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Arizona Administrative REGISTER

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

Arizona Administrative Register
Volume 32
Issue 28
July 10, 2026

Contents

DIRECTOR
Administrative Rules Division
SCOTT CANCELOSI

PUBLISHER
Secretary of State
ADRIAN FONTES

RULES MANAGING EDITOR
Arizona Administrative Register
Rhonda Paschal

From the Publisher

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 Rules can be made (all new text); amended (changed) or repealed (removed) as codified in the *Arizona Administrative Code*; or renumbered (moving rules to a different Section number). New rules published in the *Register*, whether proposed or made as a final rule, are underlined; repealed rules (text being removed), is stricken.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

CONTACT US
Mailing Address:
ADMINISTRATIVE RULES DIVISION
Office of the Secretary of State
1700 W. Washington Street, Fl. 7
Phoenix, AZ 85007
(602) 364-3223

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

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 an 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 is 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 decided 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 complied 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.

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NOTICES OF PROPOSED RULEMAKING

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 they are not filed at the same time, information on where the docket opening was published is listed in the preamble of the proposed rulemaking.

An agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before scheduling any oral proceedings. Written public comments shall be accepted for at least 30 days after the published notice. Refer to A.R.S. §§ 41-1013, 41-1022 and 41-1023.

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

Refer to item #11 of the preamble for information on how to comment on this notice, the close of record to comment, and information related to oral proceedings.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

File Number: R26-110

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:
June 18, 2026

2.

Article, Part, or Section Affected (as applicable)	Rulemaking Action
R9-22-101	Amend
R9-22-201	Amend
R9-22-207	Amend
R9-22-209	Amend
R9-22-212	Amend
R9-22-213	Amend
R9-22-215	Amend

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. § 36-2903.01
Implementing statute: A.R.S. §§ 36-2903.01 and 36-2907

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:
Notice of Rulemaking Docket Opening: 32 A.A.R. 1578, July 10, 2026 (*in this issue*); File Number: R26-113

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

Name:	Sam McCue
Title:	Senior Rules Analyst
Division:	AHCCCS Office of the General Counsel
Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 417-4000
Fax:	(602) 253-9115
Email:	AHCCCSRules@azahcccs.gov
Website:	www.azahcccs.gov

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

Arizona Administrative Code, Title 9, Chapter 22, governs AHCCCS program administration. Article 1 contains definitions used throughout the chapter, and Article 2 establishes certain requirements, limitations and exclusions that are applicable to most, if not all, health care services provided by the program.

In 2025, the Arizona Legislature passed Senate Bill 1741, that amended A.R.S. § 36-2907, by removing cochlear implants and speech therapy from the list of excluded health and medical services for persons at least 21 years old. This statutory amendment requires AHCCCS to amend R9-22-212 to remove cochlear implants as an exclusion from covered services. AHCCCS proposes to also insert a definition for "cochlear implants" for clarity. The statutory amendment also requires AHCCCS to amend R9-22-215 to remove speech therapy as an exclusion from covered services.

In addition, A.R.S. § 36-2907 specifically authorizes coverage for emergency dental services for AHCCCS members age 21 years and older for up to $1,000 per contract year. The statute further authorizes coverage of dental services, contingent upon CMS approval, for persons ages 21 years and older who receive dental services at an Indian Health Service or a tribal facility and who are eligible for a 100 percent federal medical assistance percentage. AHCCCS proposes to amend R9-22-207 to align with these statutory provisions, and amend R9-22-213 to update a cross-reference to R9-22-207.

AHCCCS proposes to amend R9-22-209 to align with the Governor's initiative that permits AHCCCS members to receive a 12-month supply of oral contraceptives in a single fill by AHCCCS registered pharmacies.

These amendments will require updates to Article 1 and Article 2 definitions to add relevant terms.

AHCCCS proposes to make further technical and conforming adjustments as needed throughout Articles 1 and 2.

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:

Not applicable

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

Not applicable

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

AHCCCS does not anticipate small businesses, consumers, members, or providers to be impacted by the amendments to the rule language; coverage of these services has already been made available as a result of the preexisting statutory authority. The rule revisions are merely clarifying in rule the scope of coverage of the specified services that have already been authorized and that have been in effect.

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

Name:	Sam McCue
Title:	Senior Rules Analyst
Division:	AHCCCS Office of the General Counsel
Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 417-4000
Fax:	(602) 253-9115
Email:	AHCCCSRules@azahcccs.gov
Website:	www.azahcccs.gov

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

Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. Comments will also be accepted via email at the email address provided under item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled on this proposed rulemaking.

Date:	August 10, 2026
Time:	2:00 p.m.
Location:	Virtual
Teams Meeting ID:	273 253 365 998 892
Passcode:	3Kh9Gv2N
Dial in by phone:	+1 480-561-5941
Conf. ID:	994 848 869#
Nature:	Oral Proceeding
Comment period ends:	August 10, 2026 at 5:00 p.m.
Close of record:	August 10, 2026 at 5:00 p.m.

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

There are no other matters prescribed by the statute applicable specifically to the Administration 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:

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:

The rules are not more stringent than federal law.

