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ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Office of the Secretary of State's website is the official published version for rulemaking activity in the state of Arizona. The *Register* is published weekly by issue number, every Friday by the Administrative Rules Division.

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

The *Register* contains notices of docket openings, proposed, final, emergency, expedited, exempt, and terminated rules as defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), and A.R.S. Title 41, Chapter 6, Articles 1 through 10. Other "notice only" filings are published in the *Register* which includes Informal Public Meetings on an Open Rulemaking Docket, Formal Rulemaking Advisory Committees, Public Information, Oral Proceedings, Public Hearings, Public Meetings, Agency Guidance Documents, Substantive Policy Statements, Proposed Delegation Agreements, Final Delegation Agreements, and Agency Ombudsman.

ABOUT AMENDMENTS TO RULES

Rulemaking is defined in the APA. Rules can be made (all new text); amended (changed) or repealed (removed) as codified in the *Arizona Administrative Code*; or renumbered (moving rules to a different Section number). New rules published in the *Register*, whether proposed or made as a final rule, are underlined; repealed rules (text being removed), is stricken.

ABOUT THE TABLE OF CONTENTS

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.

ABOUT FILE NUMBERS

Notices filed in the Division are assigned a file number. This number is enclosed in brackets and located at the top right of the published documents in the *Register*. Original filed notices are available in pdf for free. For a copy, contact our Division with the file number.

ABOUT THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* (A.A.C.) contains codified text of rules. When published, the underling and striking of text in notices as published in the *Register* are removed. The codified rules have either been approved by the Governor's Regulatory Review Council or Attorney General as prescribed under the APA. The *Code* also contains rules exempt from the rulemaking process, and emergency rules. The authenticated pdf of *Code* Chapters posted on the Office of the Secretary of State's website are the official published version of rules in the A.A.C. The *Code* is posted online for free.

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free at www.azsos.gov.

ADMINISTRATIVE CODE
The *Arizona Administrative Code* is
available online at www.azsos.gov.

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
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Participate in Rulemaking

Review Published Notices

Those interested in participating in the rulemaking process should review notices published in the *Arizona Administrative Register*.

The Preamble at the beginning of a notice contains information about the rulemaking and provides agency justification and regulatory intent. Agency contact information is published in the Preamble for those interested in participating in the rulemaking process.

The Preamble 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.

Agency Contact Lists

Many agencies maintain stakeholder lists to contact those interested in proposed changes to rules. Check an agency's website and its newsletters for information about notices, oral proceedings, 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. Refer to A.R.S. § 41-1033 for more information.

Attend a Public Meeting

Stakeholders can attend a public meeting, known as an oral proceeding, being conducted by the agency on a Notice of Proposed Rulemaking. A proceeding may be listed in the Preamble of a Notice of Proposed Rulemaking or an agency may inform the public of the meeting in a Notice of Oral Proceeding. Attend the meeting and be prepared to speak and comment.

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

Refer to information in the Preamble.

Write the Agency

Put your comments in writing and send them 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, before the rules are filed with the Secretary of State.

THE REGULAR RULEMAKING PROCESS

Authority

An agency is given the authority to promulgate a rule under the APA, statute passed by the Legislature, or ballot proposition, which is passed by the voters.

An agency may be given certain exemptions to the APA or portions thereof.

Information about the exemptions are provided in the Preamble of the rulemaking.

Permission to Proceed

Before moving forward with any notice, an agency first receives permission from the governor's office to proceed with a rulemaking.

The governor's office provides the agency a written response to proceed that is filed with the notice.

Stakeholder and Public Notification

The agency opens a docket. It is filed as a Notice of Rulemaking Docket Opening for publication in the *Register*.

The notice includes agency contact information along with its intentions to make, amend, repeal, or renumber, a rule and its justification to perform the rulemaking action. Often an agency will file the docket with the proposed rulemaking.

An agency may decide not to proceed and not file final rule with G.R.R.C. within one year after proposed rule is published. A.R.S. § 41-1021(A)(4)

Agency Proposes Rules, Public Reviews Proposal

The agency files a Notice of Proposed Rulemaking and the notice is published in the *Register*.

The public is given the opportunity to comment on the proposed rules. The agency opens the comment period to last at least 30 days. Written comments are accepted informally.

The notice *may* contain information about oral proceedings.

A proceeding is held no sooner than 30 days after the notice is published.

If no proceeding is scheduled, the agency provides information on how a person may request to speak to the agency in person at an oral proceeding.

Oral Proceeding

A person requests an agency to conduct an oral proceeding based on the information provided in its Notice of Proposed Rulemaking.

The agency prepares a Notice of Oral Proceeding on Proposed Rulemaking, schedules one or more proceeding, and files the notice for publication in the *Register*.

When it occurs, an agency extends the public comment period.

Close of Record

After evaluating public comments and conducting an internal review of the rule, an agency:

1. Determines whether the rulemaking requires a substantial change. When an agency decides to make substantial changes to a proposed rule, it continues the process as outlined under the APA. The agency obtains permission to proceed as stated under #2 of this timeline. The agency prepares a Notice of Supplemental Proposed Rulemaking with the changes and files it for publication in the *Register*. Comments are once again solicited and reviewed by the agency.
2. Prepares and submits for review a Notice of Final Rulemaking for review and approval by G.R.R.C. or Attorney General. The Notice of Final Rulemaking must be submitted for review within 120 days after the close of record; or
3. Terminates the rulemaking. The agency may decide to terminate its docket and files a notice for publication in the *Register* notifying stakeholders of the termination. Refer to A.R.S. § 41-1021(A)(2).

Time Frame for Approval or Disapproval of the Notice

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

The Approved Rule is Published in *Register* and Codified in the Code

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

The Notice of Final Rulemaking is published in the *Register* and codified in the *Arizona Administrative Code*.

Definitions and Acronyms

Arizona Administrative Code, 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, 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 Reuters. 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.

Arizona Administrative Register
NOTICES OF FINAL RULEMAKING

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

During the 2020 5 year review report submitted, the following proposed course of action was noted. Under R4-18-603(1), striking "signed and dated" inserting "verified", and adding (g) the ability to collect public benefits statement, as required pursuant to A.R.S. § 41-1080. In November of 2023, the Board amended R4-18-601, R4-18-602 and R4-18-603. These amendments came about as a result of a Sunset Audit that recommended the changes to rule. The Board was granted authority to enter into the rules process relating to the specific recommendations made in the Sunset Audit, and the rule changes were approved by GRRC November 7, 2023. Unfortunately, while addressing the amendments in 2023, the Executive Director failed to request exemption from the rules moratorium regarding the two proposed changes outline in the Board's 2020 Five-Year Review. During the process of review and drafting of a 2025 5 year review report, we recognized the error. On April 23, 2025 a request for exemption to the rules moratorium was submitted to the Governor's Office relating to the two rules noted in the 2020 5-year Review. On May 16, 2025, the Board received approval from the Governor's Office to proceed with the rulemaking amending R4-18-603. Language change to background check requirement to make it clear and consistent.

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

Not applicable

9. 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

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

The rulemaking affects applicants for medical assistant certification. There should be no additional costs as a result of these rules. Applicants are already required to submit background checks as part of the application process.

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

Not applicable

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

No comments were received relating to these proposed rules during the open comment period.

13. 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:

- a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**
Not applicable
- b. **Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**
Not applicable
- c. **Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**
Not applicable

Arizona Administrative Register
NOTICES OF FINAL RULEMAKING

14. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:
Not applicable
15. 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
16. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 18. NATUROPATHIC PHYSICIANS MEDICAL BOARD
ARTICLE 6. NATUROPATHIC MEDICAL ASSISTANTS

Section
R4-18-603. Application for Medical Assistant Certification

ARTICLE 6. NATUROPATHIC MEDICAL ASSISTANTS

R4-18-603. Application for Medical Assistant Certification

An applicant for a medical assistant certificate shall submit an application packet to the Board that contains the following:

1. An application form provided by the Board, ~~signed and dated~~ verified by the applicant that contains:
 - a. The applicant's legal name, mailing address, telephone number, and Social Security number;
 - b. The applicant's date and place of birth;
 - c. The applicant's height, weight, and eye and hair color;
 - d. The name, address, and telephone number of the applicant's employer, if applicable;
 - e. The name of the licensed naturopathic physician who will supervise the applicant;
 - f. The name and address of the institution where the applicant completed an approved medical assistant training program; or
 - g. If the training was completed in a program provided by a licensed naturopathic physician, the following must be submitted:
 - i. A letter outlining the training provided and signed by the naturopathic physician who provided the training;
 - ii. Proof of passing the required medical assistant examination administered by either The American Association of Medical Assistants or The American Medical Technologists; or
 - iii. Proof of completion of a medical services training program of The Armed Forces of the United States; ;
 - h. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence.
2. A copy of a certificate of completion from an approved medical assistant training program or a letter of completion from an approved medical assistant training program signed by the person in charge of the approved medical assistant training program;
3. ~~A completed and legible fingerprint card~~ Applicant must complete the required background check using the process outlined on the application; and
4. The fees required by the Board under A.R.S. § 32-1527.

NOTICES OF PROPOSED EXPEDITED RULEMAKING

Volume 32, Issue 23, June 5, 2026

NOTICES OF PROPOSED EXPEDITED RULEMAKING

An agency may conduct expedited rulemaking if the rulemaking does not increase the cost of regulatory compliance, increase a fee or reduce procedural rights of persons regulated. Other requirements to conduct expedited rulemaking are listed under A.R.S. § 41-1027(A)(1) through (8).

A Notice of Proposed Expedited Rulemaking is filed by the agency and published in the Register and is also posted on an agency’s website and the Governor’s Regulatory Review Council’s website to allow for written comments at least 30 days after posting the notice.

An agency shall also respond to written objections to these proposed expedited rules which are filed and published in the Register.

Questions about the notice can be answered by the person listed in item #5 of the preamble.

Refer to item #10 of the preamble for information on how to comment on this notice and the close of record to comment.

NOTICE OF PROPOSED EXPEDITED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 11. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTION FACILITY DATA

File Number: R26-80

PREAMBLE

- 1. Permission to proceed with this proposed expedited rulemaking was granted under A.R.S. § 41-1039 by the governor on: April 7, 2026

Table with 2 columns: Article, Part, or Section Affected (as applicable) and Rulemaking Action. Lists R9-11-101 through R9-11-502 with 'Amend' as the action.

- 3. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific): Authorizing statute: A.R.S. § 36-136(G) Implementing statute: A.R.S. §§ 36-125.04, 36-125.05, 36-436, 36-436.01, 36-436.02, 36-436.03, 36-2901.08

- 4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the current record of the proposed expedited rule: Notice of Rulemaking Docket Opening: 32 A.A.R. 939; Issue Date: April 24, 2026; Issue Number: 17; File Number: R26-55

- 5. The agency’s contact person who can answer questions about the rulemaking: Name: Joseph Spadafino Title: Hospital Data & Systems Manager Division: Planning and Operations Address: 150 N. 18th Ave., Suite 550

NOTICES OF PROPOSED EXPEDITED RULEMAKING

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- 6. An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**
Arizona Revised Statutes (A.R.S.) § 36-104 requires the Arizona Department of Health Services (Department) to adopt rules “prescribing the designated database information to be collected by health professional regulatory boards” pursuant to A.R.S. Title 32, Chapter 32, Article 5. A.R.S. § 36-171 requires the Department to adopt rules to establish and maintain the health care professionals workforce data repository containing the data collected and transferred to the Department. The Department, in its 2025 five-year-review report, identified that the rules’ effectiveness could be improved by making the rules more clear, concise, and understandable by correcting grammatical errors, clarifying the language throughout the rules, and removing obsolete definitions. The proposed changes will adhere to the current rulemaking format and style requirements of the Governor’s Regulatory Review Council and the Office of the Secretary of State.
- 7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**
The Department did not review or rely on any study for this rulemaking.
- 8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
- 9. A statement that the agency is exempt from the requirements under A.R.S. § 41-1055(G) to obtain and file a preliminary summary of the economic, small business, and consumer impact under A.R.S. § 41-1055(D)(2):**
This rulemaking is exempt from the requirements to obtain and file an economic, small business, and consumer impact under A.R.S. § 41-1055(D)(2).
- 10. Where, when, and how a person may provide written comments on the proposed expedited rule:**
A person may submit written comments no later than the close of record to the person listed under item #5.
Close of Record: July 6, 2026 at 4 p.m.
- 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:**
There are no other matters prescribed by statutes applicable specifically to the Department or this specific rulemaking.

 - a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**
The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.
 - b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**
There are no federal laws applicable to the subject of these rules.
 - c. Whether a person submitted an analysis to the agency regarding the rule’s impact on the competitiveness of businesses in this state as compared to the competitiveness of businesses in other states under A.R.S. §**

NOTICES OF PROPOSED EXPEDITED RULEMAKING

41-1055(I). If yes, include the analysis with the rulemaking package.

