled over to another retirement account according to subsection (B) shall be distributed directly to the member.
- H. If the member elects to use the partial lump sum distribution to purchase service credit according to subsection (B)(12)(d) the member shall submit the following written information to the ASRS:
 - 1. The number of the service purchase invoice;
 - 2. Whether the member is electing to apply the partial lump sum distribution to all eligible service on that invoice;
 - 3. If the member is not electing to apply the partial lump sum distribution to all eligible service on that invoice, then:
 - a. The amount of the partial lump sum distribution to be applied to that invoice; or
 - b. The number of years on that invoice the member is electing to purchase with the partial lump sum distribution;
 - 4. If the member is electing to make a payment on that service purchase invoice with after-tax payments, a rollover, or termination pay according to A.R.S. § 38-747;
 - 5. Whether the member is electing to authorize the ASRS to increase the number of months of annuity, not to exceed 36 months, to purchase the eligible service on that service purchase invoice, if the member elected an insufficient number of months of annuity to receive as a partial lump sum according to subsection (G) to complete the service purchase invoice;
 - 6. If the member does not have eligible service to purchase on that invoice, whether the member is electing to cancel the member's election to receive a partial lump sum distribution.
- I. A member who elects to receive a partial lump sum distribution shall receive an actuarially reduced annuity retirement benefit according to A.R.S. § 38-760.
- J. ASRS shall disburse any partial lump sum amount that is not applied to a service purchase invoice according to subsection (G) directly to the member after withholding applicable taxes.
- K. After submitting a Retirement Application according to subsection (B), a member may make changes to the member's Retirement Application by submitting written notice to the ASRS of the specific changes according to A.R.S. § 38-764(H).
- E-L. If ASRS has received contributions for the member within the three years immediately preceding the member's retirement date, the ASRS shall send a New Retirement Ending Payroll Verification form to the Employer. If ASRS has received contributions for the member within the six months immediately preceding the member's retirement date and the member shall receive a one-time lump sum payment according to subsection (P), the ASRS shall send a New Retirement Ending Payroll Verification form to the Employer.
- M. If the member has reached the age for minimum required distribution according to A.R.S. § 38-775(H)(4), the ASRS shall send a New Retirement Ending Payroll Verification form to the member's most recent Employer.



- N.** The Employer shall submit the completed New Retirement Ending Payroll Verification form to ASRS with the following information:
1. The member's Termination date or last day of ASRS membership with that Employer, if applicable;
 2. The member's total salary paid during their last fiscal year;
 3. The member's compensation for the last pay period;
 4. The name and title of the authorized Employer representative;
 5. Certification by the authorized Employer representative that:
 - a. Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony according to A.R.S. § 38-793; and
 - b. The authorized Employer representative certifies that they are the Employer user named on the New Retirement Ending Payroll Verification form and their title and contact information is current and correct.
- O.** The ASRS shall cancel a member's Retirement Application if ASRS does not receive all forms and information required under this section within six months immediately after the member's retirement date.
- ~~P.~~** As authorized under A.R.S. § 38-764(F), if a member's ~~the life annuity~~ Straight Life Annuity, after any applicable early retirement reduction factor, of any Plan member is less than a monthly amount of \$100, determined by the Board, the ASRS shall not pay the annuity. Instead, the ASRS shall make a one-time mandatory lump sum payment in the amount determined by using appropriate actuarial assumptions.
- Q.** For purposes of calculating a member's retirement benefit according to A.R.S. §§ 38-758 and 38-759, ASRS shall calculate age to the nearest day as of the member's retirement date.
- R.** Based on the retirement option the member elects according to A.R.S. § 38-760, ~~The~~ the ASRS shall calculate a member's actuarially reduced or beneficiary's benefits, based on the attained age of the member, and if necessary, the attained age of the or contingent annuitant beneficiary, determined in years and full months, as of the date of the member's retirement as follows:
1. The date of the member's retirement; or For a partial lump sum retirement benefit option, ASRS shall calculate age to the nearest day as of the member's retirement date;
 2. The date of the member's death, if the beneficiary is eligible to elect the survivor benefit as monthly income for life according to A.R.S. § 38-762(C). For a Joint and Survivor Retirement Benefit Option, ASRS shall calculate age to the nearest day as of the member's retirement date; and
 3. For a mandatory lump sum payment according to subsection (O) or a Period Certain and Life Annuity Retirement Benefit Option, ASRS shall calculate age to the nearest full month in addition to calculating age according to subsection (P) as necessary.
- S.** If the ASRS is unable to verify the age of the member or a contingent annuitant, the member or contingent annuitant shall provide Legal Documentation showing the member's or contingent annuitant's age.
- G.** Before the ASRS applies the calculation for an optional form of retirement benefit provided in A.R.S. § 38-760, the ASRS shall include any prior service credit benefit that applicable to the life annuity of the member.
- H.** A member who is ten years and one day, or more, older than the member's non-spousal contingent annuitant is not eligible to participate in a 100% joint and survivor option. A member who is 24 years and one day, or more, older than the member's non-spousal contingent annuitant is not eligible to participate in a 66 2/3% joint and survivor option.
- I.** For members whose original retirement date is on or after March 6, 2016, notwithstanding subsection (H), a member who is ten years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 100% joint and survivor option, if:
1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 2. The member submits a DRO to the ASRS which requires the ex-spouse to be the contingent annuitant on the member's account.
- J.** For member whose original retirement date is on or after March 6, 2016, notwithstanding subsection (H), a member who is 24 years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 66 2/3% joint and survivor option, if:
1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 2. The member submits a DRO to the ASRS which requires the ex-spouse to be the contingent annuitant on the member's account.
- K.** Notwithstanding subsection (F), for purposes of determining whether a member is eligible to participate in a joint and survivor option, the ASRS shall calculate the difference in a member's age and the contingent annuitant's age based on the birthdates of the member and the contingent annuitant.
- T.** If a member does not retire by the date minimum distribution payments are required according to A.R.S. §§ 38-759 and 38-775, the required minimum distribution payments will accrue interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) and in effect on the date the required minimum distribution payments should have begun.
- U.** The ASRS shall distribute any required minimum distribution payments with interest according to subsection (T) with the member's first finalized benefits payment.
- V.** If a member submits a retirement application after the member's minimum required distribution date, the ASRS shall determine that the member's Applicable Retirement Date is the date the required minimum distribution payments should have begun.
- W.** Notwithstanding any other section, an inactive member who does not have contributions related to compensation is not eligible for retirement.
- X.** The ASRS shall issue a debit benefit card, if the annuitant does not provide the following direct deposit information through the annuitant's secure ASRS account or by a notarized Direct Deposit form:
1. The member's full name;
 2. The member's bank account routing number;
 3. The member's bank account number; and
 4. The type of the account.



- Y. The ASRS shall disburse benefits payments according to subsection (R), only retroactive to the later date specified in A.R.S. § 38-759(B).
- Z. ASRS shall not issue additional estimate checks to a member whose retirement is canceled.

R2-8-127. Re-Retirement Application

- A. The definitions in R2-8-126 apply to this section.
- B. If a member has previously retired from ASRS, the member may re-retire from ASRS by submitting a Re-Retirement Application to the ASRS that contains:
 - 1. The information identified in R2-8-126(B)(1) through (B)(8);
 - 2. The retirement option the member is electing, if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
 - 3. The information identified in R2-8-126(B)(11);
 - 4. Whether the member is electing the Optional Health Insurance Premium Benefit, if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
 - 5. The information identified in R2-8-126(B)(13), if the member suspended the member's annuity from the member's previous retirement from ASRS and returned to work for 60 consecutive months or more according to A.R.S. § 38-766(C);
 - 6. Acknowledgement of the following statements of understanding:
 - a. The member's signature confirms the member's intent to re-retire and applies to all the sections included in the Re-Retirement Application.
 - b. The member understands that as a re-retiree, the member must keep the same retirement option and beneficiary the member elected when the member previously retired from ASRS, unless the member returned to active membership for 60 consecutive months or more according to A.R.S. § 38-766(C);
 - c. The member may change the member's beneficiary after re-retiring and changing the beneficiary may change the member's monthly annuity.
 - d. The member has complied with A.R.S. §§ 38-755 and 38-766 regarding spousal consent;
 - e. The member certifies that the member has read and understands the instructions and Special Tax Notice Regarding Plan Payments;
 - f. The member authorizes ASRS and the banking institution the member listed for direct deposit to debit the member's account for the purpose of correcting errors and returning any payments inadvertently paid after the member's death;
 - g. The member understands that any person who knowingly makes any false statement with the intent to defraud ASRS is guilty of a Class 6 felony in accordance with A.R.S. § 38-793; and
 - h. The member understands that if an overpayment exists, the ASRS shall collect the remaining overpayment amount according to 2 A.A.C. 8, Article 8 and all repayment plans previously established with the ASRS LTD claims administrator shall cease.
 - 7. The member's notarized signature.
- C. If the retirement date the member elects according to R2-8-126(B)(6) is not allowed, the ASRS shall change the retirement date to the earliest eligible date according to A.R.S. 38-764(A), unless the member is not eligible to retire.

R2-8-128. Joint and Survivor Retirement Benefit Options

- A. The definitions in R2-8-126 apply to this section.
- B. A member who is ten years and one day, or more, older than the member's non-spouse contingent annuitant is not eligible to elect a 100% Joint and Survivor Retirement Benefit Option.
- C. A member who is 24 years and one day, or more, older than the member's non-spouse contingent annuitant is not eligible to elect a 66 2/3% Joint and Survivor Retirement Benefit Option.
- D. For members whose Original Retirement Date is on or after March 6, 2016, notwithstanding subsection (B), a member who is ten years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 100% Joint and Survivor Retirement Benefit Option, if:
 - 1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 - 2. The member submits an original or certified copy of a DRO to ASRS which requires the ex-spouse to remain as the contingent annuitant on the member's account.
- E. For members whose Original Retirement Date is on or after March 6, 2016, notwithstanding subsection (C), a member who is 24 years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 66 2/3% Joint and Survivor Retirement Benefit Option, if:
 - 1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 - 2. The member submits an original or certified copy of a DRO to the ASRS which requires the ex-spouse to remain as the contingent annuitant on the member's account.
- F. Notwithstanding any other section, for purposes of determining whether a member is eligible to participate in a Joint and Survivor Retirement Benefit Option, the ASRS shall calculate the difference in a member's age and the contingent annuitant's age based on the birthdates of the member and the contingent annuitant. For purposes of this section, a contingent annuitant must be a living person.