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

Not applicable

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

Not applicable

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

ARTICLE 1. DEFINITIONS

Section
R9-22-101. Location of Definitions

ARTICLE 2. SCOPE OF SERVICES

Section
R9-22-201. ~~Scope of Services-related~~ Definitions
R9-22-207. Dental Services
R9-22-209. Pharmaceutical Services
R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies
R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services ~~(E.P.S.D.T.)~~
R9-22-215. Other Medical Professional Services

ARTICLE 1. DEFINITIONS

R9-22-101. Location of Definitions

A. Location of definitions. Definitions applicable to this Chapter are found in the following:

Definition	Section or Citation
"Absent parent"	R9-22-1001

"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	~~9 A.A.C. 10, Article 1~~ A.A.C. R9-10-101
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Affiliation"	42 CFR 424.502
"Aged"	~~42 U.S.C. 1382c(a)(1)(A) and~~ R9-22-1501
"Agency"	R9-22-101 or R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Amounts incurred by the system"	R9-22-401
"Ancillary service"	~~R9-22-101~~ R9-22-701
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Application for eligibility"	R9-22-401
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
"Authorized representative"	R9-22-101
"Authorization"	R9-22-202
"Auto-assignment algorithm"	R9-22-1701
"AZ-NBCCEDP"	R9-22-2001
"Behavior management services"	R9-22-1201
"Behavioral health therapeutic home care services"	R9-22-1201
~~"Behavioral health paraprofessional"~~	~~R9-22-101~~
"Behavioral health professional"	R9-22-101
"Behavioral health recipient"	R9-22-201
"Behavioral health services"	R9-22-1201
"Behavioral health technician"	R9-22-1201
"Benefit year"	R9-22-201
~~"BHS"~~	~~R9-22-301~~
"Billed charges"	R9-22-701
"Blind"	R9-22-1501
"Burial plot"	R9-22-1401
"Business agent"	R9-22-701
"Calculated inpatient costs"	R9-22-712.07
"Capital costs"	R9-22-701
"Capped fee-for-service"	R9-22-101
"Caretaker relative"	R9-22-1401
"Case management"	R9-22-1201
~~"Case record"~~	~~R9-22-101~~
~~"Cash assistance"~~	~~R9-22-1401~~
"Certified psychiatric nurse practitioner"	R9-22-1201
"Charge master"	R9-22-712
"Child"	R9-22-1503
"Children's Rehabilitative Services" or "CRS"	R9-22-101 or R9-22-301
~~"Chronic"~~	~~R9-22-1301~~
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	~~9 A.A.C. 10~~ A.A.C. R9-10-101
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Cochlear implant"	R9-22-201
"Continuous stay"	R9-22-101
"Contract"	R9-22-101

"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01
"Copayment"	R9-22-701
"Cost avoid"	R9-22-1001 or R9-22-1201
~~"Cost-To-Charge Ratio"~~ "Cost-to-Charge Ratio" or "CCR"	R9-22-701 ~~or R9-22-712~~
"Court-ordered evaluation"	R9-22-1201
~~"Court-ordered pre-petition screening"~~	~~R9-22-1201~~
~~"Court-ordered treatment"~~	~~R9-22-1201~~
"Covered charges"	R9-22-701
"Covered services"	R9-22-101
"CPT"	R9-22-701
"Creditable coverage"	~~R9-22-2003 and~~ 42 U.S.C. 300gg(c) and R9-22-2003
~~"Crisis services"~~	~~R9-22-1201~~
"Critical Access Hospital"	R9-22-701
"CRS"	R9-22-301
"CRS application"	R9-22-1301
"CRS condition"	R9-22-1301
~~"CRS provider"~~	~~R9-22-1301~~
"Cryotherapy"	R9-22-2001
~~"Customized DME"~~	~~R9-22-212~~
"Day"	R9-22-101 ~~and R9-22-1101~~
~~"Date of the Notice of Adverse Action"~~	~~R9-22-1441~~
"DBHS"	R9-22-101
"DCSS"	R9-22-301
"Department"	A.R.S. § 36-2901
"Dependent child"	A.R.S. § 46-101 or R9-22-1401
"DES"	R9-22-101
"Diagnostic services"	R9-22-101
"Direct graduate medical education costs" or "direct program costs"	R9-22-701
"Direct supervision"	R9-22-1201
"Director"	R9-22-101
"Disabled"	R9-22-1501
~~"Discussion"~~	~~R9-22-101~~
"Disenrollment"	R9-22-1701
"DME"	R9-22-101
"DRI inflation factor"	R9-22-701
~~"E.P.S.D.T.~~ "EPSDT services"	42 CFR 440.40(b)
"Eligibility posting"	R9-22-701
"Eligible person"	A.R.S. § 36-2901
"Emergency behavioral health condition for a non-FES member"	R9-22-201
"Emergency behavioral health services for a non-FES member"	R9-22-201
"Emergency medical condition ~~for a non-FES member~~"	~~R9-22-201~~
"Emergency medical services for a non-FES member"	R9-22-201
"Emergency medical services provider"	R9-22-1201
"Emergency medical or behavioral health condition for ~~a~~ an FES member"	R9-22-217
"Emergency services costs"	A.R.S. § 36-2903.07
"Emergency services for a FES member"	R9-22-217
"Encounter"	R9-22-701
"Enrollment"	R9-22-1701
"Equity"	R9-22-101
"Experimental services"	R9-22-203
"Existing outpatient service"	R9-22-701
"Expansion funds"	R9-22-701
"FAA"	R9-22-301
"Facility"	R9-22-101
"Factor"	42 CFR 447.10 and R9-22-701 ~~and 42 CFR 447.10~~
"FBR"	R9-22-101
"Federal financial participation" or "FFP"	42 CFR 400.203
"Federal poverty level" or "FPL"	A.R.S. § 36-2981
~~"Fee-For-Service"~~ "Fee-for-service" or "FFS"	R9-22-101