No business competitiveness analysis was submitted to the Department.

12. List all incorporated by reference material as specified in A.R.S. § 41-1028 and include a citation where the material is located:

Not applicable

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES
CHAPTER 11. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS FACILITY DATA

ARTICLE 1. DEFINITIONS

Section R9-11-101. Definitions

ARTICLE 2. ANNUAL FINANCIAL STATEMENTS AND UNIFORM ACCOUNTING REPORTS

Section R9-11-201. Definitions
R9-11-204. Nursing Care Institution Uniform Accounting Report

ARTICLE 3. RATES AND CHARGES SCHEDULES

Section R9-11-301. Definitions
R9-11-304. Home Health Agency Rates and Charges Schedule
R9-11-305. Outpatient Treatment Center Rates and Charges Schedule

ARTICLE 4. HOSPITAL INPATIENT DISCHARGE REPORTING

Section R9-11-401. Definitions
R9-11-402. Reporting Requirements

ARTICLE 5. EMERGENCY DEPARTMENT DISCHARGE REPORTING

Section R9-11-501. Definitions
R9-11-502. Reporting Requirements

ARTICLE 1. DEFINITIONS

R9-11-101. Definitions

In this Chapter, unless otherwise specified:

- 1. "Admission" or "admitted" means documented acceptance by a health care institution of an individual as an inpatient of a hospital, a resident of a nursing care institution, or a patient of a hospice.
2. "AHCCCS" means the Arizona Health Care Cost Containment System, established under A.R.S. § 36-2902.
3. "Allowance" means a charity care discount, self-pay discount, or contractual adjustment.
4. "Arizona facility ID" means a unique code assigned to a hospital by the Department to identify the source of inpatient discharge or emergency department discharge information.
5. "Assisted living facility" means the same as in A.R.S. § 36-401.
6. "Attending provider" means the medical practitioner who has primary responsibility for the services a patient receives during an episode of care.
7. "Available bed" means an inpatient bed or resident bed, as defined in A.R.S. § 36-401, for which a hospital, nursing care institution, or hospice has health professionals and commodities to provide services to a patient or resident.
8. "Bill" means a statement for money owed to a health care institution for the provision of the health care institution's services.
9. "Business day" means any day of the week other than a Saturday, a Sunday, a legal holiday, or a day on which the Department is authorized or obligated by law or executive order to close.
10. "Calendar day" means any day of the week, including a Saturday or a Sunday.
11. "Cardiopulmonary resuscitation" means the same as in A.R.S. § 36-3251.
12-11. "Charge" means a specific dollar amount set by a health care institution for the use or consumption of a unit of service provided by the health care institution.
13-12. "Charge source" means the unit within a health care institution that provided services to an individual for which the individual's payer source is billed.
14. "Charity care" means services provided without charge to an individual who meets certain financial criteria established by a health care institution.
15-13. "Chief administrative officer" means the same as in A.A.C. R9-10-101.

NOTICES OF PROPOSED EXPEDITED RULEMAKING

- 16-14. "Chief financial officer" means an individual who is responsible for the financial records of a health care institution.
- 17-15. "Classification" means a designation that indicates the types of services a hospital provides.
18. "Clinical evaluation" means an examination performed by a medical practitioner on the body of an individual for the presence of disease or injury to the body, and review of any laboratory test results for the individual.
- 19-16. "Code" means a single number or letter, a set of numbers or letters, or a combination of numbers and letters that represents specific information.
- 20-17. "Commodity" means a non-reusable material, such as a syringe, bandage, or IV bag, utilized by a patient or resident.
21. "Contractual adjustment" means the difference between charges billed to a payer source and the amount that is paid to a health care institution based on an established agreement between the health care institution and the payer source.
- 22-18. "Control number" means a unique number assigned by a hospital for an individual's specific episode of care.
- 23-19. "Department" means the Arizona Department of Health Services.
- 24-20. "Designee" means a person assigned by the governing authority of a health care institution or by an individual acting on behalf of the governing authority to gather information for or report information to the Department.
- 25-21. "Diagnosis" means the identification of a disease or injury, by an individual authorized by law to make the identification, that is a cause of an individual's current medical condition.
- 26-22. "Discharge" means a health care institution's termination of services to a patient or resident for a specific episode of care.
- 27-23. "Discharge status" means the disposition of a patient, including whether the patient:
- Was discharged home,
 - Was transferred to another health care institution, or
 - Died.
- 28-24. "DNR" means Do Not Resuscitate, a document prepared for a patient indicating that cardiopulmonary resuscitation, as defined in A.R.S. § 36-3251, is not to be used in the event that the patient's heart stops beating.
- 29-25. "Electronic" means the same as in A.R.S. § 36-301.
- 30-26. "Emergency" means the same as in A.A.C. R9-10-101.
- 31-27. "Emergency department" means the unit within a hospital that is designed for the provision of emergency services.
- 32-28. "Emergency services" means the same as in A.A.C. R9-10-101.
- 33-29. "Episode of care" means medical services, nursing services, or health-related services provided by a hospital to a patient for a specific period of time, ending with a discharge.
- 34-30. "Fiscal year" means a consecutive 12-month period established by a health care institution for accounting, planning, or tax purposes.
- 35-31. "Governing authority" means the same as in A.R.S. § 36-401.
- 36-32. "Health care institution" means the same as in A.R.S. § 36-401.
- 37-33. "Health-related services" means the same as in A.R.S. § 36-401.
- 38-34. "Home health agency" means the same as in A.R.S. § 36-151.
39. "Home health services" means the same as in A.R.S. § 36-151.
- 40-35. "Home office" means the person that is the owner of and controls the functioning of a nursing care institution.
- 41-36. "Hospice" means the same as in A.R.S. § 36-401.
- 42-37. "Hospital" means the same as in A.A.C. R9-10-101.
- 43-38. "Hospital administrator" means the same as "chief administrative officer" or "administrator" in A.A.C. R9-10-101.
- 44-39. "Hospital services" means the same as in A.A.C. R9-10-201.
- 45-40. "Inpatient" means an individual admitted to a hospital and billed as an inpatient according to the hospital's policies and procedures.
- 46-41. "International Classification of Diseases Code" means a code included in a set of codes such as the ICD-10-CM codes, which is used by a hospital for billing purposes.
- 47-42. "Licensed capacity" means the same as in A.R.S. § 36-401.
- 48-43. "Management company" means an entity that:
- Acts as an intermediary between the governing authority of a nursing care institution and the individuals who work in the nursing care institution,
 - Takes direction from the governing authority of the nursing care institution, and
 - Ensures that the directives of the governing authority of the nursing care institution are carried out.
- 49-44. "Medical practitioner" means an individual who is:
- Licensed:
 - As a physician;
 - As a dentist, under A.R.S. Title 32, Chapter 11, Article 2;
 - As a podiatrist, under A.R.S. Title 32, Chapter 7;
 - As a registered nurse practitioner, under A.R.S. Title 32, Chapter 15;
 - As a physician assistant, under A.R.S. Title 32, Chapter 25; or
 - To use or prescribe drugs or devices for the evaluation, diagnosis, prevention, or treatment of illness, disease, or injury in human beings in this state; or
 - Licensed in another state and authorized by law to use or prescribe drugs or devices for the evaluation, diagnosis, prevention, or treatment of illness, disease, or injury in human beings in this state.
- 50-45. "Medical record number" means a unique number assigned by a hospital to an individual for identification purposes.
- 51-46. "Medical services" means the same as in A.R.S. § 36-401.
- 52-47. "Medicare" means a federal health insurance program established under Title XVIII of the Social Security Act.

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- 53-48. "National provider identifier" means the unique number assigned by the Centers for Medicare and Medicaid Services to a health care institution, physician, registered nurse practitioner, or other medical practitioner to submit claims and transmit electronic health information to all payer sources.
- 54-49. "Newborn" means a human:
- a. Whose birth took place in the reporting hospital, or
 - b. Who was:
 - i. Born outside a hospital,
 - ii. Admitted to the reporting hospital within 24 hours of birth, and
 - iii. Admitted to the reporting hospital before being admitted to any other hospital.
- 55-50. "Nursing care institution" means the same as in A.R.S. § 36-446.
- 56-51. "Nursing care institution administrator" means the same as in A.R.S. § 36-446.
- 57-52. "Nursing services" means the same as in A.R.S. § 36-401.
- 58-53. "Patient" means the same as in A.A.C. R9-10-101.
- 59-54. "Payer source" means an individual or an entity, such as a private insurance company, AHCCCS, or Medicare, to which a health care institution sends a bill for the services provided to an individual by the health care institution.
- 60-55. "Physician" means an individual licensed as a doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, as a doctor of naturopathic medicine under A.R.S. Title 32, Chapter 14, or as a doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17.
- 61-56. "Principal diagnosis" means the reason established after a clinical evaluation of a patient to be chiefly responsible for a specific episode of care.
- 62-57. "Principal procedure" means the procedure judged by an individual working on behalf of a hospital to be:
- a. The most significant procedure performed during an episode of care, or
 - b. The procedure most closely associated with a patient's principal diagnosis.
- 63-58. "Priority of visit" means the urgency with which a patient required medical services during an episode of care.
- 64-59. "Procedure" means a set of activities performed on a patient that:
- a. Is intended to diagnose or treat a disease, illness, or injury;
 - b. Requires the individual performing the set of activities be trained in the set of activities; and
 - c. May be invasive in nature or involve a risk to the patient from the activities themselves or from anesthesia.
- 65-60. "Prospective payment system" means a system of classifying episodes of care for billing and reimbursement purposes, based on factors such as diagnoses, age, and sex.
- 66-61. "Refer" means to direct an individual to a health care institution for services provided by the health care institution.
- 67-62. "Referral source" means a code designating the entity that referred or transferred a patient to a hospital.
- 68-63. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601, and is licensed under A.R.S. Title 32, Chapter 15.
- 69-64. "Reporting period" means the specific fiscal year, calendar year, or portion of the fiscal or calendar year for which a health care institution is reporting data to the Department.
- 70-65. "Residence" means the place where an individual lives, such as:
- a. A private home,
 - b. A nursing care institution, or
 - c. An assisted living facility.
- 71-66. "Resident" means the same as in A.A.C. R9-10-101.
- 72-67. "Revenue code" means a code for a unit of service that a hospital includes on a bill for hospital services.
73. ~~"Secondary diagnosis" means any diagnosis for an individual other than the principal diagnosis.~~
74. ~~"Self-pay discount" means a reduction in charges billed to an individual.~~
- 75-68. "Service" means an activity performed as part of medical services, hospital services, nursing services, emergency services, health-related services, hospice services, home health services as defined in A.R.S. § 36-151, or supportive services.
76. ~~"Supportive services" means the same as in A.R.S. § 36-151.~~
- 77-69. "Transfer" means discharging an individual from a health care institution so the individual may be admitted to another health care institution.
- 78-70. "Trauma center" means the same as in:
- a. A.R.S. § 36-2201, or
 - b. A.R.S. § 36-2225.
- 79-71. "Treatment" means the same as in A.A.C. R9-10-101.
- 80-72. "Type of" means a specific subcategory of the following that is provided, enumerated, or utilized by a health care institution:
- a. An employee or contracted worker;
 - b. An accounting concept, such as asset, liability, or revenue;
 - c. A non-covered ancillary charge;
 - d. A payer source;
 - e. A charge source;
 - f. A medical condition; or
 - g. A service.
- 81-73. "Type of bed" means a category of available bed that specifies the services provided to an individual occupying the available bed.

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- ~~82-74.~~“Unit” means an area within a health care institution that is designated by the health care institution to provide a specific type of service.
- ~~83-75.~~“Unit of service” means a procedure, service, commodity, or other item or group of items provided to a patient or resident for which a health care institution bills a payer source a specific amount.
- ~~84-76.~~“Written notice” means a document that is provided:
- a. In person,
 - b. By delivery service,
 - c. By facsimile transmission,
 - d. By electronic mail, or
 - e. By mail.