R2-8-129. Period Certain and Life Annuity Retirement Options

- A. The definitions in R2-8-126 apply to this section.
- B. An individual who is 104 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option.
- C. An individual who is 93 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option with ten years certain or 15 years certain.



- D. An individual who is 85 years of age or older at the time of retirement is not eligible to elect a Period Certain and Life Annuity Retirement Benefit Option with 15 years certain.
- E. The ASRS shall calculate the period certain term as beginning on the first day of the first full calendar month following the member's Applicable Retirement Date.
- F. Notwithstanding subsection (E), the ASRS shall calculate the period certain term as beginning on the member's Applicable Retirement Date if the member's Applicable Retirement Date is the first day of the month.

R2-8-130. Rescind or Revert Retirement Election; Change of Contingent Annuitant

- A. The definitions in R2-8-126 apply to this section.
- B. According to A.R.S. § 38-760(B)(2), for a member whose Original Retirement Date is after August 9, 2001, upon the expiration of a member's period certain term the ASRS shall rescind the member's election and the ASRS shall provide the member a Straight Life Annuity retirement benefit subject to any retirement reductions applicable at the member's Original Retirement Date.
- C. According to A.R.S. § 38-760(B)(2), a member whose Original Retirement Date is after August 9, 2001 and before July 1, 2008 and who elected a Period Certain and Life Annuity Retirement Benefit Option, may rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the expiration of the member's period certain term.
- D. According to A.R.S. § 38-760(B)(1), a member whose Original Retirement Date is before July 1, 2008 and who elected a Joint and Survivor Retirement Benefit Option may rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the member's death.
- E. A member whose Original Retirement Date is on or after July 1, 2008 and who elected a Period Certain and Life Annuity Retirement Benefit Option may exercise a one-time election to rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the expiration of the member's period certain term if the member provides proof to ASRS of the death of the primary beneficiary or an original or certified copy of a DRO showing that the primary beneficiary has ceased to be a primary beneficiary.
- F. A member whose Original Retirement Date is on or after July 1, 2008 and who elected a Joint and Survivor Retirement Benefit Option may exercise a one-time election to rescind the election and elect to receive a Straight Life Annuity retirement benefit prior to the death of the member if the member provides proof to ASRS of the death of the contingent annuitant or an original or certified copy of a DRO showing that the contingent annuitant has ceased to be a contingent annuitant.
- G. A member who elected to rescind a Period Certain and Life Annuity Retirement Benefit Option according to subsection (C) may elect to revert to the Period Certain and Life Annuity Retirement Benefit Option by submitting an Application to Rescind, Revert or Change Contingent Annuitant as specified in subsection (M).
- H. A member who elected to rescind a Joint and Survivor Retirement Benefit Option according to subsection (D) may elect to revert to the Joint and Survivor Retirement Benefit Option by submitting an Application to Rescind, Revert or Change Contingent Annuitant as specified in subsection (M).
- I. A member may only revert to the same Period Certain and Life Annuity Retirement Benefit Option the member rescinded according to subsection (C) prior to the expiration of the period certain term the member elected at the member's most recent retirement.
- J. A member who rescinds their election according to subsections (E) or (F) is not eligible to revert to a Period Certain and Life Annuity Retirement Benefit Option or a Joint and Survivor Retirement Benefit Option.
- K. Notwithstanding any other provision, the time period of a Period Certain and Life Annuity Retirement Benefit Option shall be continuous from the member's retirement date until the term expires regardless of whether the member rescinds or reverts to another retirement option.
- L. A member who wants to rescind or revert a retirement election according to subsections (C) through (H) shall ensure ASRS receives an Application to Rescind, Revert or Change Contingent Annuitant at least one day prior to the member's death.
- M. In order to rescind, revert, or change a contingent annuitant, the member shall submit an Application to Rescind, Revert or Change Contingent Annuitant with the following information:
 - 1. The member's full name;
 - 2. The member's Social Security number or U.S. Tax Identification number;
 - 3. The member's marital status, if not On File with ASRS;
 - 4. Whether the member is electing to rescind, revert, or change a contingent annuitant;
 - 5. The member's notarized signature acknowledging the following statements of understanding:
 - a. For rescinding a retirement election:
 - i. By this action, and the member's signature, the member is aware that the member's designated beneficiary or contingent annuitant will not continue with monthly benefits after the member's death;
 - ii. The member is aware that a certified copy of the member's designated beneficiary's or contingent annuitant's death certificate or an original or certified copy of a DRO is required if the member retired or re-retired on or after July 1, 2008;
 - iii. At the time of the member's death, if the ASRS has not disbursed the total employee contributions on the member's account, plus interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) through the month prior to the member's retirement date, the balance will be payable in a lump sum to the beneficiary named on the member's most recent Acceptable Form.
 - b. For changing a contingent annuitant or beneficiary:
 - i. For a Joint and Survivor Retirement Benefit Option, by this action, and the member's signature, the contingent annuitant named on the member's most recent Acceptable Form will receive the previously elected percentage amount of the member's monthly benefit for their lifetime following the member's death;
 - ii. For a Joint and Survivor Retirement Benefit Option, the member is aware that a copy of the contingent annuitant's Legal Documentation is required and the member's benefit will be recalculated based on the member's age and the age of the member's new contingent annuitant as of the effective date of the member's request according to this section;
 - iii. For a Joint and Survivor Retirement Benefit Option, the member is in compliance with the age difference limitations in R2-8-128; and



- iv. For a Period Certain and Life Annuity Retirement Benefit Option, by this action, and the member's signature, the beneficiary named on the member's most recent Acceptable Form will receive the remaining term of monthly payments.
- c. For reverting to a previously elected retirement benefit option according to A.R.S. § 38-760:
 - i. For a Joint and Survivor Retirement Benefit Option, by this action, and the member's signature, the contingent annuitant named the member's most recent Acceptable Form will receive the previously elected percentage amount of the member's monthly benefit for their lifetime following the member's death;
 - ii. For a Joint and Survivor Retirement Benefit Option, the member is aware that a copy of Legal Documentation showing the contingent annuitant's date of birth is required and the member's benefit will be recalculated based on the member's age and the age of the member's contingent annuitant as of the effective date of the member's request according to this section;
 - iii. For a Joint and Survivor Retirement Benefit Option, the member is in compliance with the age difference limitations in R2-8-128; and
 - iv. For a Period Certain and Life Annuity Retirement Benefit Option, by this action, and the member's signature, the beneficiary named on the member's most recent Acceptable Form will receive the remaining term of monthly payments.
- 6. If the member is electing to change a contingent annuitant, the following information for the new contingent annuitant:
 - a. Full name;
 - b. Social Security number, if the contingent annuitant is a U.S. citizen;
 - c. Date of birth; and
 - d. Legal relationship to the member.
- 7. If the member is married, whether the member's spouse consents to the following with the spouse's notarized signature:
 - a. The member making a beneficiary designation that provides the member's spouse with less than 50% of the member's account balance;
 - b. The member electing a retirement option other than a Joint and Survivor Retirement Benefit Option; or
 - c. The member changing or ending the spouse's contingent annuitant status.
- 8. Whether the spouse's consent is not required because:
 - a. The spouse predeceased the member and if so, provide a copy of the spouse's death certificate; or
 - b. The member is divorced and if so, provide an original or certified copy of a DRO.
- N. If the ASRS is unable to verify the age of the member or a contingent annuitant, the member or contingent annuitant shall provide Legal Documentation showing the member's or contingent annuitant's age.
- O. The effective date of the member's request according to this section is the date on which ASRS receives the Application to Rescind, Revert or Change Contingent Annuitant.
- P. According to A.R.S. § 38-760(B)(2), a member whose Original Retirement Date is on or after July 1, 2008 and who elects a Period Certain and Life Annuity Retirement Benefit Option, may rescind the election according to subsection (E) and elect to receive a Straight Life Annuity prior to the expiration of the member's period certain term if one or more of the member's primary beneficiaries dies or ceases to be a beneficiary according to the terms of an original or certified copy of a DRO.
- Q. The ASRS shall cancel a member's Application to Rescind, Revert, or Change Contingent Annuitant if ASRS does not receive all forms and information required under this section within six months immediately after the ASRS receives the application.

R2-8-131. Designating a Beneficiary: Spousal Consent to Beneficiary Designation

- A. The definitions in R2-8-126 apply to this section.
- B. In order to designate a beneficiary, a member shall submit an Acceptable Form containing the following information:
 - 1. The Member's full name and one or more of the following information:
 - a. The Member's Social Security number or U.S. Tax Identification number; or
 - b. The Member's address; or
 - c. The Member's date of birth;
 - 2. The following information for the beneficiary:
 - a. The full name of the person or entity the member is designating as beneficiary;
 - b. Whether the beneficiary is being designated as primary or secondary beneficiary;
 - c. The percentage of the benefit the member is allocating to the beneficiary; and
 - 3. The member's notarized signature.
- C. If a change in a designated beneficiary is completed through the member's secure ASRS account, the member's notarized signature is not required under subsection (B)(3).
- D. If a member submits an Acceptable Form designating a beneficiary without indicating the percentage of the benefit the member is allocating to the beneficiary, the ASRS shall determine that each beneficiary is designated to receive an equal amount of the benefit.
- E. Effective July 1, 2013, a married member:
 - 1. Who is not retired shall name and maintain the member's current spouse as primary beneficiary of at least 50% of the member's retirement account unless:
 - a. Naming or maintaining the current spouse as beneficiary violates another law, existing contract, or court order; or
 - b. The spouse consents to an alternate beneficiary;
 - 2. Who retires shall choose a Joint and Survivor Retirement Benefit Option and name the member's current spouse as contingent annuitant unless:
 - a. Naming or maintaining the current spouse as contingent annuitant violates another law, existing contract, or court order; or
 - b. The spouse consents to an alternate contingent annuitant; or
 - c. The spouse consents to an alternate annuity option under A.R.S. §§ 38-757 or 38-760.
- F. The ASRS shall honor a beneficiary designation last made or a retirement election submitted before July 1, 2013, even if the beneficiary designation or retirement election fails to comply with subsection (E).
- G. Subsection (E) does not apply to a member who is receiving a mandatory lump sum distribution according to A.R.S. § 38-764.