"FES member"	R9-22-101
"FESP"	R9-22-101
"First-party liability"	R9-22-1001
"File"	R9-22-1101
"Fiscal agent"	R9-22-210
"Fiscal intermediary"	R9-22-701
~~"Foster care maintenance payment"~~	~~42 U.S.C. 675(4)(A)~~
"FQHC"	R9-22-101
"Freestanding Children's Hospital"	R9-22-701
"Functionally limiting"	R9-22-1301
"Fund"	R9-22-712.07
"Graduate medical education ~~(GME)~~ program" or "GME program"	R9-22-701
~~"GME program approved by the Administration" or "approved GME program"~~	~~R9-22-701~~
"Grievance"	A.A.C. ~~Chapter 34~~ R9-34-202
"GSA"	R9-22-101
"HCAC"	R9-22-701
"HCPCS"	R9-22-701
"Health care institution"	A.R.S. § 36-401
~~"Health care practitioner"~~	~~R9-22-1201~~
"Hearing aid"	R9-22-201
"HIPAA"	R9-22-701
"Home health services"	R9-22-201
"Hospital"	R9-22-101
"ICU"	R9-22-701
"IHS"	R9-22-101
"IHS enrolled" or "enrolled with IHS"	R9-22-708
"IMD" ~~or "Institution for Mental Diseases"~~	42 CFR 435.1010 and R9-22-101
"Income"	R9-22-301
"Indirect program costs"	R9-22-701
"Individual"	R9-22-211
"In-kind income"	R9-22-1420
"Inmate of a public institution"	42 CFR 435.1010
"Inpatient covered charges"	R9-22-712.07
~~"Intermediate Care Facility for the Mentally Retarded" or "ICF-MR"~~	~~42 U.S.C. 1396d(d)~~
"Intern and Resident Information System"	R9-22-701
"LEEP"	R9-22-2001
"Legal representative"	R9-22-101
"Level I trauma center"	R9-22-2101
"License" or "licensure"	R9-22-101
~~"Licensee"~~	~~R9-22-1201~~
"MAGI-based income"	R9-22-1401
"Mailing date"	R9-22-101
"Managing Employee"	42 CFR 455.101
"Medical education costs"	R9-22-701
"Medical expense deduction" or "MED"	R9-22-1401
"Medical practitioner"	R9-22-1201
"Medical record"	R9-22-101
"Medical review"	R9-22-701
"Medical services"	A.R.S. § 36-401
"Medical supplies"	R9-22-101
"Medical support"	R9-22-301
"Medically eligible"	R9-22-1301
"Medically necessary"	R9-22-101
~~"Medicare claim"~~	~~R9-22-101~~
"Medicare Urban or Rural Cost-to-Charge Ratio ~~(CCR)~~"	R9-22-701
"Member"	A.R.S. § 36-2901 or R9-22-301
"Mental disorder"	A.R.S. § 36-501
"Milliman study"	R9-22-712.07
"Monthly equivalent"	R9-22-1401
"Monthly income"	R9-22-1401
"National Standard ~~code sets~~" Code Sets"	R9-22-701

"New hospital"	R9-22-701
"NICU"	R9-22-701
"Noncontracted ~~Hospital"~~ hospital"	R9-22-718
"Noncontracting provider"	A.R.S. § 36-2901
"Non-FES member"	R9-22-101
"Non-IHS ~~Acute Hospital"~~ acute hospital"	R9-22-701
"Nursing facility" or "NF"	42 U.S.C. 1396r(a)
"Observation day"	R9-22-701
"Occupational therapy"	R9-22-201
"Offeror"	R9-22-101
"Operating costs"	R9-22-701
"Oral contraceptives"	R9-22-201
~~"OPPC"~~	~~R9-22-701~~
"Organized health care delivery system"	R9-22-701
"Outlier"	R9-22-701
"Outpatient hospital service"	R9-22-701
"Ownership change"	R9-22-701
"Ownership interest"	42 CFR 455.101
"Partial ~~Care"~~ care"	R9-22-1201
"Participating institution"	R9-22-701
"Peer group"	R9-22-701
"Peer-reviewed study"	R9-22-2001
"Penalty"	R9-22-401 or R9-22-1101
"Person"	~~R9-22-1101~~ A.R.S. § 1-215
"Person with an ownership or control interest"	42 CFR 455.101
"Pharmaceutical ~~service"~~ services"	R9-22-201
"Physical therapy"	R9-22-201
"Physician"	R9-22-101
"Physician assistant"	R9-22-1201
"Post-stabilization services"	~~R9-22-201 or~~ 42 CFR 422.113 or R9-22-201
"PPS bed"	R9-22-701
"Practitioner"	R9-22-101
"Pre-enrollment process"	R9-22-301
"Prescription"	R9-22-101
"Primary care provider" or "PCP"	R9-22-101
"Primary care GME program"	R9-22-701
"Primary care provider services"	R9-22-201
"Prior authorization"	R9-22-101
"Prior period coverage" or "PPC"	R9-22-101
"Procedure code"	R9-22-701
"Procurement file"	R9-22-601
"Proposal"	R9-22-101
"Prospective rates"	R9-22-701
"Psychiatrist"	R9-22-1201
"Psychologist"	R9-22-1201
"Psychosocial rehabilitation services"	R9-22-201
"Public hospital"	R9-22-701
"Qualified alien"	A.R.S. § 36-2903.03
~~"Qualified behavioral health service provider"~~	~~R9-22-1201~~
"Qualifying health information exchange organization"	R9-22-701
"Qualified hospital"	R9-22-1601
"Quality improvement"	R9-22-501
"Quality management"	R9-22-501
"Radiology"	R9-22-101
"RBHA" or "Regional Behavioral Health Authority"	~~R9-22-201~~ A.R.S. § 36-3401
"Reason to know" or "had reason to know"	R9-22-1101
"Rebase"	R9-22-701
"Redetermination"	R9-22-1301
"Referral"	R9-22-101
"Rehabilitation services"	R9-22-101
"Reinsurance"	R9-22-701
"Remittance advice"	R9-22-701
"Resident"	R9-22-701
"Residual functional deficit"	R9-22-201