ARTICLE 2. ANNUAL FINANCIAL STATEMENTS AND UNIFORM ACCOUNTING REPORTS

R9-11-201. Definitions

In this Article, unless otherwise specified:

- ~~1.~~ “Accredited” means the same as in A.R.S. § 36-422.
- ~~2-1.~~ “ALTCS” means the Arizona Long-term Care System established under A.R.S. § 36-2932.
- ~~3-2.~~ “Asset” means the same as “asset” in generally accepted accounting principles.
- ~~4-3.~~ “Audit” means the same as “audit” in generally accepted accounting principles.
- ~~5-4.~~ “Bereavement services” means activities provided by or on behalf of a hospice to the family or friends of an individual that are intended to comfort the family or friends before and after the individual’s death.
- ~~6-5.~~ “Building improvement” means an addition to or reconstruction, removal, or replacement of any portion or component of an existing building that affects licensed capacity, increases the useful life of an available bed, or enhances resident safety.
- ~~7-6.~~ “Caseload” means the number of assigned patients for which an individual working for a hospice is to provide hospice services.
- ~~8-7.~~ “Certified nursing assistant” means the same as “nursing assistant” in A.R.S. § 32-1601.
- ~~9-8.~~ “Chaplain” means an individual trained to offer support, prayer, and spiritual guidance to a patient and the patient’s family.
- ~~10-9.~~ “Continuous care” means hospice services provided in a patient’s residence to a patient who requires nursing services to be available 24 hours a day.
- ~~11-10.~~ “Contracted worker” means an individual who:
 - a. Performs:
 - i. Hospital services in a hospital,
 - ii. Nursing services or health-related services in a nursing care institution,
 - iii. Hospice services for a hospice, or
 - iv. Labor as a medical record coder or transcriptionist for a hospital; and
 - b. Is paid by a person with whom the hospital, nursing care institution, or hospice has a written agreement to provide hospital services, nursing services, health-related services, hospice services, or medical record coder or transcriptionist labor.
- ~~12.~~ “Covered services” means hospice services that are provided to an individual by a hospice and are paid for by a payer source.
- ~~13.~~ “Daily census” means a count of the number of patients to whom hospice services were provided during a 24-hour period.
- ~~14.~~ “Direct care” means services provided to a resident that require hands-on contact with the resident.
- ~~15.~~ “Direction” means the same as in A.R.S. § 36-401.
- ~~16-11.~~ “Employee” means an individual other than a contracted worker who works for a health care institution for compensation and provides or assists in the provision of a service to patients or residents.
- ~~17-12.~~ “Employee-related expenses” means costs incurred by an employer to pay for the employer’s portion of Social Security taxes, Medicare taxes, and other costs such as health insurance.
- ~~18-13.~~ “Equity” means the same as “equity” in generally accepted accounting principles.
- ~~19-14.~~ “Expense” means the same as “expense” in generally accepted accounting principles.
- ~~20.~~ “Free-standing” means that a health care institution does not operate as part of another health care institution.
- ~~21-15.~~ “FTE” means full-time equivalent position, which is a job for which a health care institution expects to pay an individual for 2,080 hours per year.
- ~~22-16.~~ “Generally accepted accounting principles” means the set of financial reporting standards administered by the Financial Accounting Standards Board, the Governmental Accounting Standards Board, or other specialized bodies dealing with accounting and auditing matters.
- ~~23-17.~~ “Health professional” means the same as in A.R.S. § 32-3201.
- ~~24-18.~~ “Hospice administrator” means the chief administrative officer for a hospice.
- ~~25.~~ “Hospice chief financial officer” means an individual who is responsible for the financial records of a hospice.
- ~~26-19.~~ “Hospice inpatient facility” means the same as in A.A.C. R9-10-101.
- ~~27-20.~~ “Hospice services” means the activities described in A.A.C. R9-10-612.
- ~~28-21.~~ “Hospice service agency” means the same as in A.R.S. § 36-401.
- ~~29-22.~~ “Income” means the same as “income” in generally accepted accounting principles.
- ~~30-23.~~ “Inpatient services” means sleeping accommodations and assistance, such as personal care and food preparation, provided to a patient at one of the following health care institutions:
 - a. A hospice inpatient facility licensed under 9 A.A.C. 10, Article 6;
 - b. A hospital licensed under 9 A.A.C. 10, Article 2; or
 - c. A nursing care institution licensed under 9 A.A.C. 10, Article 4.

NOTICES OF PROPOSED EXPEDITED RULEMAKING

- ~~31.~~ “Level of care” means a designation that indicates the scope of medical services, nursing services, and health-related services that are provided to a patient or resident.
- ~~31-24.~~ “Liability” means the same as “liability” in generally accepted accounting principles.
- ~~33-25.~~ “Licensed nurse” means a registered nurse practitioner, registered nurse, or practical nurse.
- ~~34.~~ “Licensee” means the same as in R9-10-101.
- ~~35.~~ “Median length of stay” means the midpoint in the number of patient care days for all patients who were discharged from a hospice during a specific period of time.
- ~~36-26.~~ “Medicaid” means a federal health insurance program, administered by states, for individuals who meet specific income criteria established, in Arizona, by AHCCCS.
- ~~37-27.~~ “Medical record coder” means an individual who assigns codes to a patient’s diagnoses and procedures for billing purposes.
- ~~38-28.~~ “Medical record transcriptionist” means an individual who copies and edits dictation from medical practitioners into medical records.
- ~~39.~~ “Medical records” mean the same as in A.R.S. § 12-2291.
- ~~40-29.~~ “Medicare cost report” means the annual financial and statistical documents submitted to the United States Department of Health and Human Services as required by Title XVIII of the Social Security Act.
- ~~41-30.~~ “Medicare-certified” means that a health care institution is authorized by the United States Department of Health and Human Services to bill Medicare for services provided to patients or residents who are eligible to receive Medicare.
- ~~42-31.~~ “Midnight census” means a count of the number of patients or residents in a health care institution at 12:00 a.m.
- ~~43-32.~~ “Net assets” means the same as “net assets” in generally accepted accounting principles.
- ~~44-33.~~ “Non-covered ancillary services” means activities, such as rehabilitation services, laboratory tests, or x-rays, provided to an individual in a health care institution that are paid for by:
- ~~a.~~ A payer source other than ALTCS, or
 - ~~b.~~ ALTCS to an entity that is not a health care institution.
- ~~45-34.~~ “Nursery patient” means a newborn who was born in a hospital and not admitted to a type of bed that is counted toward the hospital’s licensed capacity.
- ~~46-35.~~ “Nursing personnel” means the individuals authorized by a health care institution to provide nursing services to a patient or resident.
- ~~47-36.~~ “Occupancy rate” means the midnight census divided by the number of available beds, expressed as a percent.
- ~~48-37.~~ “Operating expense” means the same as “operating expense” in generally accepted accounting principles.
- ~~49-38.~~ “Outpatient hospice services” means hospice services provided at a location outside a hospice inpatient facility.
- ~~50-39.~~ “Owner” means the same as in A.A.C. R9-10-101.
- ~~51-40.~~ “Patient care day” means a calendar day during which a hospice provides hospice services to a patient.
- ~~52-41.~~ “Patient day” means a period during which a patient received inpatient services with:
- ~~a.~~ The time between the midnight census on two successive calendar days counting as one period, and
 - ~~b.~~ The day of discharge being counted only when the patient is admitted and discharged on the same day.
- ~~53-42.~~ “Person” means the same as in A.R.S. § 41-1001.
- ~~54-43.~~ “Practical nurse” means an individual licensed under A.R.S. Title 32, Chapter 15, Article 2, to practice practical nursing, as defined in A.R.S. § 32-1601.
- ~~55-44.~~ “Registered nurse” means an individual licensed under A.R.S. Title 32, Chapter 15, Article 2, to practice professional nursing, as defined in A.R.S. § 32-1601.
- ~~56.~~ “Rehabilitation services” means the same as in A.A.C. R9-10-101.
- ~~57-45.~~ “Resident day” means a period during which a resident received nursing services or health-related services provided by a nursing care institution with:
- ~~a.~~ The time between the midnight census on two successive calendar days counting as one period, and
 - ~~b.~~ The day of discharge being counted only when the resident is admitted and discharged on the same day.
- ~~58.~~ “Respite care services” means the same as in A.R.S. § 36-401.
- ~~59-46.~~ “Revenue” means the same as “revenue” in generally accepted accounting principles.
- ~~60.~~ “Routine home care” means hospice services provided in a patient’s residence to a patient who does not require nursing services to be available 24 hours a day.
- ~~61-47.~~ “Rural” means the same as in A.R.S. § 36-2171.
- ~~62-48.~~ “Self-pay” means that charges for hospice services are billed to an individual.
- ~~63-49.~~ “Social worker” means an individual licensed according to A.R.S. §§ 32-3291, 32-3292, or 32-3293.
- ~~64-50.~~ “Statement of cash flows” means the same as “statement of cash flows” in generally accepted accounting principles.
- ~~65.~~ “Surgery” means the excision of a part of a patient’s body or the incision into a patient’s body for the correction of a deformity or defect; repair of an injury; or diagnosis, amelioration, or cure of disease.
- ~~66-51.~~ “Turnover rate” means:
- ~~a.~~ For a hospital, a percent calculated by dividing the number of individuals employed by the hospital who resign or retire from or are dismissed by the hospital during a reporting period by the average number of individuals employed during the reporting period; or
 - ~~b.~~ For a nursing care institution, a percent calculated by dividing the number of employees who resign or retire from or are dismissed by a nursing care institution during a reporting period by the average number of employees during the reporting period.
- ~~67-52.~~ “Uniform accounting report” means a document that meets the requirements of A.R.S. § 36-125.04 and contains the information required in R9-11-203 for hospitals, R9-11-204 for nursing care institutions, and R9-11-205 for hospices.

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~~68.~~ “Unscheduled medical services” means the same as in A.R.S. § 36-401.

~~69-53.~~ “Urban” means an area not defined as “rural.”

~~70-54.~~ “Urgent care unit” means a facility under a hospital’s license that is:

- a. Located within one-half mile of the hospital, and
- b. Designated by the hospital for the provision of unscheduled medical services for medical conditions that are of a less critical nature than emergency medical conditions.

~~71-55.~~ “Vacancy rate” means a percent calculated by dividing the number of unfilled FTEs at the end of a hospital’s reporting period by the sum of the unfilled FTEs and filled FTEs at the end of the hospital’s reporting period.

~~72-56.~~ “Volunteer” means the same as in A.A.C. R9-10-101.

R9-11-204. Nursing Care Institution Uniform Accounting Report

A. No change

B. No change

C. The uniform accounting report required in subsection (A) shall include the following information:

1. The name, physical address, mailing address, county, and telephone number of the nursing care institution;
2. The name, physical address, mailing address, and telephone number of the nursing care institution’s:
 - a. Home office, if applicable; and
 - b. Management company, if applicable;
3. An alternative name under which the nursing care institution provides nursing services or health-related services, if applicable;
4. The identification number assigned to the nursing care institution:
 - a. By the Department;
 - b. By AHCCCS, if applicable;
 - c. By Medicare, if applicable; and
 - d. As the nursing care institution’s national provider identifier;
5. The name, telephone number, and e-mail address of the:
 - a. Nursing care institution administrator;
 - b. Nursing care institution chief financial officer;
 - c. Individual who prepared the uniform accounting report; and
 - d. Individual whom the Department may contact about the uniform accounting report at the:
 - i. Home office, if applicable; and
 - ii. Management company, if applicable;
6. The beginning and ending dates of the nursing care institution’s reporting period;
7. If the nursing care institution began operations during the nursing care institution’s reporting period, the date on which the nursing care institution began operations;
8. The date the uniform accounting report was submitted to the Department;
9. Whether the entity that is the owner of the nursing care institution is:
 - a. Not for profit;
 - b. For profit; or
 - c. A federal, state, or local government agency;
10. Whether or not the nursing care institution is Medicare-certified;
11. The licensed capacity at the beginning and end of the reporting period;
12. The total number of available beds at the beginning and end of the reporting period;
13. If the nursing care institution has a distinct unit for patients whose payer source is Medicare, the number of licensed beds in that unit at the beginning and end of the reporting period;
14. The number of resident admissions during the reporting period;
15. The number of resident days during the reporting period:
 - a. For each payer source that is not ALTCS, and
 - b. For each level of care for residents whose payer source is ALTCS;
16. The total number of resident days during the reporting period;
17. The average occupancy rate for the reporting period;
18. The number of paid hours during the reporting period for each of the following types of employees:
 - a. Registered nurses,
 - b. Practical nurses, and
 - c. Certified nursing assistants;
19. The number of hours worked during the reporting period by each of the following types of employees:
 - a. Registered nurses,
 - b. Practical nurses, and
 - c. Certified nursing assistants;
20. The amount in salaries paid, excluding employee-related expenses, for each of the following types of employees:
 - a. Registered nurses,
 - b. Practical nurses, and
 - c. Certified nursing assistants;
21. The number of each of the following types of employees at the beginning and end of the reporting period:
 - a. Registered nurses,