- H.** Subsection (E) does not apply to a member who submits a Spousal Consent Exception form that contains the member's notarized signature to the ASRS affirming under penalty of perjury that the member's spouse's consent is not required because of one of the reasons specified in A.R.S. § 38-776(C).
- I.** In order to change a beneficiary designation, a member shall submit the information contained in subsection (B) and:
1. A married member who changes a beneficiary designation on or after July 1, 2013, shall ensure the new beneficiary designation is consistent with subsection (E); or
 2. A married member who retired before July 1, 2013, and who wishes to change the contingent annuitant or beneficiary, shall ensure that the new designation is consistent with subsection (E).
- J.** A married member who re-retires according to A.R.S. § 38-766:
1. Within less than 60 consecutive months of active membership from the member's previous retirement date, is not eligible to elect a different annuity option or different beneficiary than the member elected at the time of the previous retirement; or
 2. At least 60 consecutive months of active membership after the member's previous retirement date, may elect a different annuity option and different beneficiary than the member elected at the time of the previous retirement, and the election shall comply with subsection (E).
- K.** If a married member submits a retirement application that fails to comply with subsection (E), the member shall submit a new retirement application or written notice of new retirement elections that comply with subsection (E) within six months of the member's Original Retirement Date. The member's new Original Retirement Date is the date ASRS receives the new application or written notice unless the member elects a later date according to A.R.S. § 38-764.
- L.** If a married member made a beneficiary designation on or after July 1, 2013 that is not consistent with the requirements specified in subsection (E), the ASRS shall, at the time of the member's death:
1. Notify both the spouse and designated beneficiary and:
 - a. Provide the spouse with an opportunity to waive the right under subsection (E); and
 - b. Provide the designated beneficiary with an opportunity to provide documentation that revokes the spouse's right under subsection (E); and
 2. Designate 50% of the member's retirement benefit to the spouse if neither the spouse nor designated beneficiary respond to notification according to subsection (L)(1) within 30 days after notification.
- M.** If a married member designated a beneficiary before July 1, 2013 that does not comply with subsection (E), upon the death of the member, the member's spouse may submit written notice to the ASRS prior to disbursement of the member's account with the following information:
1. The member's full name;
 2. The member's Social Security number or U.S. Tax Identification number;
 3. The spouse's assertion to the spouse's right to community property;
 4. An original or copy of the marriage certificate; and
 5. An original or certified copy of the member's death certificate.
- N.** If a spouse submits written notice according to subsection (M), the ASRS shall designate the spouse as beneficiary of a percentage of the member's account according to A.R.S. §§25-211 and 25-214 and notify the member's designated beneficiary of the spouse's assertion.
- O.** The ASRS shall determine a spouse's percentage of the member's account according to subsection (L) based on the amount of service credit the member acquired during the marriage divided by the total amount of service credit the member acquired, multiplied by 50%.
- P.** If a beneficiary is notified of a spouse's assertion according to subsection (N), then before ASRS disburses a survivor benefit, the beneficiary may notify ASRS of the beneficiary's intent to appeal the spouse's right to a survivor benefit.
- Q.** Within 30 days, a beneficiary who has notified ASRS of the beneficiary's intent to appeal a survivor benefit disbursement according to subsection (P), shall submit an appeal to ASRS according to 2 A.A.C. 8, Article 4.
- R.** An original or certified copy of a DRO may supersede the requirements in subsection (B).
- S.** To consent to an alternative retirement benefit option or beneficiary designation, a member's spouse shall complete and have notarized a Spousal Consent form containing the following information:
1. Member's full name;
 2. Member's Social Security number or U.S. Tax Identification number;
 3. Whether the member's spouse is consenting to one or more of the following:
 - a. The member making a beneficiary designation that provides the spouse with less than 50% of the member's account balance;
 - b. The member electing a retirement option other than a Joint and Survivor Retirement Benefit Option;
 - c. The member naming a contingent annuitant other than the spouse; and
 - d. The spouse's notarized signature.
- T.** A member's spouse may revoke the spouse's consent to an alternative retirement benefit option or beneficiary designation by sending written notice to ASRS with the following information:
1. The member's full name
 2. The member's Social Security number or U.S. Tax Identification number;
 3. The spouse's full name;
 4. The spouse's dated signature indicating the spouse is revoking all previous Spousal Consent forms.
- U.** A spouse who is revoking a Spousal Consent form shall ensure the written notice is received no later than the earlier of one day before the member dies or ASRS disburses a retirement benefit to the member.



R2-8-132. Survivor Benefit Options

- A.** The definitions in R2-8-126 apply to this section.
- B.** If the beneficiary is eligible to elect the survivor benefit as monthly income for life according to A.R.S. § 38-762(C), the ASRS shall calculate the benefits based on the attained age of the beneficiary, calculated to the nearest full month, as of the date of the member's death.
- C.** If the beneficiary elects to receive the survivor benefit as monthly income for life according to A.R.S. § 38-762(C), the ASRS shall calculate the benefits effective date as of the day after the member's death and the ASRS shall pay interest up to the benefits effective date.
- D.** According to A.R.S. § 38-763, if the member elected a Period Certain and Life Annuity Retirement Benefit Option and deceases prior to the expiration of the period certain term, the member's beneficiary may elect to complete the remaining period certain term or the beneficiary may elect to receive a lump sum distribution which is the greater of:
 - 1. The present value of the benefits based on the remaining period certain term; or
 - 2. The member's ASRS account balance plus interest at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A) through the month prior to the member's retirement date, reduced by all retirement benefits due to the member.
- E.** Notwithstanding subsection (D), a beneficiary is not eligible to elect to complete the remaining period certain term if the period certain term has expired.
- F.** If the beneficiary elects to complete the remaining period certain term or elects to receive a lump sum that is the present value of the benefits based on the remaining period certain term according to subsection (D), the ASRS shall not pay interest.
- G.** If a member's beneficiary or contingent annuitant does not want to receive a survivor benefit according to 26 U.S.C. § 2518, within nine months after the member's death, the beneficiary or contingent annuitant may submit a written request to the ASRS with the following information for the beneficiary or contingent annuitant:
 - 1. Full name;
 - 2. Social Security number if the beneficiary or contingent annuitant is a U.S. citizen;
 - 3. Address; and
 - 4. Notarized signature acknowledging the following statements:
 - a. The beneficiary or contingent annuitant is aware that, as a beneficiary or contingent annuitant of the member, the beneficiary or contingent annuitant is entitled to a survivor benefit in the amount specified by the ASRS;
 - b. The beneficiary is renouncing a portion or all of the beneficiary's rights to the member's benefit;
 - c. The contingent annuitant is renouncing all of the contingent annuitant's rights to the member's benefit;
 - d. The beneficiary understands that by renouncing rights to the member's benefit, the portion that the beneficiary is renouncing will be paid to any other survivor on the member's account, or if there is no other designated survivor, the benefit will be paid to the member's estate; and
 - e. The contingent annuitant understands that by renouncing rights to the member's benefit, the ASRS shall pay the member's ASRS account balance plus interest at the Assumed Actuarial Interest and Investment Return Rate specified in R2-8-118(A) through the month prior to the member's retirement date, reduced by all retirement benefits due to the member, to any other survivor on the member's account, or if there is no other designated survivor, to the member's estate.
- H.** According to 26 U.S.C. § 2518, a minor beneficiary's or contingent annuitant's survivor benefit cannot be renounced.

R2-8-133. Survivor Benefit Applications

- A.** The definitions in R2-8-126 apply to this section.
- B.** The ASRS shall not distribute a survivor benefit until a claimant notifies the ASRS of a member's death by telephone or submission of a death certificate, unless the member elected a Joint and Survivor Benefit Option upon retirement.
- C.** Upon notification of the death of a member, the ASRS shall distribute the survivor benefits according to the most recent, Acceptable Form that is On File with the ASRS that was received at least one day prior to the date of the member's death, unless otherwise provided by law.
- D.** The designated beneficiary or other person specified in A.R.S. § 38-762(E) shall provide the following:
 - 1. An original certified death certificate or a certified copy of a court order that establishes the member's death;
 - 2. If the claimant is not a designated beneficiary, but is a person specified in A.R.S. § 38-762(E), a copy of a document issued from a federal, state, local, sovereign, or medical institution showing the claimant's relationship to the deceased member;
 - 3. A certified copy of the court order of appointment as administrator, if applicable; and
 - 4. Except if the deceased member was retired and elected the joint and survivor option, complete and have notarized an Application for Survivor Benefits, provided by the ASRS that includes:
 - a. The deceased member's full name;
 - b. The deceased member's Social Security number or U.S. Tax Identification number;
 - c. The benefit the designated beneficiary or other person specified in A.R.S. § 38-762(E) is electing;
 - d. If the designated beneficiary or other person specified in A.R.S. § 38-762(E) is electing to roll over a benefit, the following information:
 - i. The claimant's full name;
 - ii. The name of the institution to which the claimant is electing to roll over;
 - iii. The address of the institution to which the claimant is electing to roll over;
 - iv. The full name of the authorized representative of the institution to which the claimant is electing to roll over;
 - v. The signature of the authorized representative of the institution to which the claimant is electing to roll over;
 - e. If the beneficiary is electing to have any of the survivor benefits directly deposited into a bank account, the following information:
 - i. Whether the bank account is a checking or savings account;
 - ii. The name of the banking institution to which the benefit is being sent;
 - iii. The routing number;