"Resources"	R9-22-301
"Respiratory therapy"	R9-22-201
"Respite"	R9-22-1201
"Responsible offeror"	R9-22-101
"Responsive offeror"	R9-22-101
"Revenue Code"	R9-22-701
"Review"	R9-22-101
~~"Review month"~~	~~R9-22-101~~
"RFP"	R9-22-101
~~"Rural~~	~~R9-22-718~~
"Rural ~~Hospital"~~ hospital"	R9-22-712.07 and R9-22-718
"Scope of services"	R9-22-201
"Section 1115 ~~Waiver"~~ waiver"	A.R.S. § 36-2901
~~"Service location"~~	~~R9-22-101~~
"Service site"	R9-22-101
~~"SOBRA"~~	~~R9-22-101~~
"Specialist"	R9-22-101
"Specialty facility"	R9-22-701
"Speech therapy"	R9-22-201
"Spendthrift restriction"	R9-22-1401
"Sponsor"	R9-22-301
"Sponsor deemed income"	R9-22-301
"Sponsoring institution"	R9-22-701
"Spouse"	R9-22-101
"SSA"	42 CFR 1000.10
"SSI"	42 CFR 435.4
"SSN"	R9-22-101
"Stabilize"	42 U.S.C. 1395dd
"Standard of care"	R9-22-101
"Sterilization"	R9-22-201
"Subcontract"	R9-22-101
"Submitted"	A.R.S. § 36-2904
"Substance abuse"	R9-22-201
"SVES"	R9-22-301
"System"	A.R.S. § 36-2901
"Tax dependent"	42 CFR 435.4
"Taxi"	A.R.S. § 28-101(53)
"Taxpayer"	R9-22-1401
"Third-party"	R9-22-1001
"Third-party liability"	R9-22-1001
"Tier"	R9-22-701
"Tiered per diem"	R9-22-701
"Title IV-D"	R9-22-1401
"Title IV-E"	R9-22-1401
~~"Total Inpatient payments"~~	~~R9-22-712.07~~
"Trauma and Emergency Services Fund"	A.R.S. § 36-2903.07
"TRBHA" or "Tribal Regional Behavioral Health Authority"	R9-22-1201
"Treatment"	R9-22-2004
"Tribal Facility"	A.R.S. § 36-2981
"Trip"	R9-22-701
"Unrecovered trauma center readiness costs"	R9-22-2101
~~"Urban Contractor"~~	~~R9-22-718~~
"Urban Hospital"	R9-22-718
"USCIS"	R9-22-301
"Utilization ~~management"~~ management review"	R9-22-501
"WWHP"	R9-22-2001

B. General definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

1. "ADHS" means the Arizona Department of Health Services.
2. "Adverse action" means an action taken by the Department or Administration to deny, discontinue, or reduce medical assistance.
3. "Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

4. "Agency" means AHCCCS, except as otherwise provided in Article 12.

5. "AHCCCS" means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

6. "AHCCCS registered provider" means a provider or noncontracting provider who:

   a. Enters into a provider agreement with the Administration under R9-22-703(A);; and

   b. Meets license or certification requirements to provide covered services.

   ~~"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).~~

7. "Applicant" means a person who submits or whose authorized representative submits a written, signed, and dated application for AHCCCS benefits.

8. "Application" means an official request for AHCCCS medical coverage made under this Chapter.

9. "Assignment" means enrollment of a member with a contractor by the Administration.

10. "Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

11. "Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

   ~~"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:~~

      ~~If the behavioral health services were provided in a setting other than a licensed health care institution,~~

      ~~If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,~~

      ~~If the behavioral health services were provided in a setting other than a licensed health care institution; and~~

      ~~Are provided under supervision by a behavioral health professional R9-10-101.~~

12. "Behavioral ~~Health Professional"~~ health professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

13. "Capped fee-for-service" means the payment mechanism by which a provider of care is reimbursed upon submission of a valid claim for a specific covered service or equipment provided to a member. A payment is made in accordance with an upper or capped limit established by the Director. This capped limit can either be a specific dollar amount or a percentage of billed charges.

14. "Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

15. "Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

16. "CMS" means the Centers for Medicare and Medicaid Services.

17. "Continuous stay" means a period during which a member receives inpatient hospital services without interruption beginning with the date of admission and ending with the date of discharge or date of death.

18. "Contract" means a written agreement entered into between a person, an organization, or other entity and the Administration to provide health care services to a member under A.R.S. Title 36, Chapter 29, and this Chapter.

19. "Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

20. "Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

21. "Day" means a calendar day unless otherwise specified.

22. "DBHS" means the Division of Behavioral Health Services within the Arizona Department of Health Services.

23. "DES" means the Department of Economic Security.

24. "Diagnostic services" means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

25. "Director" means the Director of the Administration or the Director's designee.

   ~~"Discussion" means an oral or written exchange of information or any form of negotiation.~~

26. "DME" means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

27. "Equity" means the county assessor full cash value or market value of a resource minus valid liens, encumbrances, or both.

28. "Facility" means a building or portion of a building licensed or certified by the Arizona Department of Health Services as a health care institution under A.R.S. Title 36, Chapter 4, to provide a medical service, a nursing service, or other health care or health-related service.

29. "FBR" means Federal Benefit Rate, the maximum monthly Supplemental Security Income payment rate for a member or a married couple.

30. ~~"Fee-For-Service"~~ "Fee-for-service" or "FFS" means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

31. "FES member" means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

32. "FESP" means the federal emergency services program under R9-22-217 which covers services to treat an emergency medical or behavioral health condition for a member who is determined eligible under A.R.S. § 36-2903.03(D).