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- b. Practical nurses, and
 - c. Certified nursing assistants;
- ~~22.~~ The number of each of the following types of employees at the end of the reporting period:
- ~~a.~~ Registered nurses;
 - ~~b.~~ Practical nurses, and
 - ~~e.~~ Certified nursing assistants;
- ~~23-22.~~ For staff employed by the nursing care institution during the reporting period as registered nurses, practical nurses, or certified nursing assistants, the total:
- a. Number of paid hours;
 - b. Number of hours worked;
 - c. Amount in salaries paid, excluding employee-related expenses; and
 - d. Number of staff at the beginning and end of the reporting period; and
 - e. Number of staff at the end of the reporting period;
- ~~24-23.~~ The turnover rate for the reporting period for:
- a. Registered nurses,
 - b. Practical nurses, and
 - c. Certified nursing assistants;
- ~~25-24.~~ The total turnover rate for the reporting period for all employees of the nursing care institution who are registered nurses, practical nurses, or certified nursing assistants;
- ~~26-25.~~ The number of hours worked during the reporting period by each of the following types of contracted workers:
- a. Registered nurses,
 - b. Practical nurses, and
 - c. Certified nursing assistants;
- ~~27-26.~~ The total number of hours worked during the reporting period by contracted workers who are registered nurses, practical nurses, or certified nursing assistants;
- ~~28-27.~~ The amount paid during the reporting period for each of the following types of contracted workers:
- a. Registered nurses,
 - b. Practical nurses, and
 - c. Certified nursing assistants;
- ~~29-28.~~ The total amount paid during the reporting period to contracted workers who are registered nurses, practical nurses, or certified nursing assistants;
- ~~30-29.~~ The amount of revenue generated and allowances given, for each type of revenue or allowance, by the nursing care institution during the reporting period;
- ~~31-30.~~ The total amount of revenue generated and allowances given by the nursing care institution during the reporting period;
- ~~32-31.~~ The operating expenses incurred by the nursing care institution during the reporting period for each type of operating expense;
- ~~33-32.~~ The total operating expenses incurred by the nursing care institution during the reporting period;
- ~~34-33.~~ The income and expenses, other than revenue and operating expenses, for each type of income received and expense incurred by the nursing care institution during the reporting period;
- ~~35-34.~~ The charges for non-covered ancillary services during the reporting period:
- a. For each type of non-covered ancillary service,
 - b. For each type of payer source, and
 - c. For each type of non-covered ancillary service for each type of payer source;
- ~~36-35.~~ The total amount of non-covered ancillary charges for the reporting period;
- ~~37-36.~~ If the nursing care institution has documentation of building improvement costs that:
- a. Affected the licensed capacity:
 - i. The year in which each building improvement was completed;
 - ii. The cost of each building improvement;
 - iii. The licensed capacity before the building improvement was begun;
 - iv. The number of beds that were added as a result of the building improvement, if applicable;
 - v. The number of beds that were removed as a result of the building improvement, if applicable; and
 - vi. ~~he~~ The licensed capacity after the building improvement was completed; and
 - b. Did not affect the licensed capacity:
 - i. The year in which each building improvement was completed; and
 - ii. The cost of each building improvement;
- ~~38-37.~~ The amount of assets, for each type of asset, of the nursing care institution at the end of the reporting period;
- ~~39-38.~~ The total amount of assets of the nursing care institution at the end of the reporting period;
- ~~40-39.~~ The amount of liabilities, for each type of liability, of the nursing care institution at the end of the reporting period;
- ~~41-40.~~ The total amount of liabilities of the nursing care institution at the end of the reporting period;
- ~~42-41.~~ The amount of equity, for each type of equity, of the nursing care institution at the end of the reporting period;
- ~~43-42.~~ The total amount of equity of the nursing care institution at the end of the reporting period;
- ~~44-43.~~ The difference between the amount identified in subsection (C)(43) and the amount identified in subsection (C)(41); and
- ~~45-44.~~ An equity reconciliation statement, including:
- a. Net equity at the beginning of the reporting period;
 - b. The difference between the amount identified in subsection (C)(31) and the amount identified in subsection (C)(33);

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- c. Additions to equity, for each type of additional equity, for the reporting period;
 - d. The total amount of additional equity for the reporting period;
 - e. Deductions from equity, for each type of equity deduction, for the reporting period;
 - f. The total amount of equity deduction for the reporting period; and
 - g. Net equity at the end of the reporting period.
- D.** No change
- 1. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - 2. No change
- E.** No change
- 1. No change
 - 2. No change
- F.** No change

ARTICLE 3. RATES AND CHARGES SCHEDULES

R9-11-301. Definitions

In this Article, unless otherwise specified:

- 1. "Adolescent" means an individual the hospital designates as an adolescent based on the hospital's criteria.
- ~~2.~~ "Adult" means the same as in A.A.C. R9-10-201.
- ~~3.~~ "Behavioral health service" means the same as in A.R.S. § 36-401.
- 4. "Blood bank cross match" means a laboratory analysis, performed by a facility that stores and preserves donated blood, to test the compatibility of a quantity of blood donated by one individual with another individual who is the intended recipient of the blood.
- ~~5.~~ "Complete blood count with differential" means enumerating the number of red blood cells, platelets, and white blood cells in a sample of an individual's blood, and including in the enumeration of white blood cells the number of each type of white blood cell.
- ~~6.~~ "Contrast medium" means a substance opaque to x-rays, radio waves, or electromagnetic radiation that enhances an image of internal body structures.
- ~~7.~~ "CT" means Computed Tomography, a diagnostic procedure in which x-ray measurements from many angles are used to provide images of internal body structures.
- ~~8.~~ "Current rates and charges information" means the most recent rates and charges schedule for a health care institution on file with the Department, and all documents changing the most recent rates and charges schedule.
- ~~9.~~ "Drug" means the same as in A.R.S. § 32-1901.
- 10. "EEG" means electroencephalogram, a diagnostic procedure used to measure the electrical activity of the brain.
- 11. "EKG" means electrocardiogram, a diagnostic procedure used to measure the electrical activity of the heart.
- ~~12.~~ "Facility" means a building and associated personnel and equipment that perform a particular service or activity.
- ~~13.~~ "Formulary" means a list of drugs that are available to a patient through a hospital.
- ~~14.~~ "Home health agency" means the same as in A.R.S. § 36-151.
- ~~15.~~ "Home health agency administrator" means the chief administrative officer for a home health agency.
- ~~16.~~ "Hospital department" means a subdivision of a hospital providing administrative oversight for one or more charge sources.
- ~~17.~~ "Implementation date" means the month, day, and year a health care institution intends to begin using specific rates and charges when billing a patient or resident.
- ~~18.~~ "Intensive care bed" means an available bed used to provide intensive care services, as defined in A.A.C. R9-10-201, to a patient.
- 19. "IVP" means intravenous pyelography, a diagnostic procedure that uses an injection of a contrast medium into a vein and x-rays to provide images of the kidneys, ureters, bladder, and urethra.
- 20. "Labor and delivery" means services provided to a woman related to childbirth.
- 21. "Lithotripsy" means a procedure that uses sound waves to break up hardened deposits of mineral salts inside the human body.
- ~~22.~~ "Mark-up" means the difference between the dollar amount a hospital pays for a drug, commodity, or service and the charge billed to a patient.
- ~~23.~~ "MRI" means Magnetic Resonance Imaging, a diagnostic procedure that uses a magnetic field and radio waves to provide images of internal body structures.
- 24. "Neonate" means the same as in A.A.C. R9-10-201.
- 25. "Nursery bed" means an available bed used to provide hospital services to a neonate.
- ~~26.~~ "Outpatient treatment center" means the same as in A.A.C. R9-10-101.
- ~~27.~~ "Outpatient treatment center administrator" means the chief administrative officer for an outpatient treatment center.
- ~~28.~~ "Overview form" means a document:
 - a. Submitted by a hospital to the Department as part of a rates and charges schedule or a change to the hospital's current rates and charges information, and

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- b. That contains the information required in R9-11-302(B)(2) for the hospital.
- ~~29-17.~~ “Pediatric” means the same as in A.A.C. R9-10-201.
30. “Pediatric bed” means an available bed used to provide hospital services to a pediatric patient.
- ~~31.~~ “Physical therapy” means the same as in A.R.S. § 32-2001.
- ~~32.~~ “Post-hospital extended care services” means the services that are described in and meet the requirements of 42 CFR 409.31.
- ~~33-18.~~ “Private room” means a room that contains one available bed.
- ~~34-19.~~ “Rate” means a specific dollar amount per unit of service set by a health care institution.
- ~~35-20.~~ “Rates and charges schedule” means a document that meets the requirements of A.R.S. Title 36, Chapter 4, Article 3 and contains the information required in R9-11-302(B) for hospitals, R9-11-303(A)(2) for nursing care institutions, R9-11-304(A)(2) for home health agencies, or R9-11-305(A)(2) for outpatient treatment centers.
- ~~36.~~ “Rehabilitation bed” means a type of bed used to provide services to a patient to restore or to optimize the patient’s functional capability.
- ~~37-21.~~ “Review” means an analysis of a document to ensure that the document is in compliance with the requirements of this Article.
- ~~38.~~ “Semi-private room” means a room that contains two available beds.
39. “Skilled nursing bed” means an available bed used for a patient requiring skilled nursing services.
- ~~40.~~ “Skilled nursing services” means nursing services provided by an individual licensed under A.R.S. Title 32, Chapter 15.
- ~~41.~~ “Small volume nebulizer” means a device that:
- a. Holds liquid medicine that is turned into a mist by an air compressor, and
 - b. Is used for treatments lasting less than 20 minutes.
- ~~42.~~ “Swing bed” means an available bed for which a hospital has been granted an approval from the Centers for Medicare and Medicaid Services to provide post-hospital extended care services and be reimbursed as a swing-bed hospital.
- ~~43.~~ “Swing-bed hospital” means the same as in 42 CFR 413.114.
- ~~44.~~ “Trauma team activation” means a notification by a health care institution:
- a. That alerts individuals designated by the health care institution to respond to a particular type of emergency;
 - b. That is based on a patient’s triage information; and
 - c. For which the health care institution uses Revenue Category 068X of the National Uniform Billing Committee, UB-04 Data Specifications Manual to bill charges.
- ~~45.~~ “Ultrasound” means a diagnostic procedure that uses high frequency sound waves to provide images of internal body structures.

R9-11-304. Home Health Agency Rates and Charges Schedule

- A. Before a home health agency provides services to patients, a home health agency administrator or designee shall submit to the Department a rates and charges package that contains:
- 1. A cover letter that includes:
 - a. The name, physical address, mailing address, county, and telephone number of the home health agency;
 - b. The identification number assigned to the home health agency:
 - i. By the Department;
 - ii. By AHCCCS, if applicable;
 - iii. By Medicare, if applicable; and
 - iv. As the home health agency’s national provider identifier;
 - c. The name, telephone number, and e-mail address of:
 - i. The home health agency administrator,
 - ii. The home health agency chief financial officer, and
 - iii. Another individual involved in the preparation of the rates and charges package, whom the Department may contact regarding the rates and charges package; and
 - d. The planned implementation date for the rates and charges;
 - 2. Either:
 - a. A rates and charges schedule, in a format specified by the Department, containing:
 - i. A table of contents;
 - ii. For each unit of service offered for which a separate rate or charge is billed:
 - (1) The unit of service code,
 - (2) A description of the unit of service, and
 - (3) The rate or charge for the unit of service; and
 - iii. A copy of any home health agency rules or formulae that may affect the rate or charge for a unit of service; or
 - b. Current cost reports and financial information that the home health agency files for other government reporting purposes if the current cost reports and financial information submitted to the Department contain the information required in subsections (A)(2)(a)(ii) and (A)(2)(a)(iii); and
 - 3. A form provided by the Department, on which the home health agency administrator or designee:
 - a. Attests that, to the best of the knowledge and belief of the home health agency administrator or designee, the information submitted according to subsections (A)(1) and (A)(2) is accurate and complete; or
 - b. If the home health agency administrator or designee has personal knowledge that the information submitted according to subsections (A)(1) and (A)(2) is ~~not accurate or not complete~~ inaccurate or incomplete:
 - i. Identifies the information that is ~~not accurate or not complete~~ inaccurate or incomplete;
 - ii. Describes the circumstances that make the information ~~not accurate or not complete~~ inaccurate or incomplete;

NOTICES OF PROPOSED EXPEDITED RULEMAKING

- iii. States what actions the home health agency is taking to correct the inaccurate information or make the information complete; and
 - iv. Attests that, to the best of the knowledge and belief of the home health agency administrator or designee, the information submitted according to subsections (A)(1) and (A)(2), except the information identified in subsection (A)(3)(b)(i), is accurate and complete.
- B.** To change a home health agency's current rates and charges information, a home health agency administrator or designee shall submit to the Department:
- 1. A cover letter:
 - a. Containing the information specified in subsection (A)(1), and
 - b. Stating that the accompanying information is changing the home health agency's current rates and charges information;
 - 2. Either:
 - a. The rates and charges schedule specified in subsection (A)(2)(a) or the current cost reports and financial information specified in subsection (A)(2)(b); or
 - b. The following information:
 - i. A description of:
 - (1) The current and new rate or charge for each unit of service undergoing a change, and
 - (2) The current and new rules and formulae for each change to the home health agency rules or formulae which may affect the rate or charge for a unit of service;
 - ii. The line number or page number in the home health agency's current rates and charges information for each change listed in subsection (B)(2)(b)(i); and
 - iii. A list of each previous change:
 - (1) To a rate, charge, rule, or formula being changed;
 - (2) That was submitted since the last submission made according to subsection (A)(2) or (B)(2)(a); and
 - (3) Including:
 - (a) The date the rate, charge, rule, or formula was previously changed; and
 - (b) A description of how the rate, charge, rule, or formula was previously changed; and
 - 3. A form provided by the Department, on which the home health agency administrator or designee:
 - a. Attests that, to the best of the knowledge and belief of the home health agency administrator or designee, the information submitted according to subsections (B)(1) and (B)(2) is accurate and complete; or
 - b. If the home health agency administrator or designee has personal knowledge that the information submitted according to subsections (B)(1) and (B)(2) is ~~not accurate or not complete~~ inaccurate or incomplete:
 - i. Identifies the information that is ~~not accurate or not complete~~ inaccurate or incomplete;
 - ii. Describes the circumstances that make the information ~~not accurate or not complete~~ inaccurate or incomplete;
 - iii. States what actions the home health agency is taking to correct the inaccurate information or make the information complete; and
 - iv. Attests that, to the best of the knowledge and belief of the home health agency administrator or designee, the information submitted according to subsections (B)(1) and (B)(2), except the information identified in subsection (B)(3)(b)(i), is accurate and complete.