- iv. The account number; and
- f. The following information for the designated beneficiary or other person specified in A.R.S. § 38-762(E):
 - i. Full name;
 - ii. Mailing address, if not On File with ASRS;
 - iii. Date of birth, if applicable; and
 - iv. Social Security number or U.S. Tax Identification number, if not On File with ASRS.
- g. The following statements of understanding:
 - i. The designated beneficiary or other person specified in A.R.S. § 38-762(E) has read and understands the Special Tax Notice Regarding Plan Payments they received with this application;
 - ii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) authorizes the ASRS to make payments as indicated above and agree on behalf of themselves and their heirs that such payments shall be a complete discharge of the claim and shall constitute a release of the ASRS from any further obligation on account of the benefit;
 - iii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) authorizes the ASRS and the Banking Institution listed above to debit their account for the purposes of correcting errors and returning any payments inadvertently made after their death;
 - iv. Under penalties of perjury, the designated beneficiary or other person specified in A.R.S. § 38-762(E) certifies that:
 - (1) The Social Security number or U.S. Tax Identification number shown on this application is correct;
 - (2) They are not subject to backup withholding because:
 - (a) They are exempt from backup withholding, or
 - (b) They have not been notified by the Internal Revenue Service that they are subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The Internal Revenue Service has notified them that they are no longer subject to backup withholding; and
 - (3) They are a legal resident of the United States, unless they are an estate or trust.
 - v. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands their right to a 30-day notice period to consider a rollover or a cash distribution and they elect to waive the notice period by their election for payment on this application;
 - vi. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over all or any portion of their distribution to another eligible retirement plan, it is their responsibility to verify that the receiving plan will accept the rollover and, if applicable, agree to separately account for the taxable and nontaxable amounts rolled over and the related subsequent earnings on such amounts;
 - vii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over all or any portion of their distribution to an IRA plan, it is their responsibility to verify that the receiving IRA institution will accept the rollover and, if applicable, it is their responsibility to separately account for taxable and nontaxable amounts;
 - viii. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to another eligible retirement plan, any portion of the distribution not designated for a rollover will be paid directly to them and any taxable amounts will be subject to federal and state income tax withholding;
 - ix. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to an inherited IRA plan, any portion of the distribution not designated for a rollover will be paid directly to them and any taxable amounts will be subject to federal and state income tax withholding.
 - xi. The designated beneficiary or other person specified in A.R.S. § 38-762(E) understands if they elect to roll over to an inherited IRA plan, they may be required to receive a minimum distribution and they certify that the date of birth shown on this form is correct.
- 5. For a member who elected a Joint and Survivor Retirement Benefit Option, a contingent annuitant shall submit a Joint and Survivor Certification form containing:
 - a. The following information for the member:
 - i. Full name;
 - ii. Social Security number or U.S. Tax Identification number;
 - iii. Date of death; and
 - b. The following information for the beneficiary:
 - i. Legal relationship to the member;
 - ii. Full name;
 - iii. Social Security number or United States Tax Identification number, if not On File with ASRS;
 - iv. Mailing address, if not On File with ASRS;
 - v. Date of birth, if not On File with ASRS;
 - vi. If the contingent annuitant is electing to have any of the survivor benefits directly deposited into a bank account, the following information:
 - (1) Whether the bank account is a checking or savings account;
 - (2) The name of the banking institution to which the benefit is being sent;
 - (3) The routing number;
 - (4) The account number; and
 - c. The following statements of understanding:
 - i. The contingent annuitant has read and understands the Special Tax Notice Regarding Plan Payments they received with the Joint and Survivor Certification form;



- ii. The contingent annuitant authorizes the ASRS to make payments as indicated above and agree on behalf of themselves and their heirs that such payments shall be a complete discharge of the claim and shall constitute a release of the ASRS from any further obligation on account of the benefit; and
 - iii. The contingent annuitant authorizes the ASRS and the Banking Institution listed above to debit their account for the purposes of correcting errors and returning any payments inadvertently made after their death.
 - d. The contingent annuitant's notarized signature.
- E. Notwithstanding R2-8-132(H), if the beneficiary or contingent annuitant is a minor as of the date of the member's death, the beneficiary or contingent annuitant may submit a written request with the information contained in R2-8-132(G)(1) through (4) within nine months after the minor attains 18 years of age.
- F. For a member who deceases prior to the member's retirement date, if there is no designation of beneficiary or if the designated beneficiary predeceases the member, the ASRS shall pay a survivor benefit as specified in A.R.S. § 38-762(E).
- G. The ASRS shall begin disbursing a survivor benefit to a contingent annuitant according to A.R.S. § 38-760(B)(1) upon notification and verification of the member's death by a third party.
- H. The ASRS shall suspend a survivor benefit for a contingent annuitant unless the contingent annuitant provides the information in subsection (D) within two months of the ASRS disbursing a survivor benefit.
- I. If the member is domiciled in Arizona, according to A.R.S. § 14-3971, and there is no designated beneficiary, the ASRS shall distribute the balance of a member's account to a claimant if the claimant submits an Affidavit for Collection of Personal Property to ASRS with the following:
 - 1. The claimant's name;
 - 2. The claimant's Social Security number or U.S. Tax Identification number;
 - 3. The claimant's mailing address;
 - 4. The member's name;
 - 5. The member's Social Security number or U.S. Tax Identification number;
 - 6. The date of the member's death;
 - 7. The state and county where the member died;
 - 8. Statements indicating:
 - a. According to A.R.S. § 14-3971(B)(2)(a), no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction and the value of the member's entire estate, less liens and encumbrances, does not exceed the amount in A.R.S. § 14-3971 as valued as of the date of the member's death;
 - b. According to A.R.S. § 14-3971(B)(2)(b), the personal representative has been discharged, or more than a year has elapsed since a closing statement has been filed and the value of the member's entire estate, less liens and encumbrances, does not exceed the amount in A.R.S. § 14-3971 as valued as of the date the ASRS receives the Affidavit for Collection of Personal Property;
 - c. The claimant is the successor of the member and is entitled to the member's personal property because:
 - i. The claimant is named in the member's will; or
 - ii. The member did not have a will and the claimant is entitled to the member's personal property by right of intestate succession according to A.R.S. § 14-2103;
 - d. If the claimant is entitled to the member's personal property according to subsection (I)(8)(c)(i), then a copy of the member's will;
 - e. If the claimant is entitled to the member's personal property according to subsection (I)(8)(c)(ii), then the relationship between the member and the claimant and whether there are other surviving heirs;
 - f. If there are other surviving heirs, then the name and relationship of each surviving heir;
 - g. A statement indicating the claimant is making the Affidavit for Collection of Personal Property according to A.R.S. § 14-3971 for the purpose of making a claim to the member's ASRS account; and
 - h. The claimant's notarized signature.
- J. If the member is not domiciled in Arizona and there is no designated beneficiary, the ASRS shall distribute the balance of a member's account to a claimant if the claimant submits legal documentation to claim the member's ASRS account that complies with the statutory requirements of the state in which the member was domiciled at the time of the member's death.
- K. Notwithstanding any other provision, if the amount of the survivor benefit as valued at the date of disbursement is less than \$10,000 per annum, the ASRS shall not distribute a survivor benefit to a minor beneficiary unless the minor beneficiary's legal guardian submits the following written information:
 - 1. The member's full name;
 - 2. The member's Social Security number or U.S. Tax Identification number;
 - 3. The minor beneficiary's full name;
 - 4. The minor beneficiary's Social Security number or U.S. Tax Identification number;
 - 5. The full name of the minor beneficiary's legal guardian;
 - 6. The minor beneficiary's legal guardian's address, if not On File with ASRS; and
 - 7. The minor beneficiary's legal guardian's signature certifying the minor beneficiary's legal guardian has care and custody of the minor beneficiary.
- L. Notwithstanding any other provision, if the amount of the survivor benefit as valued at the date of disbursement is \$10,000 or more per annum, the ASRS shall not distribute a survivor benefit to a minor beneficiary unless the minor beneficiary's conservator submits proof of court-appointed fiduciary responsibility for the minor beneficiary.
- M. The ASRS shall remit payment to the minor beneficiary according to subsection (K) by sending the minor beneficiary's conservator a check, if the document providing proof of the court-appointed fiduciary responsibility requires payment to be made to a restricted or secure account.



- N.** If a person claims that a beneficiary or claimant is not entitled to a survivor benefit, then before ASRS disburses a survivor benefit, the person may notify ASRS of the person's intent to appeal the beneficiary's or claimant's right to a survivor benefit.
- O.** Within 30 days, a person who has notified ASRS of the person's intent to appeal a survivor benefit disbursement according to subsection (N), shall submit an appeal to ASRS according to 2 A.A.C. 8, Article 4.
- P.** If the ASRS receives documentation from, or confirmed by, a law enforcement agency, that a beneficiary or claimant may be guilty of the felonious and intentional killing of the member, the ASRS shall not distribute any benefits to the beneficiary or claimant that may be guilty of the felonious and intentional killing of the member until the matter has been adjudicated.
- Q.** If the member's estate has an appointed personal representative, the member's estate shall submit a court document identifying the personal representative for the member's estate before ASRS may distribute a survivor benefit.
- R.** If the member's estate is closed, the person claiming a right to the member's ASRS account shall provide a court document proving the estate is closed.
- S.** If the survivor receives a monthly annuity and does not provide the direct deposit information according to subsection (D)(4)(e) or (D)(5)(b)(vi), ASRS shall issue a debit benefit card.



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
STATE RETIREMENT SYSTEM BOARD

[R20-166]

- 1. Title and its heading: 2, Administration
Chapter and its heading: 8, State Retirement System Board
Article and its heading: 3, Long-Term Disability
Section number: R2-8-303
2. The subject matter of the proposed rule: On August 27, 2019, SB1079 (2019) became effective...
3. A citation to all published notices relating to the proceeding: Notice of Proposed Rulemaking: 26 A.A.R. 2052...
4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking: Name: Jessica A.R. Thomas...
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...
6. A timetable for agency decisions or other action on the proceeding, if known: To be determined.

NOTICE OF RULEMAKING DOCKET OPENING
STATE RETIREMENT SYSTEM BOARD

[R20-167]

- 1. Title and its heading: 2, Administration
Chapter and its heading: 8, State Retirement System Board
Article and its heading: 9, Compensation
Section number: R2-8-901 through R2-8-904
2. The subject matter of the proposed rule: The ASRS needs to adopt approximately four rules to clarify how contributions are remitted...



tion in its calculations, but the rules do not impose any additional requirements or burdens on members.

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

Notice of Proposed Rulemaking: 26 A.A.R. 2052, October 2, 2020 (*in this issue*)

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

Name: Jessica A.R. Thomas, Rules Writer

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

Telephone: (602) 240-2039

E-mail: JessicaT@azasrs.gov

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

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

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

To be determined.



NOTICES OF PUBLIC INFORMATION

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

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

NOTICE OF PUBLIC INFORMATION
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION
1115 RESEARCH AND DEMONSTRATION WAIVER RENEWAL REQUEST

[M20-41]

1. Name of the Agency:
Arizona Health Care Cost Containment System Administration (AHCCCS)

2. The public information:
AHCCCS 1115 Research and Demonstration Waiver Renewal Request

Pursuant to 42 C.F.R 431.408, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid Agency, gives notice of its intent to file an application with Centers for Medicare and Medicaid Services (CMS) to request a five year renewal of Arizona's 1115 Research and Demonstration Waiver.

Arizona attributes its continuing innovation and success during the past decades to its operation as a Demonstration Project under Section 1115 of the Social Security Act. Renewed every five years, Arizona's Demonstration Projects include exemptions from particular provisions of the Social Security Act and also include expenditure authority permitting federal financial participation for State expenditures that would not otherwise qualify for federal participation.