33. "FQHC" means federally qualified health center.

34. "GSA" means a geographical service area designated by the Administration within which a contractor provides, directly or through a subcontract, a covered health care service to a member enrolled with the contractor.

35. "Hospital" means a health care institution that is licensed as a hospital by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4, Article 2, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined, by the Arizona Department of Health Services as the CMS designee, to meet the requirements of certification.

36. "IHS" means Indian Health Service.

37. "IMD" ~~or "Institution for Mental Diseases"~~ means an ~~Institution for Mental Diseases~~ institution for mental diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

38. "Legal representative" means a custodial parent of a child under 18, a guardian, or a conservator.

39. "License" or "licensure" means a nontransferable authorization that is granted based on established standards in law by a state or a county regulatory agency or board and allows a health care provider to lawfully render a health care service.

~~"Mailing date" when used in reference to a document sent first class, postage prepaid, through the United States mail, means the date:~~

~~Shown on the postmark;~~

~~Shown on the postage meter mark of the envelope, if no postmark; or~~

~~Entered as the date on the document, if there is no legible postmark or postage meter mark.~~

40. "Medical record" means a document that relates to medical or behavioral health services provided to a member by a physician or other licensed practitioner of the healing arts and that is kept at the site of the provider.

41. "Medical supplies" means consumable items that are designed specifically to meet a medical purpose.

42. "Medically necessary" means a covered service is provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent or prevent progression of disease, disability, or other adverse health conditions ~~or their progression,~~ or to prolong life.

~~"Medicare claim" means a claim for Medicare-covered services for a member with Medicare coverage.~~

43. "Non-FES member" means an eligible person who is entitled to full AHCCCS services.

44. "Offeror" means ~~an individual~~ a person or entity that submits a proposal to the Administration in response to an RFP.

45. "Physician" means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

46. "Practitioner" means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

47. "Prescription" means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

48. "Primary care provider" or "PCP" means ~~an individual~~ a person who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member's health care.

49. "Prior authorization" means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this ~~Article~~ Chapter and any applicable contract provisions. Prior authorization is not a guarantee of payment.

50. "Prior period coverage" means the period prior to the member's enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, whichever is later, and continues until the day the member is enrolled with a contractor.

51. "Proposal" means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

52. "Radiology" means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

53. "Referral" means the process by which a member is directed by a primary care provider or an attending physician to another appropriate provider or resource for diagnosis or treatment.

54. "Rehabilitation services" means physical, occupational, and speech therapies, and items to assist in improving or restoring a person's functional level.

55. "Responsible offeror" means ~~an individual~~ a person or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

56. "Responsive offeror" means ~~an individual~~ a person or entity that submits a proposal that conforms in all material respects to an RFP.

57. "Review" means a review of all factors affecting a member's eligibility.

~~"Review month" means the month in which the individual's or family's circumstances and case record are reviewed.~~

58. "RFP" means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

59. "Service location" means a location at which a member obtains a covered service provided by a physician or other licensed practitioner of the healing arts under the terms of a contract.

60. "Service site" means a location designated by a contractor as the location at which a member is to receive covered services.

~~"S.O.B.R.A." means Section 9401 of the Sixth Omnibus Budget Reconciliation Act, 1986, amended by the Medicare Catastrophic Coverage Act of 1988, 42 U.S.C. 1396a(a)(10)(A)(i)(IV), 42 U.S.C. 1396a(a)(10) (A)(i)(VI), and 42 U.S.C. 1396a(a)(10)(A)(i)(VII).~~

61. "Specialist" means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

62. "Spouse" means a person who has entered into a contract of marriage recognized as valid by this state.

63. "SSN" means Social Security number.

64. "Standard of care" means a medical procedure or process that is accepted as treatment for a specific illness, injury, or medical condition through custom, peer review, or consensus by the professional medical community.

65. "Subcontract" means an agreement entered into by a contractor with any of the following:

a. A provider of health care services who agrees to furnish covered services to a member~~,~~;

b. A marketing organization~~,~~; or

c. Any other organization or person that agrees to perform any administrative function or service for ~~the~~ a contractor specifically related to securing or fulfilling the contractor's obligation to the Administration under the terms of a contract.

~~"Taxi" is as defined in A.R.S. § 28-101(53).~~

ARTICLE 2. SCOPE OF SERVICES

R9-22-201. ~~Scope of Services-related~~ Definitions

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

1. "Anticipatory guidance" means ~~a person responsible for a child receives~~ the information and guidance a person responsible for a child receives ~~of what the person should expect of~~ on the expectations for the child's development and how to ~~help~~ keep the child ~~stay~~ healthy.

2. "Behavioral health recipient" means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

3. "Benefit year" means a one-year time period of October 1st through September 30th.