C. No change

D. No change

E. No change

 - 1. No change
 - 2. No change

F. No change

R9-11-305. Outpatient Treatment Center Rates and Charges Schedule

- A.** Before an outpatient treatment center provides services to patients, an outpatient treatment center administrator or designee shall submit to the Department a rates and charges package that contains:
- 1. A cover letter that includes:
 - a. The name, physical address, mailing address, county, and telephone number of the outpatient treatment center;
 - b. The identification number assigned to the outpatient treatment center:
 - i. By the Department;
 - ii. By AHCCCS, if applicable;
 - iii. By Medicare, if applicable; and
 - iv. As the outpatient treatment center's national provider identifier;
 - c. The name, telephone number, and e-mail address of:
 - i. The outpatient treatment center administrator,
 - ii. The outpatient treatment center chief financial officer, and
 - iii. Another individual involved in the preparation of the rates and charges package whom the Department may contact regarding the rates and charges package; and
 - d. The planned implementation date for the rates and charges;
 - 2. Either:
 - a. A rates and charges schedule, in a format specified by the Department, containing:
 - i. A table of contents;

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- ii. For each unit of service offered for which a separate rate or charge is billed:
 - (1) The unit of service code,
 - (2) A description of the unit of service, and
 - (3) The rate or charge for the unit of service; and
 - iii. A copy of any outpatient treatment center rules or formulae which may affect the rate or charge for a unit of service; or
 - b. Current cost reports and financial information that the outpatient treatment center files for other government reporting purposes if the current cost reports and financial information submitted to the Department contain the information required in subsections (A)(2)(a)(ii) and (A)(2)(a)(iii); and
 - 3. A form provided by the Department, on which the outpatient treatment center administrator or designee:
 - a. Attests that, to the best of the knowledge and belief of the outpatient treatment center administrator or designee, the information submitted according to subsections (A)(1) and (A)(2) is accurate and complete; or
 - b. If the outpatient treatment center administrator or designee has personal knowledge that the information submitted according to subsections (A)(1) and (A)(2) is ~~not accurate or not complete~~ inaccurate or incomplete:
 - i. Identifies the information that is ~~not accurate or not complete~~ inaccurate or incomplete;
 - ii. Describes the circumstances that make the information ~~not accurate or not complete~~ inaccurate or incomplete;
 - iii. States what actions the outpatient treatment center is taking to correct the inaccurate information or make the information complete; and
 - iv. Attests that, to the best of the knowledge and belief of the outpatient treatment center administrator or designee, the information submitted according to subsections (A)(1) and (A)(2), except the information identified in subsection (A)(3)(b)(i), is accurate and complete.
 - B. To change an outpatient treatment center's current rates and charges information, an outpatient treatment center administrator or designee shall submit to the Department:
 - 1. A cover letter:
 - a. Containing the information specified in subsection (A)(1), and
 - b. Stating that the accompanying information is changing the outpatient treatment center's current rates and charges information;
 - 2. Either:
 - a. The rates and charges schedule specified in subsection (A)(2)(a) or the current cost reports and financial information specified in subsection (A)(2)(b); or
 - b. The following information:
 - i. A description of:
 - (1) The current and new rate or charge for each unit of service undergoing a change, and
 - (2) The current and new rules and formulae for each change to the outpatient treatment center rules or formulae which may affect the rate or charge for a unit of service;
 - ii. The line number or page number in the outpatient treatment center's current rates and charges information for each change listed in subsection (B)(2)(b)(i); and
 - iii. A list of each previous change:
 - (1) To a rate, charge, rule, or formula being changed;
 - (2) That was submitted since the last submission made according to subsection (A)(2) or (B)(2)(a); and
 - (3) Including:
 - (a) The date the rate, charge, rule, or formula was previously changed; and
 - (b) A description of how the rate, charge, rule, or formula was previously changed; and
 - 3. A form provided by the Department, on which the outpatient treatment center administrator or designee:
 - a. Attests that, to the best of the knowledge and belief of the outpatient treatment center administrator or designee, the information submitted according to subsections (B)(1) and (B)(2) is accurate and complete; or
 - b. If the outpatient treatment center administrator or designee has personal knowledge that the information submitted according to subsections (B)(1) and (B)(2) is ~~not accurate or not complete~~ inaccurate or incomplete:
 - i. Identifies the information that is ~~not accurate or not complete~~ inaccurate or incomplete;
 - ii. Describes the circumstances that make the information ~~not accurate or not complete~~ inaccurate or incomplete;
 - iii. States what actions the outpatient treatment center is taking to correct the inaccurate information or make the information complete; and
 - iv. Attests that, to the best of the knowledge and belief of the outpatient treatment center administrator or designee, the information submitted according to subsections (B)(1) and (B)(2), except the information identified in subsection (B)(3)(b)(i), is accurate and complete.
 - C. No change
 - D. No change
 - E. No change
 - 1. No change
 - 2. No change
 - F. No change

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ARTICLE 4. HOSPITAL INPATIENT DISCHARGE REPORTING

R9-11-401. Definitions

In this Article, unless otherwise specified:

- ~~1. "Admitting diagnosis" means the reason an individual is admitted to a hospital.~~
- ~~2. "DRG" means Diagnosis Related Group, a type of prospective payment system used in billing for inpatient episodes of care.~~
- ~~3. "HIPPS" means the Health Insurance Prospective Payment System, a type of prospective payment system used by specific health care institutions, such as rehabilitation hospitals, for billing for services provided by the health care institutions.~~
- ~~4.1. "Inpatient discharge report" means a document that meets the requirements of A.R.S. § 36-125.05 and contains the information required in R9-11-402.~~
- ~~5.2. "Length of stay" means the total number of calendar days for a specific episode of care, from the date of admission to the date of discharge.~~

R9-11-402. Reporting Requirements

A. No change

1. No change
2. No change
3. No change
4. No change
 - a. No change
 - b. No change
5. No change
6. No change

B. ~~A hospital administrator or designee shall on~~ On a form provided by the Department, ~~a hospital administrator or designee shall:~~

1. Attest that, to the best of the knowledge and belief of the hospital administrator or designee, the information submitted according to subsection (C) is accurate and complete; or
2. If the hospital administrator or designee has personal knowledge that the information submitted according to subsection (C) is ~~not accurate or not complete~~ inaccurate or incomplete:
 - a. Identify the information that is ~~not accurate or not complete~~ inaccurate or incomplete;
 - b. Describe the circumstances that make the information ~~not accurate or not complete~~ inaccurate or incomplete;
 - c. State what actions the hospital is taking to correct the inaccurate information or make the information complete; and
 - d. Attest that, to the best of the knowledge and belief of the hospital administrator or designee, the information submitted according to subsection (C), except the information identified in subsection (B)(2)(a), is accurate and complete.

C. No change

1. No change
2. No change
3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - i. No change
 - j. No change
 - k. No change
 - l. No change
 - m. No change
 - n. No change
 - o. No change
 - p. No change
 - q. No change
 - r. No change
 - s. No change
 - t. No change
 - u. No change
 - i. No change
 - ii. No change
 - iii. No change
 - v. No change
 - w. No change
 - x. No change
 - y. No change

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- z. No change
- aa. No change
- bb. No change
 - i. No change
 - ii. No change
- cc. No change
- dd. No change
- ee. No change
- ff. No change
- gg. No change
- hh. No change
- D. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
- E. No change
 - 1. No change
 - 2. No change
- F. No change

ARTICLE 5. EMERGENCY DEPARTMENT DISCHARGE REPORTING

R9-11-501. Definitions

In this Article, unless otherwise specified:

- 1. ~~“CPT code” means a code from Current Procedural Terminology, a HCPCS coding system used primarily to identify medical services and procedures provided by medical practitioners.~~
- 2. 1. “Emergency department discharge report” means a document that meets the requirements of A.R.S. § 36-125.05 and contains the information required in R9-11-502.
- 3. 2. “HCPCS” means the Healthcare Common Procedure Coding System used by a hospital for billing for hospital services or commodities provided to an outpatient as defined in A.A.C. R9-10-201.

R9-11-502. Reporting Requirements

- A. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - a. No change
 - b. No change
 - 5. No change
 - 6. No change
- B. A hospital administrator or designee shall on a form provided by the Department:
 - 1. Attest that, to the best of the knowledge and belief of the hospital administrator or designee, the information submitted according to subsection (C) is accurate and complete; or
 - 2. If the hospital administrator or designee has personal knowledge that the information submitted according to subsection (C) is ~~not accurate or not complete~~ inaccurate or incomplete:
 - a. Identify the information that is ~~not accurate or not complete~~ inaccurate or incomplete;
 - b. Describe the circumstances that make the information ~~not accurate or not complete~~ inaccurate or incomplete;
 - c. State what actions the hospital is taking to correct the inaccurate information or make the information complete; and
 - d. Attest that, to the best of the knowledge and belief of the hospital administrator or designee, the information submitted according to subsection (C), except the information identified in subsection (B)(2)(a), is accurate and complete.
- C. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - i. No change

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- j. No change
- k. No change
- l. No change
- m. No change
- n. No change
- o. No change
- p. No change
- q. No change
- r. No change
- s. No change
- t. No change
 - i. No change
 - ii. No change
 - iii. No change
- u. No change
- v. No change
- w. No change
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- y. No change
- z. No change
- aa. No change
 - i. No change
 - ii. No change
- bb. No change
- cc. No change
- dd. No change
- ee. No change
- ff. No change
- gg. No change
- D.** No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
- E.** No change
 - 1. No change
 - 2. No change
- F.** No change

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NOTICES OF RULEMAKING DOCKET OPENING

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NOTICES OF RULEMAKING DOCKET OPENING

The Administrative Procedure Act (APA) requires an agency file a Notice of Rulemaking Docket Opening which outlines its rulemaking intentions under [A.R.S. § 41-1021](#).

A docket opening and Notice of Proposed Rulemaking are often filed at the same time and published in the same *Register* issue.

If a Notice of Proposed Rulemaking is not published in this *Register* that corresponds with a published docket in this week's issue, it simply means the agency has not filed the notice for consideration and public review.

An agency has one year from the publishing of this notice to propose a rule; after one year the docket expires.

Questions about the notice can be answered by the person listed in item #5 of the preamble.

Refer to item #6 in the preamble for information on how to comment on this notice.

NOTICE OF RULEMAKING DOCKET OPENING

**DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING**

File Number: R26-81

1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:

April 21, 2025 and May 8, 2026

2. Title and its heading:

9, Health Services

Chapter and its heading:

10, Department of Health Services – Health Care Institutions: Licensing

Article and its heading:

18, Adult Behavioral Health Therapeutic Homes

Section number:

R9-10-1801, R9-10-1802, R9-10-1803, R9-10-1804, R9-10-1805, R9-10-1806, R9-10-1807, R9-10-1808, R9-10-1809, R9-10-1810, and R9-10-1811

Sections may be added, amended, repealed, or renumbered as necessary.

3. The subject matter of the proposed rule:

Arizona Revised Statutes (A.R.S.) § 36-132(A)(1) requires the Arizona Department of Health Services (Department) to protect the health of the people in Arizona. In order to ensure public health, safety, and welfare, A.R.S. §§ 36-405 and 36-406 requires the Department to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. The Department has adopted rules to implement these statutes in *Arizona Administrative Code* Title 9, Chapter 10, Article 18 for adult behavioral health therapeutic homes. The Department, in the 2024 five-year-review report, identified that the rules' effectiveness could be improved by making the rules more clear, concise, and understandable. In addition, the Department stated a plan to amend the rules in Article 18 to be more consistent with other residential facilities in Chapter 10. The proposed rules will conform to rulemaking format and style requirements of GRRC and the Office of the Secretary of State.