- Mandatory managed care
Home and community-based services for people in the long term care program (ALTCS)
Administrative simplifications that reduce inefficiencies in eligibility
Integrated health plans for AHCCCS members
Payments to providers participating in the Targeted Investments Program
AHCCCS Works
Waiver of Prior Quarter Coverage for specific populations

In addition to renewing current waiver and expenditure authorities, AHCCCS is seeking new authority to implement the following changes to the Demonstration:

- Authority to permit verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members when identity is reliably established and documented in the member's record.
Authority to reimburse traditional healing services provided in, at, or as part of services offered by facilities and clinics operated by the Indian Health Service (IHS), a Tribe or Tribal organization, or an Urban Indian health program (I/T/U).
Authority to reimburse IHS and Tribal 638 facilities for the cost of adult dental services that are eligible for 100% federal financial participation (FFP), that exceed the \$1,000 emergency dental limit for adult members eligible under Arizona's State Plan and the \$1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program.

i. Proposed Delivery System under the Demonstration
Under this renewal proposal, Arizona will continue to operate its successful managed care program. In Arizona, Medicaid managed care was adopted across all populations and service areas, including long-term care services and supports, behavioral health services, and dual eligible members. Non-qualified aliens whose benefits are limited to treatment of emergency conditions under section 1903(v) of the Social Security Act are not enrolled in the managed care delivery system.

In general, populations participating in the managed care program have a choice of managed care entities within each geographic service area designated by the State. Some individuals designated to have a serious mental illness are restricted to a single managed care entity in each geographic service area. Beneficiaries in the ALTCS program serving individuals with developmental disabilities are restricted to one state-wide managed care entity for long term care services and supports, but offered the choice of two managed care plans for physical and behavioral health services.



limited to one managed care entity in the remaining eleven counties of the state. Foster children are restricted to a single managed care entity.

In addition, AHCCCS proposes renewing the Targeted Investments Program from 2021 through 2026. Building on the successes and lessons learned from the current waiver, Arizona's Targeted Investments program will continue to drive the transformation of Arizona's delivery system toward an integrated whole person health delivery system.

II. Proposed Eligibility Requirements under the Demonstration

Under this renewal proposal all current AHCCCS eligibility groups will continue to be covered. Arizona's Demonstration also authorizes several expenditure authorities that streamline the eligibility processes, making the process more efficient. Arizona is seeking to renew those authorities. With the exception of those waivers, the eligibility requirements for most members enrolled in the managed care delivery system are set forth in Arizona's State Plan. Eligibility requirements for Long Term Care Services and Supports (including Home and Community Based Services) will remain unchanged from Arizona's Demonstration: individuals must be at risk of needing care at the nursing facility or ICF-IID level and must have income at or below 300% of the Federal Benefit Rate.

In addition to those administrative simplification authorities, Arizona's Demonstration authorizes AHCCCS to limit retroactive coverage to the first day of the month of application for all Medicaid members, except for pregnant women, women who are 60 days or less postpartum, and children under 19 years of age. Pregnant women, women who are 60 days or less postpartum, and children under the age of 19 are eligible for Medicaid coverage for up to three months prior to the month in which their application was submitted.

Arizona's current Demonstration also authorizes the AHCCCS Works program. The AHCCCS Works program requires able-bodied AHCCCS members between the ages of 19 and 49 who do not qualify for an exemption to meet the following activities or combination of activities for at least 80 hours per month: be employed, actively seeking employment, attending school (less than full time), participating in other employment readiness activities (i.e. job skills training, life skills training, and health education), and/or engaging in community service. Failure to report at least 80 hours of qualifying community engagement activity for any month after the orientation period will result in the suspension of the member's AHCCCS coverage for two months, unless the member requests (1) a good cause exemption for failing to comply with the requirements; or (2) appeals the suspension. A member whose eligibility is suspended for failing to comply with the community engagement requirements will have his or her eligibility automatically reinstated at the expiration of the two month suspension period as long as he or she meets all other AHCCCS eligibility criteria. Under this waiver renewal, AHCCCS is seeking to maintain its current authority to implement the AHCCCS Works program.

III. Proposed Benefit Coverage under the Demonstration

Under this proposal all current benefits will continue to be covered. All acute care members have access to the same benefit package regardless of the managed care plan selected for enrollment. Similarly, all ALTCS members have access to the same benefit package across all managed care plans.

Through this renewal application, AHCCCS seeks to continue its existing expenditure authorities regarding certain services not covered (or not coverable) under the State Plan. This includes \$1,000 in dental services for ALTCS members and certain home and community based services: respite care, habilitation services, home delivered meals, home modifications, and personal care services and similar services provided under the Spouse as Paid Caregiver program.

Under this renewal request, AHCCCS is seeking new authority to reimburse traditional healing services provided in, at, or as part of services offered by facilities and clinics operated by the IHS, a Tribe or Tribal organization, or an I/T/U. The purpose of this request is to provide culturally appropriate options for AHCCCS members who elect to maintain and sustain health and wellness through traditional healing modalities made available at, in, or as part of services offered by a facility and clinics that provide or arrange for such services.

To enhance service delivery for ALTCS members, AHCCCS is requesting new waiver authority to allow for verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members when identity can be reliably established and documented in the member's record.

Also, in an effort to reduce health care disparities in the AI/AN population, AHCCCS is seeking new authority to provide dental benefits in excess of the currently established emergency dental benefit which is limited to \$1,000 per year under the Arizona State Plan for AHCCCS AI/AN members receiving services provided in, at, or as part of services offered by facilities and clinics operated by the IHS, a Tribe or Tribal organization, or an I/T/U.

IV. Proposed Cost Sharing Requirements under the Demonstration

AHCCCS did not implement the AHCCCS CARE program during the current waiver period, and does not intend to include this program under this waiver renewal request. Cost sharing requirements for persons impacted by Arizona's Demonstration are defined in the Arizona State Plan.



V. Estimate Proposed Annual Enrollment & In Annual Aggregate Expenditure

	Historical Data (Current Waiver Period)				
	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Total Enrollment	1,801,373	1,749,011	1,738,480	1,850,973	1,934,089
Total Expenditure (in billions)	\$11.7	\$12.3	\$13.0	\$14.2	\$16.6

Discontinued Expenditure Authority:

	Expenditure for Current Waiver Period				
	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Phoenix Children's Hospital Safety Net Care Pool	95,000,000	22,500,000	-	-	-

Note: The current Demonstration includes expenditure authority for uncompensated care payments under the Safety Net Care Pool (SNCP) to Phoenix Children's Hospital. This authority to make SNCP payments to Phoenix Children's Hospital expired on December 31, 2017.

	Demonstration Renewal Period				
	FFY 2022	FFY 2023	FFY 2024	FFY 2025	FFY 2026
Total Projected Enrollment	1,976,833	2,016,370	2,056,697	2,097,831	2,139,788
Total Projected Expenditure (in billions)	\$18.5	\$19.4	\$20.3	\$21.2	\$22.2

New Expenditure Authorities:

	Demonstration Renewal Period Projected Expenditure for New Authorities				
	FFY 2022	FFY 2023	FFY 2024	FFY 2025	FFY 2026
Targeted Investments 2.0	18,500,000	36,000,000	48,000,000	36,000,000	21,500,000
Traditional Healing	21,723,600	21,723,600	21,723,600	21,723,600	21,723,600
HB 2244 American Indian Adult Dental	74,200	97,500	103,300	114,800	121,100

Note: The budget neutrality and funding assumptions will continue to change throughout the course of the waiver negotiations and as new budget data becomes available. The estimated enrollment and expenditures for 2021 through 2026 reflect the proposed changes to the Demonstration. AHCCCS did not implement the AHCCCS CARE program during the current waiver period, and does not intend to include this program under this waiver renewal request. Therefore, the AHCCCS CARE program has not resulted in any changes in expenditure or enrollment for Arizona's Demonstration. Lastly, AHCCCS anticipates no changes in expenditure or enrollment for Arizona's waiver request to permit verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members.

VI. Hypothesis and Evaluation Parameters of the Demonstration

AHCCCS will test the following objectives and hypotheses under the proposed Demonstration.

Objectives	Proposed Hypotheses	Potential Approaches
AHCCCS Complete Care (ACC)		



Objectives	Proposed Hypotheses	Potential Approaches
<p>The ACC Demonstration will provide quality healthcare to members, ensuring access to care for members, maintaining or improving member satisfaction with care, and continuing to operate as a cost-effective managed care delivery model within the predicted budgetary expectations.</p>	<p>Health plans will encourage and/or facilitate care coordination among primary care practitioners (PCPs) and behavioral health practitioners.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Access to care will be maintained and enhanced as a result of the integration of behavioral and physical care.</p>	
	<p>Quality of care will be maintained or enhanced as a result of the integration of behavioral and physical care.</p>	
	<p>Member self-assessed health outcomes will be maintained or improved as a result of the integration of behavioral and physical care.</p>	
	<p>Member satisfaction with the health care received will be maintained or will increase as a result of the integration of behavioral and physical care.</p>	
	<p>The ACC program will provide cost-effective care.</p>	
<p>Arizona Long Term Care System (ALTCS)</p>		
<p>The ALTCS Demonstration will provide quality healthcare to members, ensuring access to care for members, maintaining or improving member satisfaction with care, and will continue to operate as a cost-effective managed care delivery model within the predicted budgetary expectations.</p>	<p>ALTCS health plans will encourage and/or facilitate care coordination among PCPs and behavioral health practitioners.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Access to care will be maintained or expanded over the waiver Demonstration.</p>	
	<p>Quality of care will be maintained or enhanced over the waiver Demonstration.</p>	
	<p>Health outcomes for members enrolled in ALTCS will be maintained or improved during the Demonstration.</p>	
	<p>Quality of life for members will be maintained or enhanced over the waiver Demonstration.</p>	
	<p>ALTCS will provide cost-effective care.</p>	
<p>Verbal Consent In Lieu Of Written Signature For Person Centered Service Plans For ALTCS Members</p>		