4. "Cochlear implant" means an electronic hearing device implanted under the skin designed to help a person with severe to profound nerve deafness by electrically stimulating the auditory nerve inside the ear.
5. "Emergency behavioral health condition for a non-FES member" means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:
   a. Placing the health of the person, including mental health, in serious jeopardy;
   b. Serious impairment to bodily functions;
   c. Serious dysfunction of any bodily organ or part; or
   d. Serious physical harm to another person.
6. "Emergency behavioral health services for a non-FES member" means those behavioral health services provided for the treatment of an emergency behavioral health condition.
7. "Emergency medical condition for a non-FES member" means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
   a. Placing the member's health in serious jeopardy~~,~~;
   b. Serious impairment to bodily functions~~,~~; or
   c. Serious dysfunction of any bodily organ or part.
8. "Emergency dental services" means dental services for an acute disorder of oral health resulting in severe pain or infection as a result of pathology or trauma.
9. "Emergency medical services for ~~a~~ non-FES ~~member"~~ members" means services provided for the treatment of an emergency medical condition.
10. "Hearing aid" means an instrument or device designed for, or represented by the supplier as aiding or compensating for impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.
11. "Home health services" means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, habilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.
12. "Occupational therapy" means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual's ability to perform tasks required for independent functioning.
13. "Oral contraceptive" means a type of contraception that is taken orally to prevent pregnancy.
14. "Pharmaceutical service" means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.
15. "Physical therapy" means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.
16. "Post-stabilization services" means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.
17. "Primary care provider services" means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.
18. "Psychosocial rehabilitation services" means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:
   a. Living skills training~~,~~;
   b. Cognitive rehabilitation~~,~~;
   c. Health promotion~~,~~;
   d. Supported employment~~,~~; and
   e. Other services that increase social and communication skills to maximize a member's ability to participate in the community and function independently.

   ~~"RBHA" or "Regional Behavioral Health Authority" means the same as in A.R.S. § 36-3401.~~
19. "Residual functional deficit" means a member's inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.
20. "Respiratory therapy" means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.
21. "Scope of services" means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

22. "Speech therapy" means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.
23. "Sterilization" means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:
    a. Prevent the progression of disease, disability, or adverse health conditions; or
    b. Prolong life and promote physical health.
24. "Substance abuse" means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older.

R9-22-207. Dental Services

A. The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.

B. For ~~individuals~~ members age 21 years ~~of age~~ or older, the Administration or a contractor shall cover medical and surgical services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.
1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.

C. For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:
1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

D. For members age 21 years or older, the Administration or a contractor shall cover emergency dental services up to $1,000 per member per contract year except as provided in subsection (E).

E. Subject to approval by the Centers for Medicare and Medicaid Services, dental services provided to American Indian or Alaska Native members age 21 years or older, who are treated at an Indian Health Service or tribal facility and who are eligible for a 100 percent federal medical assistance percentage, are not subject to the $1,000 limit in subsection (D).

R9-22-209. Pharmaceutical Services

A. An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.

B. The Administration or a contractor shall require a provider to make pharmaceutical services:
1. Available during customary business hours, and
2. Located within reasonable travel distance of a member's residence.

C. Pharmaceutical services are covered if:
1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
3. The contractor or its designee authorizes the service.

D. The following limitations apply to pharmaceutical services:
1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
2. A new prescription or refill in excess of a 30 day supply is not covered unless:
    a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; ~~or~~
    b. ~~The Contractor~~ Except as specified in subsection (c) for oral contraceptives, the contractor authorizes the prescription for an extended time period not to exceed a 90-day supply~~.~~; or
    c. The new prescription or refill is for oral contraceptives. Oral contraceptives may be authorized for up to a 12-month supply provided in a single prescription fill by an AHCCCS registered pharmacy.
3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.

E. A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies

A. Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
1. Prescribed by the primary care provider, attending physician, or practitioner; or
2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
3. Authorized as required by the Administration, contractor, or contractor's designee.

B. Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.

C. Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
2. Can withstand repeated use, and
3. Is generally reusable by others.

D. Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. ~~Only those prosthetics~~ Prosthetics that are medically necessary for rehabilitation, including cochlear implants, are covered, except as otherwise provided in R9-22-215.

E. The following limitations on coverage apply:
1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
4. Reimbursement for rental fees shall terminate:
   a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
   b. If the member is no longer eligible for AHCCCS services; or
   c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
5. Except for incontinence briefs for ~~persons~~ a person over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
   a. The member is over 3 years old and under 21 years old;
   b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
   c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
   d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
   e. The member obtains incontinence briefs from providers in the contractor's network;
   f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:
      i. The member is over age 3 and under age 21;
      ii. The member has a disability that causes incontinence of bladder or bowel, or both;
      iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
      iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.
7. First aid supplies are not covered unless they are provided in accordance with a prescription.
8. The following services are not covered for individuals 21 years of age or older:
   a. Hearing aids;
   b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
   c. Bone Anchor Hearing Aid (BAHA);
   ~~d.~~ ~~Cochlear implant;~~
   ~~e.~~d. Percussive vest;
   ~~f.~~e. Insulin pump;
   ~~g.~~f. ~~Microprocesser-controlled~~ Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
   ~~h.~~g. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

F. Liability and ownership.

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services ~~(E.P.S.D.T.)~~

A. The following ~~E.P.S.D.T.~~ EPSDT services are covered for a member less than 21 years of age:
1. Screening services including:
   a. Comprehensive health and developmental history;
   b. Comprehensive unclothed physical examination;
   c. Appropriate immunizations according to age and health history;
   d. Laboratory tests; and
   e. Health education, including anticipatory guidance;
2. Vision services including:
   a. Diagnosis and treatment for defects in vision;
   b. Eye examinations for the provision of prescriptive lenses;
   c. Prescriptive lenses; and
   d. Frames.
3. Hearing services including:
   a. Diagnosis and treatment for defects in hearing;
   b. Testing to determine hearing impairment; and
   c. Hearing aids;
4. Dental services including:
   a. Emergency dental services as specified in ~~R9-22-207;~~ R9-22-207(D) and (E);
   b. Preventive services including screening, diagnosis, and treatment of dental disease; and
   c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
5. Orthognathic surgery;
6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
7. Behavioral health services under 9 A.A.C. 22, Article 12;
8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
   a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
   b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
9. Incontinence briefs as specified under R9-22-212; and
10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).

B. Providers of ~~E.P.S.D.T.~~ EPSDT services shall meet the following standards:
1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.
4. Refer a member as necessary for behavioral health evaluation and treatment services.