4. A citation to all published notices relating to the current proceeding:

Not applicable

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

Name: Odette Colburn
Title: Deputy Director
Division: Public Health Licensing
Address: 150 N. 18th Ave., Suite 500
Phoenix, AZ 85007

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Telephone: (602) 542-6383
Email: Odette.Colburn@azdhs.gov
or
Name: Stacie Gravito
Title: Office Chief, Administrative Counsel and Rules
Division: Director's Office
Address: 150 N. 18th Ave., Suite 540
Phoenix, AZ 85007
Telephone: (602) 542-1020
Email: stacie.gravito@azdhs.gov

- 6. **The time during which the agency will accept written comments and the time and place where oral comments may be made:**
To be announced in future notices regarding the rulemaking.
- 7. **A timetable for agency decisions or other action on the current proceeding, if known:**
To be announced in future notices regarding the rulemaking.

NOTICE OF RULEMAKING DOCKET OPENING
DEPARTMENT OF PUBLIC SAFETY
SCHOOL BUSES

File Number: R26-82

- 1. **Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:**
May 5, 2026
- 2. **Title and its heading:**
13, Public Safety

Chapter and its heading:
13, Department of Public Safety – School Buses

Article and its heading:
1, School Bus Minimum Standards
2, Minimum Standards for School Buses Operated on Alternative Fuel
3, Minimum Standards for 11 to 15 Student Transportation Passenger Vehicles

Section number:
R13-13-101 through R13-13-112; R13-13-201 through R13-13-205; R13-13-301 through R13-13-304
Sections may be added, amended, repealed, or renumbered as necessary.

- 3. **The subject matter of the proposed rule:**
According to A.R.S. §§ 15-925, 28-900, 28-3053 and 28-3228, the Governor's Student Transportation Advisory Council (STAC) and the Department of Public Safety conduct rulemakings on this chapter in consultation with each other. The STAC and the Department intend to amend the rules in Articles 1, 2 and 3 to meet modern and future-use minimum safety standards for drivers and vehicles. Topics will include but are not limited to:
 - Modernize and streamline Article 1 minimum standards for driver certification processes. This will allow for improved competency of drivers and certification processes improving the ability for schools to hire and retain drivers.
 - Modernize Article 2 minimum standards for school bus design, systems and fuels. Federal code and industry standards have changed substantially over the last 15+ years. Engineering deficiencies/improvements and enforcement standards will be addressed. Alternative fuel systems are not entirely up to date. The rules are not fully complete, or rules do not exist to cover propane, all electric and hybrid buses. These updates will allow schools to purchase newer, safer, modern and more fuel-efficient student transportation vehicles.

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- Amend Article 3 as needed for conformity with other new or amended school bus rules and update any incorporated by reference documents as needed.

4. A citation to all published notices relating to the current proceeding:

Not applicable

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

Name: William Lunt, Sergeant for bus inspections.
Kimberly Thomas, Supervisor for driver certification.

Division: Highway Patrol

Address: P.O. Box 6638, Maildrop (select from below), Phoenix, AZ 85005-6638
For bus inspections use Maildrop code 3002.
For driver certification use Maildrop code 3150.

Telephone: For bus inspections: (602) 206-5093
For driver certification: (602) 223-2646

Email: For Sergeant Lunt: wlunt@azdps.gov
For Supervisor Thomas: kthomas@azdps.gov

Website: www.azdps.gov

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

The Department will accept written comments to the mailing and email addresses listed in item 5. Written comments may also be delivered in-person to the Department at its Public Services Center at 2222 W. Encanto Blvd., Phoenix, AZ 85009. Oral comments can be made by attending any STAC meeting. STAC meeting agendas are published at: <https://publicmeetings.az.gov/>.

The Department will conduct a separate oral comment proceeding at a future date. The oral proceeding and the ending time for comments will be published in a Notice of Proposed Rulemaking in the *Administrative Register* at a later date.

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

This information is not currently known due to the Department's statutory requirement to consult with the STAC. The Department will publish a Notice of Proposed Rulemaking at a future date after consultation with the STAC. The public is encouraged to attend STAC meetings.

NOTICES OF PROPOSED DELEGATION AGREEMENT

Volume 32, Issue 23, June 5, 2026

NOTICES OF PROPOSED DELEGATION AGREEMENT

Summaries and Location of Documents

Some agencies have been given legislative authority to delegate functions, powers, or duties to political subdivisions in Arizona.

An agency that seeks to delegate functions, powers or duties shall file with the Office a summary of its proposed delegation agreement under [A.R.S. § 41-1081\(B\)](#).

Agencies shall provide a contact person to answer questions or accept comments on the notice. This information is listed under Item #3 of the notice.

The notice shall also state where interested persons may obtain, upon request, a copy of the proposed delegation agreement from the agency.

NOTICE OF PROPOSED DELEGATION AGREEMENT

DEPARTMENT OF ENVIRONMENTAL QUALITY

File Number: M26-31

1. **Agency initiating the agreement:**

Arizona Department of Environmental Quality

2. **The political subdivision to which functions, powers, or duties are proposed to be delegated:**

Bowie Fire District

3. **Contact information:**

Name: Balaji Vaidyanathan
Title: Deputy Assistant Director
Division: Air Quality Department
Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-4527
Email: Vaidyanathan.balaji@azdeq.gov
Website: www.azdeq.gov

4. **Summary of agreement including subjects and issues:**

Arizona Department of Environmental Quality (ADEQ) delegates some of its functions and duties when those local authorities and ADEQ have agreed that doing so is in the best interest of the State. According to A.R.S. §§ 49-107 and 49-501(D), the Arizona Department of Environmental Quality proposes to delegate functions and duties with Bowie Fire District related to open burn permits, identified by A.R.S. § 49-501 and A.A.C. R18-2-602. Open burn permits are issued to provide permission for the public to set and control fires under certain circumstances.

Functions and duties that are delegated by ADEQ to local authorities must continue to be regulated consistent with ADEQ's regulatory authority. When delegating authority, ADEQ enters into an individual delegation agreement with the local authority. Each individual delegation agreement identifies exactly which functions and duties are delegated.

5. **An electronic copy of this agreement can be viewed at:**

Website address: <https://azdeq.gov/delegation-agreements>

6. **A paper copy of this agreement can be obtained at:**

Physical address: ADEQ Records Center, 1110 W. Washington St., Phoenix, AZ 85007
Copy or other fees: Black and white copies \$.25 per side. Color copies \$.75 per side.

7. **Schedule of public hearings:**

Where there is sufficient public interest, ADEQ will hold a public hearing to receive public comments, in accordance with A.R.S. § 41-1081. The time, place, and location of the hearings will be provided in the corresponding Notice of Hearing according to A.A.C. R18-1-401 and R18-1-402.

NOTICES OF PROPOSED DELEGATION AGREEMENT

ADEQ accepts written statements, arguments, data, and views on the proposed delegation agreement that are received within 30 days after the date of the publication of this notice in the *Register* by end of day 12:00 p.m., or post-marked no later than that date.

After the conclusion of the public comment period and hearing, if any, the agency shall prepare a written summary responding to the comments received, whether oral or written. The agency shall consider the comments received from the public in determining whether to enter into the proposed delegation agreement. The agency shall give written notice to those persons who submitted comments of the agency's decision on whether to enter into the proposed delegation agreement.

ADEQ will take reasonable measures to provide access to department services to individuals with limited ability to speak, write or understand English and/or to those with disabilities. Requests for language translation, ASL interpretation, CART captioning services or disability accommodations must be made at least 48 hours in advance by contacting the Title VI Non-discrimination Coordinator at 520-628-6744 or marruffo.joaquin@azdeq.gov. For a TTY or other device, Telecommunications Relay Services are available by calling 711.

ADEQ tomará las medidas razonables para proveer acceso a los servicios del departamento a personas con capacidad limitada para hablar, escribir o entender inglés y/o para personas con discapacidades. Las solicitudes de servicios de traducción de idiomas, interpretación ASL (lengua de signos americano), subtítulo de CART, o adaptaciones por discapacidad deben realizarse con al menos 48 horas de anticipación comunicándose con el Coordinador de Anti-Discriminación del Título VI al 520-628-6744 o marruffo.joaquin@azdeq.gov. Para un TTY u otro dispositivo, los servicios de retransmisión de telecomunicaciones están disponible llamando al 711.

NOTICE OF PROPOSED DELEGATION AGREEMENT

DEPARTMENT OF ENVIRONMENTAL QUALITY

File Number: M26-32

1. Agency initiating the agreement:

Arizona Department of Environmental Quality

2. The political subdivision to which functions, powers, or duties are proposed to be delegated:

Fredonia Fire Department

3. Contact information:

Name: Balaji Vaidyanathan
Title: Deputy Assistant Director
Division: Air Quality Department
Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-4527
Email: Vaidyanathan.balaji@azdeq.gov
Website: www.azdeq.gov

4. Summary of agreement including subjects and issues:

Arizona Department of Environmental Quality (ADEQ) delegates some of its functions and duties when those local authorities and ADEQ have agreed that doing so is in the best interest of the State. According to A.R.S. §§ 49-107 and 49-501(D), the Arizona Department of Environmental Quality proposes to delegate functions and duties with Fredonia Fire Department related to open burn permits, identified by A.R.S. § 49-501 and A.A.C. R18-2-602. Open burn permits are issued to provide permission for the public to set and control fires under certain circumstances.

Functions and duties that are delegated by ADEQ to local authorities must continue to be regulated consistent with ADEQ's regulatory authority. When delegating authority, ADEQ enters into an individual delegation agreement with the local authority. Each individual delegation agreement identifies exactly which functions and duties are delegated.

5. An electronic copy of this agreement can be viewed at:

Website address: <https://azdeq.gov/delegation-agreements>

NOTICES OF PROPOSED DELEGATION AGREEMENT

6. A paper copy of this agreement can be obtained at:

Physical address: ADEQ Records Center, 1110 W. Washington St., Phoenix, AZ 85007

Copy or other fees: Black and white copies \$.25 per side. Color copies \$.75 per side.

7. Schedule of public hearings:

Where there is sufficient public interest, ADEQ will hold a public hearing to receive public comments, in accordance with A.R.S. § 41-1081. The time, place, and location of the hearings will be provided in the corresponding Notice of Hearing according to A.A.C. R18-1-401 and R18-1-402.

ADEQ accepts written statements, arguments, data, and views on the proposed delegation agreement that are received within 30 days after the date of the publication of this notice in the *Register* by end of day 12:00 p.m., or post-marked no later than that date.

After the conclusion of the public comment period and hearing, if any, the agency shall prepare a written summary responding to the comments received, whether oral or written. The agency shall consider the comments received from the public in determining whether to enter into the proposed delegation agreement. The agency shall give written notice to those persons who submitted comments of the agency's decision on whether to enter into the proposed delegation agreement.

ADEQ will take reasonable measures to provide access to department services to individuals with limited ability to speak, write or understand English and/or to those with disabilities. Requests for language translation, ASL interpretation, CART captioning services or disability accommodations must be made at least 48 hours in advance by contacting the Title VI Non-discrimination Coordinator at 520-628-6744 or marruffjoaquin@azdeq.gov. For a TTY or other device, Telecommunications Relay Services are available by calling 711.

ADEQ tomará las medidas razonables para proveer acceso a los servicios del departamento a personas con capacidad limitada para hablar, escribir o entender inglés y/o para personas con discapacidades. Las solicitudes de servicios de traducción de idiomas, interpretación ASL (lengua de signos americano), subtítulo de CART, o adaptaciones por discapacidad deben realizarse con al menos 48 horas de anticipación comunicándose con el Coordinador de Anti-Discriminación del Título VI al 520-628-6744 o marruffjoaquin@azdeq.gov. Para un TTY u otro dispositivo, los servicios de retransmisión de telecomunicaciones están disponible llamando al 711.

NOTICE OF PROPOSED DELEGATION AGREEMENT

DEPARTMENT OF ENVIRONMENTAL QUALITY

File Number: M26-33

1. Agency initiating the agreement:

Arizona Department of Environmental Quality

2. The political subdivision to which functions, powers, or duties are proposed to be delegated:

Quartzsite Fire District

3. Contact information:

Name: Balaji Vaidyanathan
Title: Deputy Assistant Director
Division: Air Quality Department
Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-4527
Email: Vaidyanathan.balaji@azdeq.gov
Website: www.azdeq.gov

4. Summary of agreement including subjects and issues:

Arizona Department of Environmental Quality (ADEQ) delegates some of its functions and duties when those local authorities and ADEQ have agreed that doing so is in the best interest of the State. According to A.R.S. §§ 49-107 and 49-501(D), the Arizona Department of Environmental Quality proposes to delegate functions and duties with Quartzsite Fire District related to open burn permits, identified by A.R.S. § 49-501 and A.A.C. R18-2-602. Open burn permits are issued to provide permission for the public to set and control fires under certain circumstances.