Objectives	Proposed Hypotheses	Potential Approaches
<p>Obtaining verbal consent in lieu of written signature (for up to 30 days for LTSS services) for all care and treatment documentation when identity can be reliably established will ensure continued access to care for ALTCS members and maintain or improve member satisfaction with care.</p>	<p>Access to care will be maintained or increased during the Demonstration.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Implementation of verbal consent in lieu of written signature will yield improved member satisfaction.</p>	
Comprehensive Medical and Dental Program (CMDP)		
<p>The CMDP Demonstration will provide quality healthcare to members, ensuring access to care for members, maintaining or improving member satisfaction with care, and will continue to operate as a cost-effective managed care delivery model within the predicted budgetary expectations.</p>	<p>CMDP will encourage and/or facilitate care coordination among PCPs and behavioral health practitioners.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Access to care will be maintained or increased during the Demonstration.</p>	
	<p>Quality of care for members enrolled in CMDP will be maintained or enhanced during the Demonstration.</p>	
	<p>Health outcomes for members enrolled in CMDP will be maintained or improved during the Demonstration.</p>	
	<p>Member satisfaction with the health care received will be maintained or will increase during the Demonstration.</p>	
	<p>CMDP will provide cost-effective care.</p>	
Regional Behavioral Health Authorities (RBHA)		



Objectives	Proposed Hypotheses	Potential Approaches
<p>The RBHA demonstration will provide quality healthcare to members, ensuring access to care for members, maintaining or improving member satisfaction with care, and will continue to operate as a cost-effective managed care delivery model within the predicted budgetary expectations.</p>	<p>RBHAs will encourage and/or facilitate care coordination among PCPs and behavioral health practitioners.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Access to care for members with an SMI enrolled in a RBHA will be maintained or increased during the Demonstration.</p>	
	<p>Quality of care for members with an SMI enrolled in a RBHA will be maintained or enhanced during the Demonstration.</p>	
	<p>Health outcomes for members with an SMI enrolled in a RBHA will be maintained or improved during the Demonstration.</p>	
	<p>Member satisfaction in RBHA health plans will be maintained or improved over the waiver Demonstration.</p>	
	<p>RBHAs will provide cost-effective care for members with an SMI.</p>	
<p>Targeted Investments Program</p>		



Objectives	Proposed Hypotheses	Potential Approaches
<p>The Targeted Investments Demonstration will continue to reduce fragmentation that occurs between acute care and behavioral health care, increase efficiencies in service delivery for members with behavioral health needs, and improve health outcomes for the affected populations.</p>	<p>The TI program will improve physical and behavioral health care integration for children.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>The TI program will improve physical and behavioral health care integration for adults.</p>	
	<p>The TI program will improve care coordination for AHCCCS-enrolled adults released from criminal justice facilities.</p>	
	<p>The TI program will provide cost-effective care.</p>	
	<p>Providers will increase the level of care integration over the course of the Demonstration.</p>	
	<p>Providers will conduct care coordination activities.</p>	
	<p>Providers will identify members' social service needs and successfully connect them to community based organizations that can address those needs.</p>	
<p>Supplemental Payments to IHS and 638 Providers</p>		
<p>Ensure the viability of the IHS and 638 systems for the provision of care and maintain or improve access to care to American Indians.</p>	<p>Implementing uncompensated care payments to IHS and 638 facilities will allow staffing levels to be maintained or increased.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Uncompensated care payments to IHS and 638 facilities will increase capacity to provide care and services resulting in AHCCCS IHS members receiving health care services.</p>	
<p>Tribal Dental Benefit (HB 2244)</p>		



Objectives	Proposed Hypotheses	Potential Approaches
<p>AHCCCS members receiving services in IHS and 638 facilities will have improved access to dental services while maintaining or improving member outcomes/ experience.</p>	<p>The rate of dental visits will be maintained or improved in IHS and 638 facilities for AHCCCS members.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Health outcomes of members will be maintained or improved.</p>	
	<p>Oral health disparities will be reduced for American Indian and Alaska Native members.</p>	
Traditional Healing Services		
<p>Traditional healing will ensure access to care for American Indian members while maintaining or improving member satisfaction with care.</p>	<p>Implementation of traditional healing services will yield improved member satisfaction.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>Traditional healing services will improve the health outcomes of members.</p>	
	<p>Availability of traditional healing services in allopathic primary care settings will increase the utilization of primary care services.</p>	
AHCCCS Works		



Objectives	Proposed Hypotheses	Potential Approaches
<p>The AHCCCS Works program will increase employment, employment opportunities, and activities to enhance employability, increase financial independence, and improve health outcomes of AHCCCS members.</p>	<p>The AHCCCS Works program will increase the rate of “able bodied adults” that are employed.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>The AHCCCS Works program will increase the rate of “able bodied adults” that are actively seeking employment.</p>	
	<p>The AHCCCS Works program will increase the rate of “able bodied adults” that are engaged in training or educational activities.</p>	
	<p>Current and former AHCCCS members subject to the community engagement requirement will have better health outcomes than members not subject to the requirement.</p>	
	<p>The AHCCCS Works program will increase the average household income of “able bodied adults” that are employed.</p>	
Waiver of Prior Quarter Coverage		
<p>The waiver of Prior Quarter Coverage will encourage members to obtain and continuously maintain/retain health coverage.</p>	<p>The implementation of the proposal will not adversely affect access to care.</p>	<p>Data will be drawn from a variety of sources including:</p> <ul style="list-style-type: none"> ● Member survey ● State eligibility and enrollment data ● Claims/encounter data ● Administrative program data (PMMIS) ● T-MSIS ● National/regional benchmarks ● Key informant interviews & focus groups
	<p>The implementation of the proposal will not reduce member satisfaction.</p>	
	<p>Members subject to waiver of Prior Quarter Coverage will not have adverse health outcomes.</p>	



VII. Waiver and Expenditure Authorities

The following table summarizes the current waiver provisions and whether AHCCCS is requesting to continue these provisions in this waiver renewal request.

Waiver/ CNOM	Title	Summarized Description	Status Under Extension
Waiver Authorities			
1.	Proper and Efficient Administration Section 1902(a)(4) (42 CFR 438.52, 438.56)	Permits AHCCCS to limit choice of managed care plans to a single managed care organization for individuals enrolled in the ALTCS, CMDP and RBHA programs (as detailed above). This authority also allows AHCCCS to restrict member disenrollment based on 42 CFR 438.56(d)(2)(v), which provides for disenrollment for causes including but not limited to, poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the enrollee's health care needs.	Continue
2.	Eligibility Based on Institutional Status Section 1902(a)(10)(A) (ii)(V) (42 CFR 435.217 and 435.236)	Allows AHCCCS to exclude hospitalized individuals and others in medical institutions for more than 30 days from automatically becoming eligible for long term care services if they do not meet the level of care standard for long term care. AHCCCS would otherwise be required to provide long term care services to acute care individuals with income up to 300% who may not be at risk of institutionalization but are in the hospital for more than 30 days.	Continue
3.	Amount, Duration, Scope of Services Section 1902(a)(10)(B) (42 CFR 440.240 and 440.230)	Permits the State to offer different/additional services based on different care arrangements for members receiving Spousal Caregiver Services. This authority also permits the State to offer coverage through MCOs that provide additional or different benefits to enrollees, than those otherwise available for other eligible individuals.	Continue
4.	Disproportionate Share Hospital (DSH) Payments Section 1902(a)(13) insofar as it incorporates section 1923	Allowed AHCCCS to operate Disproportionate Share Hospital (DSH) program under the waiver instead of the State Plan. On October 1, 2017, AHCCCS transferred the DSH program to the Medicaid State Plan. Therefore, this authority is no longer needed.	Discontinue
5.	Estate Recovery Section 1902(a)(18) (42 CFR 433.36)	Relieves AHCCCS from creating an estate recovery program for acute care enrollees age 55 and older who receive long term care services.	Continue
6.	Freedom of Choice Section 1902(a)(23)(A) (42 CFR 431.51)	Permits AHCCCS to operate a statewide mandatory managed care system. AHCCCS members are able to choose from at least two physicians within their health care plan. Other protections are in place to assure quality and continuity of care through policy, contract and standards. Additionally, this authority enables AHCCCS to impose a limitation on providers on charges associated with non-covered activities.	Continue



Waiver/ CNOM	Title	Summarized Description	Status Under Extension
7.	Drug Utilization Review Section 1902(a) (54) insofar as it incorporates section 1927(g) (42 CFR 456.700 through 456.725 and 438.3(s) (4) and (5))	Relieves the State from the requirements of section 1927(g) of the Act pertaining to drug use review.	Continue
8.	Premiums Section 1902(a)(14) insofar as it incorporates Sections 1916 and 1916A	Allows AHCCCS to impose monthly premiums for adult members enrolled in AHCCCS CARE. The State does not intend to include the AHCCCS CARE program under this waiver renewal request; therefore this authority is no longer required.	Discontinue
9.	Comparability Section 1902(a)(17)	Enables AHCCCS to vary the premiums and cost-sharing for members enrolled in the AHCCCS CARE program. The State does not intend to include the AHCCCS CARE program under this waiver renewal request; therefore this authority is no longer required.	Discontinue
10.	Provision of Medical Assistance 1902(a)(8) and (a)(10)	Allows AHCCCS to suspend eligibility for, and not make medical assistance available to, members subject to the AHCCCS Works community engagement requirements who fail to comply with those requirements.	Continue
11.	Eligibility Section 1902(a)(10)	Allows the AHCCCS to impose the AHCCCS Works community engagement and associated reporting requirements as a condition of eligibility.	Continue
12.	Retroactive Eligibility Section 1902(a)(10) and (a)(34)	Permits the State to limit retroactive coverage to the month of application for AHCCCS members, except for a pregnant woman (including during the 60-day period beginning on the last day of the pregnancy), an infant under age 1, or a child under age 19.	Continue
Expenditure Authorities			
Expenditures Related to Administrative Simplification and Delivery Systems			
1.	MCO Requirements (Companion to Waiver #1)	Allows MCOs who do not meet requirements of 1932(a)(3) (freedom of choice of MCOs) to operate one MCO for individuals enrolled in ALTCS, CMDP, and RBHA.	Continue
2.	MCO Requirements (Companion to Waiver #1)	Allows AHCCCS to automatically re-enroll a member into the same health plan as was previously enrolled if the member lost eligibility within 90 days. AHCCCS would otherwise only have two months to re-enroll a member into the same health plan pursuant to 42 CFR 438.56(g).	Continue
3.	MCO Requirements	Permits AHCCCS to contract with managed care entities that do not provide for payment for Indian health care providers as specified in section 1932(h) of the Act, when such services are not included within the scope of the managed care contract. In addition, this authority permits AHCCCS to make direct payments to IHS or Tribal 638 providers, which are offset from the managed care capitation rate.	Continue
4.	Outpatient Drugs (Companion to Waiver #7)	Permits AHCCCS to claim federal financial participation for outpatient drugs which are not otherwise allowable under section 1903(i)(10) of the Act that have not undergone a drug utilization review.	Continue