C. Contractors shall meet other ~~E.P.S.D.T.~~ EPSDT requirements as specified in contract.

D. A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

R9-22-215. Other Medical Professional Services

A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:
1. Dialysis;
2. The following family planning services if provided to delay or prevent pregnancy:
   a. Medications~~,~~;
   b. Supplies~~,~~;
   c. Devices~~,~~; and
   d. Surgical procedures;
3. Family planning services are limited to:

a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
b. Sterilization; and
c. Natural family planning education or referral;

4. Midwifery services provided by a certified nurse practitioner in midwifery;
5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
6. Respiratory therapy;
7. Ambulatory and outpatient surgery facilities services;
8. Home health services under A.R.S. § 36-2907(D);
9. Private or special duty nursing services;
10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
12. Chemotherapy.

B. Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11)~~;~~ except for:

1. Voluntary sterilization;
2. Dialysis shunt placement;
3. Arteriovenous graft placement for dialysis;
4. Angioplasties or thrombectomies of dialysis shunts;
5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
6. Eye surgery for the treatment of diabetic retinopathy;
7. Eye surgery for the treatment of glaucoma;
8. Eye surgery for the treatment of macular degeneration;
9. Home health visits following an acute hospitalization (limited up to five visits);
10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
11. Physical therapy subject to the limitation in subsection (C);
12. Facility services related to wound debridement~~,~~;
13. Apnea management and training for premature babies up to the age of 1; and
14. Other services identified by the Administration through the Provider Participation Agreement.

C. The following are not covered services:

1. Occupational ~~and speech therapies~~ therapy provided on an outpatient basis for a member age 21 or older;
2. Abortion counseling;
3. Services or items furnished solely for cosmetic purposes;
4. Services provided by a podiatrist; or
5. More than 15 outpatient physical therapy visits per benefit year for ~~persons~~ a person age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
6. More than 15 outpatient physical therapy visits per benefit year for ~~persons~~ a person age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

File Number: R26-111

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:
May 27, 2026

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
R9-22-712.35	Amend
R9-22-712.61	Amend
R9-22-712.71	Amend
R9-22-712.90	Amend

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. § 36-2903.01(A)
Implementing statute: A.R.S. § 36-2903.01(G)(12)

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:

Notice of Rulemaking Docket Opening: 32 A.A.R. 1579, July 10, 2026 (*in this issue*); File Number: R26-114

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

Name:	Sam McCue
Title:	Senior Rules Analyst
Division:	AHCCCS Office of the General Counsel
Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 417-4116
Fax:	(602) 253-9115
Email:	AHCCCSRules@azahcccs.gov
Website:	www.azahcccs.gov

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

The AHCCCS Differential Adjusted Payment (DAP) initiatives are strategically designed to reward quality outcomes and reduce growth in the cost of health care. The objective of DAP delineated in this proposed rulemaking is to reward hospitals and hospital-based free standing emergency departments who have taken designated actions that improve patients' care experience, improve members' health, and reduce the cost of care. Hospitals and hospital-based emergency departments that meet the outlined criteria delineated in the proposed rule for the time period of October 1, 2026 through September 30, 2027 (CYE 2027), will be eligible for increased reimbursement from AHCCCS and its contracted health plans for both inpatient and outpatient services. This initiative reflects the AHCCCS Administration's continued commitment to promoting greater accountability within the health care system.

The proposed amendments to the rules will clarify the conditions under which hospitals and hospital-based emergency departments may qualify for DAP during the specified time frame. Key qualifying activities include participation in the Maternal Syphilis Program or Medications for Opioid Use Disorder Program, as well as includes a performance measure for long-term care and inpatient rehabilitation hospitals that meet or fall below the national average percentage for pressure ulcers. The proposed rulemaking will authorize AHCCCS to support the ongoing efforts to recognize innovation and expand the reach of its value-based care model, emphasizing improved patient care and reduced growth in the cost of care.

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:

A study was not referenced or relied upon when revising these rules.

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

Not applicable

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

The Administration anticipates that the DAP rulemaking will result in approximately $55 million of additional payments for the contract year October 1, 2026 through September 30, 2027, to 116 hospitals

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

Name:	Sam McCue
Title:	Senior Rules Analyst
Division:	AHCCCS Office of the General Counsel

Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 417-4116
Fax:	(602) 253-9115
Email:	AHCCCSRules@azahcccs.gov
Website:	www.azahcccs.gov

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

Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. Comments will also be accepted via email at the email address provided under item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled for this proposed rulemaking.

Date:	August 11, 2026
Time:	2:00 p.m.
Location:	Virtual
Teams Meeting ID:	239 722 846 380 647
Passcode:	w5NM7by3
Dial in by phone:	+1 480-561-5941
Conf. ID:	451 637 554#
Nature:	Oral Proceeding
Comment period ends:	August 11, 2026 at 5:00 p.m.
Close of record:	August 11, 2026 at 5:00 p.m.

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

There are no other matters prescribed by statute applicable specifically to the Administration 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 a permit.

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

The rules are not more stringent than federal law.

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

Not applicable

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

Not applicable

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

ARTICLE 7. STANDARDS FOR PAYMENTS

Section
R9-22-712.35. Outpatient Hospital Reimbursement: Adjustments to Fees
R9-22-712.61. DRG Payments: Exceptions

R9-22-712.71. Final DRG Payment
R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-712.35 Outpatient Hospital Reimbursement: Adjustments to Fees

A. For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.

B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:
1. By 73 percent for public hospitals;
2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.

C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.

D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).