NOTICES OF PROPOSED DELEGATION AGREEMENT

Functions and duties that are delegated by ADEQ to local authorities must continue to be regulated consistent with ADEQ’s regulatory authority. When delegating authority, ADEQ enters into an individual delegation agreement with the local authority. Each individual delegation agreement identifies exactly which functions and duties are delegated.

5. **An electronic copy of this agreement can be viewed at:**

Website address: <https://azdeq.gov/delegation-agreements>

6. **A paper copy of this agreement can be obtained at:**

Physical address: ADEQ Records Center, 1110 W. Washington St., Phoenix, AZ 85007

Copy or other fees: Black and white copies \$.25 per side. Color copies \$.75 per side.

7. **Schedule of public hearings:**

Where there is sufficient public interest, ADEQ will hold a public hearing to receive public comments, in accordance with A.R.S. § 41-1081. The time, place, and location of the hearings will be provided in the corresponding Notice of Hearing according to A.A.C. R18-1-401 and R18-1-402.

ADEQ accepts written statements, arguments, data, and views on the proposed delegation agreement that are received within 30 days after the date of the publication of this notice in the *Register* by end of day 12:00 p.m., or post-marked no later than that date.

After the conclusion of the public comment period and hearing, if any, the agency shall prepare a written summary responding to the comments received, whether oral or written. The agency shall consider the comments received from the public in determining whether to enter into the proposed delegation agreement. The agency shall give written notice to those persons who submitted comments of the agency’s decision on whether to enter into the proposed delegation agreement.

ADEQ will take reasonable measures to provide access to department services to individuals with limited ability to speak, write or understand English and/or to those with disabilities. Requests for language translation, ASL interpretation, CART captioning services or disability accommodations must be made at least 48 hours in advance by contacting the Title VI Non-discrimination Coordinator at 520-628-6744 or marruffo.joaquin@azdeq.gov. For a TTY or other device, Telecommunications Relay Services are available by calling 711.

ADEQ tomará las medidas razonables para proveer acceso a los servicios del departamento a personas con capacidad limitada para hablar, escribir o entender inglés y/o para personas con discapacidades. Las solicitudes de servicios de traducción de idiomas, interpretación ASL (lengua de signos americano), subtítulo de CART, o adaptaciones por discapacidad deben realizarse con al menos 48 horas de anticipación comunicándose con el Coordinador de Anti-Discriminación del Título VI al 520-628-6744 o marruffo.joaquin@azdeq.gov. Para un TTY u otro dispositivo, los servicios de retransmisión de telecomunicaciones están disponible llamando al 711.

NOTICE OF PROPOSED DELEGATION AGREEMENT

DEPARTMENT OF ENVIRONMENTAL QUALITY

File Number: M26-34

1. **Agency initiating the agreement:**

Arizona Department of Environmental Quality

2. **The political subdivision to which functions, powers, or duties are proposed to be delegated:**

Sunsites Pearce Fire District

3. **Contact information:**

Name: Balaji Vaidyanathan
Title: Deputy Assistant Director
Division: Air Quality Department
Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-4527
Email: Vaidyanathan.balaji@azdeq.gov
Website: www.azdeq.gov

NOTICES OF PROPOSED DELEGATION AGREEMENT

4. **Summary of agreement including subjects and issues:**

Arizona Department of Environmental Quality (ADEQ) delegates some of its functions and duties when those local authorities and ADEQ have agreed that doing so is in the best interest of the State. According to A.R.S. §§ 49-107 and 49-501(D), the Arizona Department of Environmental Quality proposes to delegate functions and duties with Sunsites Pearce Fire District related to open burn permits, identified by A.R.S. § 49-501 and A.A.C. R18-2-602. Open burn permits are issued to provide permission for the public to set and control fires under certain circumstances.

Functions and duties that are delegated by ADEQ to local authorities must continue to be regulated consistent with ADEQ's regulatory authority. When delegating authority, ADEQ enters into an individual delegation agreement with the local authority. Each individual delegation agreement identifies exactly which functions and duties are delegated.

5. **An electronic copy of this agreement can be viewed at:**

Website address: <https://azdeq.gov/delegation-agreements>

6. **A paper copy of this agreement can be obtained at:**

Physical address: ADEQ Records Center, 1110 W. Washington St., Phoenix, AZ 85007

Copy or other fees: Black and white copies \$.25 per side. Color copies \$.75 per side.

7. **Schedule of public hearings:**

Where there is sufficient public interest, ADEQ will hold a public hearing to receive public comments, in accordance with A.R.S. § 41-1081. The time, place, and location of the hearings will be provided in the corresponding Notice of Hearing according to A.A.C. R18-1-401 and R18-1-402.

ADEQ accepts written statements, arguments, data, and views on the proposed delegation agreement that are received within 30 days after the date of the publication of this notice in the *Register* by end of day 12:00 p.m., or post-marked no later than that date.

After the conclusion of the public comment period and hearing, if any, the agency shall prepare a written summary responding to the comments received, whether oral or written. The agency shall consider the comments received from the public in determining whether to enter into the proposed delegation agreement. The agency shall give written notice to those persons who submitted comments of the agency's decision on whether to enter into the proposed delegation agreement.

ADEQ will take reasonable measures to provide access to department services to individuals with limited ability to speak, write or understand English and/or to those with disabilities. Requests for language translation, ASL interpretation, CART captioning services or disability accommodations must be made at least 48 hours in advance by contacting the Title VI Non-discrimination Coordinator at 520-628-6744 or marruffo.joaquin@azdeq.gov. For a TTY or other device, Telecommunications Relay Services are available by calling 711.

ADEQ tomará las medidas razonables para proveer acceso a los servicios del departamento a personas con capacidad limitada para hablar, escribir o entender inglés y/o para personas con discapacidades. Las solicitudes de servicios de traducción de idiomas, interpretación ASL (lengua de signos americano), subtítulo de CART, o adaptaciones por discapacidad deben realizarse con al menos 48 horas de anticipación comunicándose con el Coordinador de Anti-Discriminación del Título VI al 520-628-6744 o marruffo.joaquin@azdeq.gov. Para un TTY u otro dispositivo, los servicios de retransmisión de telecomunicaciones están disponible llamando al 711.

NOTICE OF PROPOSED DELEGATION AGREEMENT

DEPARTMENT OF ENVIRONMENTAL QUALITY

File Number: M26-35

1. **Agency initiating the agreement:**

Arizona Department of Environmental Quality

2. **The political subdivision to which functions, powers, or duties are proposed to be delegated:**

Tri-City Fire District

3. **Contact information:**

Name: Balaji Vaidyanathan
Title: Deputy Assistant Director
Division: Air Quality Department

NOTICES OF PROPOSED DELEGATION AGREEMENT

Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-4527
Email: Vaidyanathan.balaji@azdeq.gov
Website: www.azdeq.gov

4. Summary of agreement including subjects and issues:

Arizona Department of Environmental Quality (ADEQ) delegates some of its functions and duties when those local authorities and ADEQ have agreed that doing so is in the best interest of the State. According to A.R.S. §§ 49-107 and 49-501(D), the Arizona Department of Environmental Quality proposes to delegate functions and duties with Tri-City Fire District related to open burn permits, identified by A.R.S. § 49-501 and A.A.C. R18-2-602. Open burn permits are issued to provide permission for the public to set and control fires under certain circumstances.

Functions and duties that are delegated by ADEQ to local authorities must continue to be regulated consistent with ADEQ's regulatory authority. When delegating authority, ADEQ enters into an individual delegation agreement with the local authority. Each individual delegation agreement identifies exactly which functions and duties are delegated.

5. An electronic copy of this agreement can be viewed at:

Website address: <https://azdeq.gov/delegation-agreements>

6. A paper copy of this agreement can be obtained at:

Physical address: ADEQ Records Center, 1110 W. Washington St., Phoenix, AZ 85007

Copy or other fees: Black and white copies \$.25 per side. Color copies \$.75 per side.

7. Schedule of public hearings:

Where there is sufficient public interest, ADEQ will hold a public hearing to receive public comments, in accordance with A.R.S. § 41-1081. The time, place, and location of the hearings will be provided in the corresponding Notice of Hearing according to A.A.C. R18-1-401 and R18-1-402.

ADEQ accepts written statements, arguments, data, and views on the proposed delegation agreement that are received within 30 days after the date of the publication of this notice in the *Register* by end of day 12:00 p.m., or post-marked no later than that date.

After the conclusion of the public comment period and hearing, if any, the agency shall prepare a written summary responding to the comments received, whether oral or written. The agency shall consider the comments received from the public in determining whether to enter into the proposed delegation agreement. The agency shall give written notice to those persons who submitted comments of the agency's decision on whether to enter into the proposed delegation agreement.

ADEQ will take reasonable measures to provide access to department services to individuals with limited ability to speak, write or understand English and/or to those with disabilities. Requests for language translation, ASL interpretation, CART captioning services or disability accommodations must be made at least 48 hours in advance by contacting the Title VI Non-discrimination Coordinator at 520-628-6744 or marruffo.joaquin@azdeq.gov. For a TTY or other device, Telecommunications Relay Services are available by calling 711.

ADEQ tomará las medidas razonables para proveer acceso a los servicios del departamento a personas con capacidad limitada para hablar, escribir o entender inglés y/o para personas con discapacidades. Las solicitudes de servicios de traducción de idiomas, interpretación ASL (lengua de signos americano), subtítulo de CART, o adaptaciones por discapacidad deben realizarse con al menos 48 horas de anticipación comunicándose con el Coordinador de Anti-Discriminación del Título VI al 520-628-6744 o marruffo.joaquin@azdeq.gov. Para un TTY u otro dispositivo, los servicios de retransmisión de telecomunicaciones están disponible llamando al 711.

Arizona Administrative Register
NOTICES OF SUBSTANTIVE POLICY STATEMENT

Volume 32, Issue 23, June 5, 2026

NOTICES OF SUBSTANTIVE POLICY STATEMENT

Summaries and Location of Documents

Substantive policy statements are written expressions that inform the general public of an agency's current approach to rule or regulation practice as defined under [A.R.S. § 41-1001\(24\)](#).

Agencies are required to prepare a Notice of Substantive Policy Statement and publish the titles of its substantive policy statements, a summary of statements, and its website where full statements can be reviewed under [A.R.S. § 41-1013\(B\)\(9\)](#).

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect an agency's internal procedures and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

Any person may petition an agency under [A.R.S. § 41-1033\(A\)\(2\)](#) to review an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule.

For additional information about these notices, contact the person listed under Item #6 of this notice.

NOTICE OF SUBSTANTIVE POLICY STATEMENT

BOARD OF PSYCHOLOGIST EXAMINERS

File Number: M26-36

1. Statement title and policy number:

Psychologist Applicants References Requirements; Policy Number: SP.01-26

2. Is this a new policy or revision:

New

3. Date issued and effective date (if different from the date issued):

April 10, 2026

4. Policy summary:

Summary of contents: A.R.S. §§ 32-2063(A)(2) and 32-2063(A)(3) establish as board duties that it shall regulate the granting and denial of licenses, and prescribe the forms, content, and matter of application for licensure. A.R.S. § 32-2071.01(A)(3) requires an applicant to have a professional record that indicates the applicant has not committed any act or engaged in any conduct that constitutes grounds for disciplinary action against a licensee. This substantive policy statement clarifies the requirements for psychologist applicant professional references.

5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):

A.R.S. §§ 32-2063(A)(2), 32-2063(A)(3), and 32-2071.01(A)(3)

6. Agency contact information:

Name: Heidi Herbst Paakkonen
Title: Executive Director
Address: 1740 W. Adams, Suite 3403
Phoenix, AZ 85007
Telephone: (602) 542-3018
Email: heidi.paakkonen@psychboard.az.gov
Website: psychboard.az.gov

7. An electronic copy of the complete policy can be viewed at:

Website: psychboard.az.gov/resources/statutes-and-rules

8. A paper copy of complete policy can be obtained at:

Physical Address: 1740 W. Adams, Suite 3403, Phoenix, AZ, 85007

Arizona Administrative Register
NOTICES OF SUBSTANTIVE POLICY STATEMENT

A copy is available at no charge at psychboard.az.gov/resources/statutes-and-rules, or copies are available at the Arizona Board of Psychologist Examiners at a cost of \$.25 per page.