Waiver/ CNOM	Title	Summarized Description	Status Under Extension
5.	Direct Payments to Critical Access Hospitals	Permits direct payments to Critical Access Hospitals (CAH) for services provided to AHCCCS enrollees in the Acute Care and ALTCS managed care programs that are not consistent with the requirements of 42 CFR 438.60.	Continue
6.	Fee-For-Service Upper Payment Limit	Permits AHCCCS to claim federal financial participation for items and services provided to AHCCCS fee-for-service member that exceed the amounts allowable under section 1902(a)(30)(A) of the Act and the upper payment limitation and actual cost requirements of 42 CFR 447.250 through 447.280 (regarding payments for inpatient hospital and long-term care facility services), 447.300 through 447.321 (regarding payment methods for other institutional and non-institutional services) and 447.512 through 447.518(b) regarding payment for drugs) so long as those expenditures are in accordance with Special Term and Condition (STC) 91 entitled "Applicability of Fee-for-Service Upper Payment Limit."	Continue
7.	Disproportionate Share Hospital (Companion to Waiver #4)	Permits expenditures for inpatient hospital services that take into account the situation of hospitals with a disproportionate share of low-income patients but are not allowable under sections 1902(a)(13)(A) and 1923 of the Act, but are in accordance with the provisions for disproportionate share hospital (DSH) payments that are described in the STCs. On October 1, 2017, AHCCCS transferred the DSH program to the Medicaid State Plan. Therefore, this authority is no longer needed.	Discontinue
8.	HCBS Alternative Residential Settings	Permits expenditures for HCBS through ALTCS for those over 18 who reside in Alternative Residential Settings classified as residential Behavioral Health facilities. The primary focus of a licensed Behavioral Health Residential Facility (BHRF) is to provide clinical interventions with minimal personal care support, to treat a behavioral health issue(s) while promoting resident independence to transition into their own housing. Arizona's HCBS Rules Assessment concluded that BHRFs are clinical, treatment-based settings and transitional in nature, and therefore cannot be considered a HCBS. Therefore, BHRFs will be re-classified as an acute care behavioral health setting. However, BHRFs will continue to be available in the array of covered behavioral health benefits for ALTCS members.	Modification
Expenditures Related to Expansion of Existing Eligibility Groups based on Eligibility Simplification			
9a.	ALTCS Income Disregard	Permits AHCCCS to claim federal financial participation for medical assistance furnished to ALTCS enrollees who are eligible only as a result of the disregard from eligibility of income currently excluded under section 1612(b) of the Act, and medical assistance that would not be allowable for some of those enrollees but for the disregard of such income from post-eligibility calculations.	Continue



Waiver/ CNOM	Title	Summarized Description	Status Under Extension
9b.	300% of Federal Benefit Rate	Permits AHCCCS to claim federal financial participation for medical assistance furnished to ALTCS enrollees who are financially eligible with income equal to or less than 300 percent of the Federal Benefit Rate and who are eligible for ALTCS based on the functional, medical, nursing, and social needs of the individual.	Continue
9c.	Children/ Spouses in Separation	Permits AHCCCS to claim federal financial participation for medical assistance furnished to some dependent children or spouses who qualify for ALTCS based on a disregard of income and resources of legally responsible relatives or spouses during the month of separation from those relatives or spouses.	Continue
9d.	QMB, SLMB, QI-1, SSI MAO, ISM income disregard	Permits AHCCCS to claim federal financial participation for medical assistance furnished to individuals who are eligible as Qualified Medicare Beneficiary (QMB), Special Low Income Beneficiary (SLMB), Qualified Individuals-1(QI-1), or Supplemental Security Income Medical Assistance Only (SSI MAO) beneficiaries based only on a disregard of in-kind support and maintenance (ISM).	Continue
9e.	SSI-MAO	Permits AHCCCS to claim federal financial participation for medical assistance furnished to individuals who are eligible based only on an alternate budget calculation for ALTCS and SSI-MAO income eligibility determinations when spousal impoverishment requirements of section 1924 of the Act do not apply or when the applicant/recipient is living with a minor dependent child.	Continue
9f.	Disregard of Interest	Permits AHCCCS to claim federal financial participation for medical assistance furnished to individuals who are eligible only based on the disregard of interest and dividend from resources, and are in the following eligibility groups: i. The Pickle Amendment Group under 42 CFR 435.135; ii. The Disabled Adult Child under section 1634(c) of the Act; iii. Disabled Children under section 1902(a)(10)(A)(i)(II) of the Act; and iv. The Disabled Widow/Widower group under section 1634(d) of the Act.	Continue
9g.	Disregard of Interest	Permits AHCCCS to claim federal financial participation for medical assistance furnished to ALTCS enrollees under the eligibility group described in section 1902(a)(10)(A)(ii)(V) of the Act that exceeds the amount that would be allowable except for a disregard of interest and dividend from the post eligibility calculations.	Continue
9h.	Disregard of Excess Resources	Permits AHCCCS to claim federal financial participation for medical assistance provided to individuals who would be eligible but for excess resources under the “Pickle Amendment,” section 503 of Public Law 94-566; section 1634(c) of the Act (disabled adult children); or section 1634(b) of the Act (disabled widows and widowers).	Continue
9i.	Disregard of Quarterly Income Totaling Less than \$20	Permits AHCCCS to claim federal financial participation for medical assistance that would not be allowable but for the disregard of quarterly income totaling less than \$20 from the post-eligibility determination.	Continue



Waiver/ CNOM	Title	Summarized Description	Status Under Extension
10.	SSI Eligibility	Allows AHCCCS to extend eligibility past the timeframes specific in 42 CFR §435.1003 for demonstration participants who lose SSI eligibility for a period of up to 2-months from the SSI termination effective date.	Continue
11.	Medicare Part B Premiums	Permits AHCCCS to pay for Medicare Part B premiums on behalf of individuals enrolled in ALTCS with income up to 300 percent of the FBR who are also eligible for Medicare, but do not qualify as a QMB, SLMB or QI; are eligible for Medicaid under a mandatory or optional Title XIX coverage group for the aged, blind, or disabled (SSI-MAO); are eligible for continued coverage under 42 CFR 435.1003; or are in the guaranteed enrollment period described in 42 CFR 435.212 and the State was paying their Part B premium before eligibility terminated.	Continue
12.	ALTCS PAS	Allows AHCCCS to extend ALTCS eligibility to individuals under the age of 65 who meet the applicable financial criteria but are not disabled, but who are found to be at risk of needing nursing facility services based on medical illness or intellectual disability on the preadmission screening instrument.	Continue
13.	Home and Community Based Services	Permits AHCCCS to claim federal financial participation for expenditures associated with the provision of HCBS to individuals enrolled in ALTCS with income levels up to 300 percent of the SSI income level, as well as individuals enrolled in the ALTCS Transitional program.	Continue
Other Expenditure Authorities Related to Arizona’s Demonstration			
14.	HCBS Spouses as Paid Caregivers	Permits AHCCCS to claim federal financial participation for expenditures associated with the provision of paid caregiver services provided by spouses for eligible ALTCS members.	Continue
15.	ALTCS Adult Dental Benefit	Allows expenditures to provide certain dental services up to a cost of \$1,000 per person annually to individuals age 21 or older enrolled in the Arizona Long Term Care System.	Continue
16.	Safety Net Care Pool (SNCP)	Permits Safety Net Care Pool (SNCP) payments to Phoenix Children’s Hospital reflecting uncompensated care costs incurred by Phoenix Children’s Hospital, on or before December 31, 2017, for medical services that are within the scope of the definition of “medical assistance” under 1905(a) of the Act, that are provided to Medicaid eligible or uninsured individuals and that exceed the amounts paid to the hospital pursuant to section 1923 of the Act. This authority to make SNCP payments to Phoenix Children’s Hospital expired on December 31, 2017.	Discontinue
17.	Hospital Presumptive Eligibility for Pregnant Women	Allows expenditures for all state plan and Demonstration covered services for pregnant women during their hospital presumptive eligibility (HPE) period.	Continue
18.	I.H.S./638 Uncompensated Care	Permits payments to participating IHS and tribal 638 facilities for categories of care that were previously covered under the State Medicaid plan, furnished in or by such facilities.	Continue
19.	Targeted Investments Program	Allows expenditures to pay incentive payments to providers participating in the Targeted Investments Program as described in Arizona’s Demonstration.	Continue



Waiver/ CNOM	Title	Summarized Description	Status Under Extension
20.	Targeted Investments Program	Grants expenditure authority to AHCCCS to claim federal financial participation for expenditures made for certain designated state health programs (DSHP), not to exceed amounts specified in Arizona’s Demonstration, for the Targeted Investments Program.	Continue

The table below summarizes the new authorities AHCCCS is seeking under this waiver renewal proposal.

Proposed Demonstration	Waiver Authority Requested	Brief Description
Verbal Consent In Lieu Of Written Signature For Person Centered Service Plans For ALTCS Members	Section 1915(c) of the Social Security Act and 42 CFR 441.301(c)(2)(ix)	To the extent necessary to enable the State to waive requirements under home and community based service programs that require person-centered service plans to receive written consent from members and be signed by members and all providers responsible for its implementation and allow for verbal consent in lieu of written signature for up to 30 days for all care and treatment documentation when identity can be reliably established and documented in member’s record.
Traditional Healing Services	Section 1902(a)(B) of the Social Security Act and 42 CFR 440.240 (comparability)	To the extent necessary to enable the State to reimburse for traditional healing services for American Indian and Native Alaska members provided in, at, or as a part of services offered by facilities and clinics operated by the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian health program.
Traditional Healing Services	Expenditure authority for services not covered under section 1905 of the Social Security Act	To the extent necessary to enable the State to claim FFP for the cost of traditional healing services provided in, at, or as a part of services offered by facilities and clinics operated by the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian health program and receive 100 percent FFP.
Tribal Dental Benefit (HB 2244)	Section 1902(a)(B) of the Social Security Act and 42 CFR 440.240 (comparability)	To the extent necessary to enable the State to reimburse for dental services for American Indian and Native Alaska members provided in, at, or as a part of services offered by facilities and clinics operated by the Indian Health Service or a Tribe or Tribal organization.
Tribal Dental Benefit (HB 2244)	Expenditure authority for services not covered under section 1905 of the Social Security Act	To the extent necessary to enable the State to claim FFP to cover the cost of adult dental services that are eligible for 100% FFP, that are in excess of the \$1,000 emergency dental limit for adult members in Arizona’s State Plan and \$1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program.

VIII. Public Comment Submission Process

All public hearings (also called community forums) where the public can provide comments and questions about the proposed waiver renewal request will be held electronically to promote social distancing and to mitigate the spread of COVID-19. The meetings will have online video streaming and telephonic conference capabilities to ensure statewide accessibility and will be held during the following times:

Community Forum Meeting #1

Date: October 14, 2020

Time: 1:30-3:30pm AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/95104437350?pwd=VEoyczlBcFJzeDd1dnY1Q1BQbW1sZz09>

Passcode: AHCCCS1#



Call-in Information: Dial (for higher quality, dial a number based on your current location): US: +1 408 638 0968 or +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799 or +1 312 626 6799 or +1 646 876 9923 or +1 301 715 8592 or 877 853 5257 (Toll Free) or 888 475 4499 (Toll Free)
Webinar ID: 951 0443 7350

Community Forum Meeting #2

Date: October 16, 2020

Time: 1:30-3:30pm AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/93579026861?pwd=QThoVkVqN1NXbXNsbmo1SnhZVkVuUT09>

Passcode: AHCCCS2#

Call-in Information: Dial (for higher quality, dial a number based on your current location):

US: +1 253 215 8782 or +1 346 248 7799 or +1 408 638 0968 or +1 669 900 6833 or +1 646 876 9923 or +1 301 715 8592 or +1 312 626 6799 or 877 853 5257 (Toll Free) or 888 475 4499 (Toll Free)

Webinar ID: 930 8928 9712

Community Forum Meeting #3

Date: November 13, 2020

Time: 1:30-3:30 AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/93579026861?pwd=QThoVkVqN1NXbXNsbmo1SnhZVkVuUT09>

Passcode: AHCCCS3#

Call-in Information: Dial (for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799 or +1 408 638 0968 or +1 312 626 6799 or +1 646 876 9923 or +1 301 715 8592 or 888 475 4499 (Toll Free) or 877 853 5257 (Toll Free)

Webinar ID: 935 7902 6861

Arizona State Medicaid Advisory Committee (SMAC)

Date: October 21, 2020

Time: 1-3 pm AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/96486245677?pwd=YmQ2cFFmMUdsWmIvVmVvZEVKOVZ6Zz09>

Passcode: 4F?0\$2u@

Call-in Information: Dial (for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799 or +1 408 638 0968 or +1 646 876 9923 or +1 301 715 8592 or +1 312 626 6799 or 888 475 4499 (Toll Free) or 877 853 5257 (Toll Free)

Webinar ID: 964 8624 5677

Special Tribal Consultation

Date: October 19, 2020

Time: 1-3 pm AZ time

Zoom Conference Link:

Registration: https://ahcccs.zoom.us/webinar/register/WN_7PPYlgJ9QxqkdO5BL1U5cw

Call-in Information: To connect via phone only: 1-877-853-5257 OR 1-888-475-4499 (US Toll-free)

Webinar ID: 923 6300 7953

Comments and questions about the proposed Demonstration application can also be submitted by e-mail to: waiverpublicinput@azahcccs.gov or by mail to: AHCCCS c/o Office of Intergovernmental Relations; 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. All comments must be received by **November 30, 2020**. More information about the proposed waiver renewal, including the proposed waiver application and the full public notice and public input process, can be found on www.azahcccs.gov/WaiverRenewal



GOVERNOR EXECUTIVE ORDER

Executive Order 2020-02 is being reproduced in each issue of the Administrative Register as a notice to the public regarding state agencies' rulemaking activities.

This order has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2020-02

Moratorium on Rulemaking to Promote Job Creation and Economic Development; Implementation of Licensing Reform Policies

[M20-01]

WHEREAS, government regulations should be as limited as possible; and

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

WHEREAS, protecting the public health, peace and safety of the residents of Arizona is a top priority of state government; 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, 2017, 2018 and 2019; and

WHEREAS, the State of Arizona eliminated or improved 637 burdensome regulations in 2019 and a total of 2,289 needless regulations have been eliminated or improved since 2015; and

WHEREAS, estimates show these eliminations saved job creators \$53.9 million in operating costs in 2019 and a total of over \$134.3 million in savings since 2015; and

WHEREAS, in 2019, for every one new necessary rule added to the Administrative Code, five have been repealed or improved; and

WHEREAS, approximately 354,000 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 to conduct 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 while protecting the health and safety of residents; and

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

- 1. 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 justifications 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 which are antiquated, redundant or otherwise no longer necessary for the operation of state government.
2. A State agency that submits a rulemaking request pursuant to this Order shall recommend for consideration by the Office of the Governor at least three existing rules to eliminate for every one additional rule requested by the agency.



3. A State agency that submits a rulemaking exemption request pursuant to this Order shall include with their request an analysis of how small businesses may be impacted by any newly proposed rules or rule modifications.
4. 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 the Arizona Revised Statutes or Arizona Administrative Code. Any material that is not specifically authorized must be removed immediately.
5. A State agency that issues occupational or professional licenses shall prominently post on the agency's website landing page all current state policies that ease licensing burdens and the exact steps applicants must complete to receive their license using these policies. State agencies should provide information that applies to all applicants, but have a designated area on such landing page that includes licensing information specifically for military spouses, active duty service members and veterans and all policies that make it easier for these applicant groups to receive their license. Examples of reduced licensing burdens include universal recognition of out-of-state licenses, availability of temporary licenses, fee waivers, exam exemptions and/or allowing an applicant to substitute military education or experience for licensing requirements. A landing page feature may link to an internal agency web page with more information, if necessary. All information must be easy to locate and written in clear and concise language.
6. All state agencies that are required to issue occupational or professional licenses by universal recognition (established by section 32-4302, Arizona Revised Statutes) must track all applications received for this license type. Before any agency denies a professional or occupational license applied for under section 32-4302, Arizona Revised Statutes, the agency shall submit the application and justification for denial to the Office of the Governor for review before any official action is taken by the agency. The Office of the Governor should be notified of any required timeframes, whether in statute or rule, for approval or denial of the license by the agency.
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 section 41-1001, Arizona Revised Statutes.

IN WITNESS THEREOF, 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 13th day of January in the Year Two Thousand and Twenty and of the Independence of the United States of America the Year Two Hundred and Forty-Fourth.

ATTEST:

Katie Hobbs
SECRETARY OF STATE

REGISTER INDEXES

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

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING

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

SUPPLEMENTAL PROPOSED RULEMAKING

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

FINAL RULEMAKING

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

SUMMARY RULEMAKING**PROPOSED SUMMARY**

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

FINAL SUMMARY

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

EXPEDITED RULEMAKING**PROPOSED EXPEDITED**

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

SUPPLEMENTAL EXPEDITED

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

FINAL EXPEDITED

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

EXEMPT RULEMAKING**EXEMPT**

XN = Exempt new Section
XM = Exempt amended Section
XR = Exempt repealed Section
X# = Exempt renumbered Section

EXEMPT PROPOSED

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

EXEMPT SUPPLEMENTAL PROPOSED

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

FINAL EXEMPT RULEMAKING

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

EMERGENCY RULEMAKING

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

RECODIFICATION OF RULES

RC = Recodified

REJECTION OF RULES

RJ = Rejected by the Attorney General

TERMINATION OF RULES

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

RULE EXPIRATIONS

EXP = Rules have expired
See also “emergency expired” under emergency rulemaking

CORRECTIONS

C = Corrections to Published Rules

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RULES EFFECTIVE DATES CALENDAR

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

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



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



REGISTER PUBLISHING DEADLINES

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

Table with 3 columns: Deadline Date (paper only) Friday, 5:00 p.m., Register Publication Date, and Oral Proceeding may be scheduled on or after. Rows list dates from July 3, 2020 to January 22, 2021.



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 under A.R.S. § 41-1013(B)(15).

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 305, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit <http://grrc.az.gov>.

GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2019/2020 (MEETING DATES ARE SUBJECT TO CHANGE)

[M19-118]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 7, 2020	<i>Tuesday</i> January 14, 2020
<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 21, 2020	<i>Tuesday</i> January 28, 2020	<i>Tuesday</i> February 4, 2020
<i>Tuesday</i> January 21, 2020	<i>Tuesday</i> February 18, 2020	<i>Tuesday</i> February 25, 2020	<i>Tuesday</i> March 3, 2020
<i>Tuesday</i> February 18, 2020	<i>Tuesday</i> March 24, 2020	<i>Tuesday</i> March 31, 2020	<i>Tuesday</i> April 7, 2020
<i>Tuesday</i> March 24, 2020	<i>Tuesday</i> April 21, 2020	<i>Tuesday</i> April 28, 2020	<i>Tuesday</i> May 5, 2020
<i>Tuesday</i> April 21, 2020	<i>Tuesday</i> May 19, 2020	Wednesday May 27, 2020	<i>Tuesday</i> June 2, 2020
<i>Tuesday</i> May 19, 2020	<i>Tuesday</i> June 23, 2020	<i>Tuesday</i> June 30, 2020	<i>Tuesday</i> July 7, 2020
<i>Tuesday</i> June 23, 2020	<i>Tuesday</i> July 21, 2020	<i>Tuesday</i> July 28, 2020	<i>Tuesday</i> August 4, 2020
<i>Tuesday</i> July 21, 2020	<i>Tuesday</i> August 18, 2020	<i>Tuesday</i> August 25, 2020	<i>Tuesday</i> September 1, 2020
<i>Tuesday</i> August 18, 2020	<i>Tuesday</i> September 22, 2020	<i>Tuesday</i> September 29, 2020	<i>Tuesday</i> October 6, 2020
<i>Tuesday</i> September 22, 2020	<i>Tuesday</i> October 20, 2020	<i>Tuesday</i> October 27, 2020	<i>Tuesday</i> November 3, 2020
<i>Tuesday</i> October 20, 2020	<i>Tuesday</i> November 17, 2020	<i>Tuesday</i> November 24, 2020	<i>Tuesday</i> December 1, 2020
<i>Tuesday</i> November 17, 2020	<i>Tuesday</i> December 22, 2020	<i>Tuesday</i> December 29, 2020	<i>Tuesday</i> January 5, 2021
<i>Tuesday</i> December 29, 2020	<i>Tuesday</i> January 19, 2021	<i>Tuesday</i> January 26, 2021	<i>Tuesday</i> February 2, 2021

* 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.