NOTICE OF SUBSTANTIVE POLICY STATEMENT

DEPARTMENT OF ENVIRONMENTAL QUALITY

File Number: M26-37

1. Statement title and policy number:

Pollution Prevention Plans (A.R.S. § 49-463) – Interpretation of “Mining and Metallurgical Operations” and “Used”
Policy Number: 4000.2026

2. Is this a new policy or revision:

New

3. Date issued and effective date (if different from the date issued):

Date issued: May 12, 2026

Effective date: June 5, 2026

4. Policy summary:

Summary of contents: Under A.R.S. § 41-1001(24), “substantive policy statement” means a written expression which informs the general public of an agency’s current approach to, or opinion of, the requirements of the federal or state constitution, federal or state statute, administrative rule or regulation, or final judgment of a court of competent jurisdiction, including, where appropriate, the agency’s current practice, procedure or method of action based upon that approach or opinion. The clarification provided in this substantive policy statement has been determined by ADEQ to meet applicable state and federal law and, therefore, ADEQ provides this substantive policy to assist persons in interpreting rules pertinent to ADEQ. Notwithstanding this substantive policy statement, ADEQ may consider alternative approaches to comply with applicable law.

ADEQ is issuing this substantive policy statement to assist facilities in determining whether the quantitative threshold filing requirement in A.R.S. § 49-963(D) is met such that the facility is required to prepare a Pollution Prevention Plan. Specifically, this policy explains ADEQ’s interpretation of “mining and metallurgical operations,” and “used” in A.R.S. § 49-963(A).

5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):

A.R.S. § 49-104(a)(1) provides authority for ADEQ to formulate policies, plans and programs to implement Title 49 to protect the environment.

ADEQ is charged with implementing the Pollution Prevention Planning Program under A.R.S. Title 49, Chapter 5, Article 4.

6. Agency contact information:

Name: Justyn Beach
Title: Hazardous Waste Permit & Support Unit Manager
Division: Waste Programs (WPD)
Address: 1110 W. Washington St., Suite 160
Phoenix, AZ, 85007
Telephone: (602) 771-2300
Email: beach.justyn@azdeq.gov
Website: <https://azdeq.gov/LawsAndRules>

7. An electronic copy of the complete policy can be viewed at:

Website: <https://azdeq.gov/LawsAndRules>

Arizona Department of Environmental Quality – Laws/Rules/Policies

8. A paper copy of complete policy can be obtained at:

Physical Address: ADEQ, 1110 W. Washington St., Suite 160, Phoenix, AZ 85007

2026 REGISTER INDEXES

The *Register* is published by volume in a calendar year. Refer to the “Information” pages in the front of each issue for more details.

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING

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

SUPPLEMENTAL PROPOSED RULEMAKING

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

FINAL RULEMAKING

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

SUMMARY RULEMAKING

PROPOSED SUMMARY

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

FINAL SUMMARY

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

EXPEDITED RULEMAKING

PROPOSED EXPEDITED

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

SUPPLEMENTAL EXPEDITED

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

FINAL EXPEDITED

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

EXEMPT RULEMAKING

EXEMPT

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

EXEMPT PROPOSED

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

EXEMPT SUPPLEMENTAL PROPOSED

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

FINAL EXEMPT RULEMAKING

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

EMERGENCY RULEMAKING

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

RECODIFICATION OF RULES

RC means Recodified

REJECTION OF RULES

RJ means Rejected by the Attorney General

TERMINATION OF RULES

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

RULE EXPIRATIONS

EXP means Rules have expired
Refer to “emergency expired” under emergency rulemaking

CORRECTIONS

C means Corrections to Published Rules

Arizona Administrative Register
2026 REGISTER INDEXES
Volume 32, Issue 23, June 5, 2026

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A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states 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 notice's preamble for effective dates.

January

Date Filed		Effective Date
January 1	effective	March 2
January 2	effective	March 3
January 3	effective	March 4
January 4	effective	March 5
January 5	effective	March 6
January 6	effective	March 7
January 7	effective	March 8
January 8	effective	March 9
January 9	effective	March 10
January 10	effective	March 11
January 11	effective	March 12
January 12	effective	March 13
January 13	effective	March 14
January 14	effective	March 15
January 15	effective	March 16
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January 18	effective	March 19
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January 24	effective	March 25
January 25	effective	March 26
January 26	effective	March 27
January 27	effective	March 28
January 28	effective	March 29
January 29	effective	March 30
January 30	effective	March 31
January 31	effective	April 1

February

Date Filed		Effective Date
February 1	effective	April 2
February 2	effective	April 3
February 3	effective	April 4
February 4	effective	April 5
February 5	effective	April 6
February 6	effective	April 7
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February 15	effective	April 16
February 16	effective	April 17
February 17	effective	April 18
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February 21	effective	April 22
February 22	effective	April 23
February 23	effective	April 24
February 24	effective	April 25
February 25	effective	April 26
February 26	effective	April 27
February 27	effective	April 28
February 28	effective	April 29

March

Date Filed		Effective Date
March 1	effective	April 30
March 2	effective	May 1
March 3	effective	May 2
March 4	effective	May 3
March 5	effective	May 4
March 6	effective	May 5
March 7	effective	May 6
March 8	effective	May 7
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March 24	effective	May 23
March 25	effective	May 24
March 26	effective	May 25
March 27	effective	May 26
March 28	effective	May 27
March 29	effective	May 28
March 30	effective	May 29
March 31	effective	May 30

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April

Date Filed		Effective Date
April 1	effective	May 31
April 2	effective	June 1
April 3	effective	June 2
April 4	effective	June 3
April 5	effective	June 4
April 6	effective	June 5
April 7	effective	June 6
April 8	effective	June 7
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April 23	effective	June 22
April 24	effective	June 23
April 25	effective	June 24
April 26	effective	June 25
April 27	effective	June 26
April 28	effective	June 27
April 29	effective	June 28
April 30	effective	June 29

May

Date Filed		Effective Date
May 1	effective	June 30
May 2	effective	July 1
May 3	effective	July 2
May 4	effective	July 3
May 5	effective	July 4
May 6	effective	July 5
May 7	effective	July 6
May 8	effective	July 7
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May 25	effective	July 24
May 26	effective	July 25
May 27	effective	July 26
May 28	effective	July 27
May 29	effective	July 28
May 30	effective	July 29
May 31	effective	July 30

June

Date Filed		Effective Date
June 1	effective	July 31
June 2	effective	August 1
June 3	effective	August 2
June 4	effective	August 3
June 5	effective	August 4
June 6	effective	August 5
June 7	effective	August 6
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June 25	effective	August 24
June 26	effective	August 25
June 27	effective	August 26
June 28	effective	August 27
June 29	effective	August 28
June 30	effective	August 29

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July

Date Filed		Effective Date
July 1	effective	August 30
July 2	effective	August 31
July 3	effective	September 1
July 4	effective	September 2
July 5	effective	September 3
July 6	effective	September 4
July 7	effective	September 5
July 8	effective	September 6
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July 26	effective	September 24
July 27	effective	September 25
July 28	effective	September 26
July 29	effective	September 27
July 30	effective	September 28
July 31	effective	September 29

August

Date Filed		Effective Date
August 1	effective	September 30
August 2	effective	October 1
August 3	effective	October 2
August 4	effective	October 3
August 5	effective	October 4
August 6	effective	October 5
August 7	effective	October 6
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August 26	effective	October 25
August 27	effective	October 26
August 28	effective	October 27
August 29	effective	October 28
August 30	effective	October 29
August 31	effective	October 30

September

Date Filed		Effective Date
September 1	effective	October 31
September 2	effective	November 1
September 3	effective	November 2
September 4	effective	November 3
September 5	effective	November 4
September 6	effective	November 5
September 7	effective	November 6
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September 26	effective	November 25
September 27	effective	November 26
September 28	effective	November 27
September 29	effective	November 28
September 30	effective	November 29

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October

Date Filed		Effective Date
October 1	effective	November 30
October 2	effective	December 1
October 3	effective	December 2
October 4	effective	December 3
October 5	effective	December 4
October 6	effective	December 5
October 7	effective	December 6
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October 30	effective	December 29
October 31	effective	December 30

November

Date Filed		Effective Date
November 1	effective	December 31
November 2	effective	January 1
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November 29	effective	January 28
November 30	effective	January 29

December

Date Filed		Effective Date
December 1	effective	January 30
December 2	effective	January 31
December 3	effective	February 1
December 4	effective	February 2
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December 6	effective	February 4
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December 24	effective	February 22
December 25	effective	February 23
December 26	effective	February 24
December 27	effective	February 25
December 28	effective	February 26
December 29	effective	February 27
December 30	effective	February 28
December 31	effective	March 1

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REGISTER DEADLINES

The Secretary of State's Office publishes the *Register* weekly. There is a three-week delay between the deadline date to file a notice and the *Register* date in which the notice is published. The weekly deadline dates are listed in the first column and issue dates are provided in the second column. Listed in the third column 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*. Governor Regulatory Review Council meetings and *Register* deadlines do not correlate.

Deadline Date Friday, 5:00 p.m.	Register Publication Date	Oral Proceeding may be scheduled on or after
March 13, 2026	April 3, 2026	May 4, 2026
March 20, 2026	April 10, 2026	May 11, 2026
March 27, 2026	April 17, 2026	May 18, 2026
April 3, 2026	April 24, 2026	May 26, 2026 Later date due to a holiday
April 10, 2026	May 1, 2026	June 1, 2026
April 17, 2026	May 8, 2026	June 8, 2026
April 24, 2026	May 15, 2026	June 15, 2026
May 1, 2026	May 22, 2026	June 22, 2026
May 8, 2026	May 29, 2026	June 29, 2026
May 15, 2026	June 5, 2026	July 6, 2026
May 22, 2026	June 12, 2026	July 13, 2026
May 29, 2026	June 19, 2026	July 20, 2026
June 5, 2026	June 26, 2026	July 27, 2026
June 12, 2026	July 3, 2026	August 3, 2026
June 19, 2026	July 10, 2026	August 10, 2026
June 26, 2026	July 17, 2026	August 17, 2026
July 3, 2026	July 24, 2026	August 24, 2026
July 10, 2026	July 31, 2026	August 31, 2026
July 17, 2026	August 7, 2026	September 8, 2026 Later date due to a holiday
July 24, 2026	August 14, 2026	September 14, 2026
July 31, 2026	August 21, 2026	September 21, 2026
August 7, 2026	August 28, 2026	September 28, 2026
August 14, 2026	September 4, 2026	October 5, 2026
August 21, 2026	September 11, 2026	October 13, 2026 Later date due to a holiday
August 28, 2026	September 18, 2026	October 19, 2026
September 4, 2026	September 25, 2026	October 26, 2026
September 11, 2026	October 2, 2026	November 2, 2026
September 18, 2026	October 9, 2026	November 9, 2026
September 25, 2026	October 16, 2026	November 16, 2026
October 2, 2026	October 23, 2026	November 23, 2026
October 9, 2026	October 30, 2026	November 30, 2026
October 16, 2026	November 6, 2026	December 7, 2026
October 23, 2026	November 13, 2026	December 14, 2026

GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

Volume 32, Issue 23, June 5, 2026

GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

MEETING DATES ARE SUBJECT TO CHANGE

The deadlines provided in the following table apply to all Five-Year Review Reports and any rulemaking notice submitted for review to the Governor’s Regulatory Review Council (Council). The Office publishes these deadlines under A.R.S. § [41-1013\(B\)\(15\)](#).

Council meetings and *Register* deadlines do not correlate.

All rulemaking notices submitted for review 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 the Council’s [website](#).

File Number: M25-79

DEADLINE FOR PLACEMENT ON AGENDA Materials must be submitted by 5 p.m. on dates listed in this column as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.	DEADLINE FOR FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
Tuesday March 24, 2026	Tuesday April 21, 2026	Tuesday April 28, 2026	Tuesday May 5, 2026
Tuesday April 21, 2026	Tuesday May 19, 2026	Wednesday May 27, 2026	Tuesday June 2, 2026
Tuesday May 19, 2026	Tuesday June 23, 2026	Tuesday June 30, 2026	Tuesday July 7, 2026
Tuesday June 23, 2026	Tuesday July 21, 2026	Tuesday July 28, 2026	Tuesday August 4, 2026
Tuesday July 21, 2026	Tuesday August 18, 2026	Tuesday August 25, 2026	Tuesday September 1, 2026
Tuesday August 18, 2026	Tuesday September 22, 2026	Tuesday September 29, 2026	Tuesday October 6, 2026
Tuesday September 22, 2026	Tuesday October 20, 2026	Tuesday October 27, 2026	Tuesday November 3, 2026
Tuesday October 20, 2026	Tuesday November 17, 2026	Tuesday November 24, 2026	Tuesday December 1, 2026
Tuesday November 17, 2026	Tuesday December 22, 2026	Tuesday December 29, 2026	Tuesday January 5, 2027
Tuesday December 22, 2026	Tuesday January 19, 2027	Tuesday January 26, 2027	Tuesday February 2, 2027