~~**E.** For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~
~~1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d) (e) or (f):~~
~~a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~
~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
~~ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.~~
~~iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~
~~iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions,~~

~~active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.~~

~~v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.~~

~~vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.~~

~~vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~

~~viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.~~

~~ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).~~

~~(1) HIE Participation Agreement for ONE Platform.~~

~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~

~~(3) Statement of Work (SOW) to send data to ONE Platform.~~

~~x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~

~~xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.~~

~~b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.~~

~~iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.~~

~~iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).~~

~~(1) HIE Participation Agreement for ONE Platform.~~

~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~

~~(3) Statement of Work (SOW) to send data to ONE Platform.~~

~~v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~

~~vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~

~~vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~

~~viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~

~~ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.~~

~~c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.

d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a), (b), (c), (d), (e), (f), (g) or (h):
   a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
      iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
      v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
      vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
      vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
      ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
         (1) HIE Participation Agreement for ONE Platform.
         (2) Statement of Work (SOW) to access the ONE Platform Portal.
         (3) Statement of Work (SOW) to send data to ONE Platform.
      x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
      xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
   b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
      i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
      iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
      iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
         (1) HIE Participation Agreement for ONE Platform.
         (2) Statement of Work (SOW) to access the ONE Platform Portal.
         (3) Statement of Work (SOW) to send data to ONE Platform.
      v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

e. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.

d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.

e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.

iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
   iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
   iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
   iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in (3)(a), (b), (c), (d) or (e):
   a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
      iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable), laboratory, and radiology information (if applicable), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
      v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform.
      vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
      vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
      ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).

(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.

iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.

iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI).

ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.

iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.

iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.

d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.

iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be

counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater.

iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.

ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.

iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

iv. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

v. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.

4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in (4)(a), (b), (c), (d), (e), (f), (g) or (h):

a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.

iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE Platform.

vi. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

vii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); tran-

~~scription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness.~~

~~viii. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).~~
~~(1) HIE Participation Agreement for ONE Platform.~~
~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~
~~(3) Statement of Work (SOW) to send data to ONE Platform.~~

~~ix. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~

~~x. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~

~~b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.~~

~~iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.~~

~~iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).~~
~~(1) HIE Participation Agreement for ONE Platform.~~
~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~

~~v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~

~~vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~

~~c. Hospitals who participated in the DAP AzHDR program in CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.~~

~~d. Hospitals who have not participated in the DAP AzHDR program CYE 2023 or CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than November 1, 2024, the hospital must complete the AzHDR Subscription Agreement.~~

~~iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.~~

~~iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per registered AHCCCS ID.~~

~~e. Hospitals who participated in the DAP SDOH program in CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.~~

~~iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be~~

~~counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/ referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.~~

~~iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).~~

~~f. Hospitals that have not participated in the DAP SDOH program in CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.~~

~~ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.~~

~~iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).~~

~~g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.~~

~~iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.~~

~~h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~

~~iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~

~~iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.~~

~~F.~~ **E.** For outpatient services with dates of service from October 1, 2025 through September 30, 2026 (CYE 2026), the payment otherwise required for outpatient hospital services provided by ~~qualifying hospitals~~ a qualifying hospital shall be increased by a percentage established by the Administration. The percentage is published on the Administration's ~~public~~ website as part of its fee schedule subsequent to the public notice published no later than September 1, 2025. If a hospital receives a ~~DAP~~ Differential Adjusted Payment (DAP) for CYE 2026 but fails to meet all of the requirements in subsection ~~(F),~~ (E), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2026 through September 30, 2027 (CYE 2027), if a DAP ~~would be~~ is available at that time. ~~A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

1. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in ~~subsection (1)(a), (b), (c), (d), (e) and (f).~~ subsections (E)(1)(a) through (f):
   a. To be eligible for this DAP, ~~hospitals must~~ the hospital shall have participated in the DAP ~~HIE~~ Health Information Exchange (HIE) program in CYE 2024 ~~and/or~~ or CYE 2025.
   b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding National Provider ~~Identifier(s)~~ Identifier (NPI) that the hospital requests to participate in the DAP.
   c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include~~, at a minimum,~~ discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of inte-

grating a new ~~EHR~~ Electronic Health Record (EHR) system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.

d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
   i. Data source and data site information ~~must be submitted on ADT transactions~~;
   ii. Patient demographic information ~~must be submitted on ADT transactions~~;
   iii. Race ~~must be submitted on ADT transactions~~;
   iv. Ethnicity ~~must be submitted on ADT transactions~~; and
   v. Language ~~must be submitted on ADT transactions~~.

e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan ~~is not~~ shall not be required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.

f. No later than September 1, 2026, the hospital shall complete a final data quality profile ~~will be completed~~, based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.

2. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in subsection ~~(2)(a)~~ (E)(2)(a) or (b):

a. ~~Hospitals~~ For a hospital that participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025~~.~~:
   i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the hospital requests to participate in the DAP.
   ii. No later than March 1, 2025, the hospital ~~must~~ shall launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
   iii. No later than May 30, 2025, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, ~~utilizing~~ using one or more HIE services, such as the HIE ~~Portal,~~ portal, standard ~~Admission, Discharge, Transfer (ADT) Alerts,~~ ADT alerts, standard ~~Clinical Notifications,~~ clinical notifications, or an interface that delivers patient data into the facility's ~~Electronic Health Record (EHR)~~ EHR system.
   iv. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

b. ~~Hospitals that have~~ For a hospital that has not participated in the DAP HIE program in CYE 2024 or CYE 2025~~. No~~ no later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the hospital requests to participate in the DAP.
   i. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.
   ii. No later than March 1, 2026, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.
   iii. No later than March 1, 2026, ~~hospitals that utilize~~ a hospital that uses an external reference ~~labs~~ lab for any lab result processing ~~must~~ shall submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on ~~their~~ the hospital's behalf.
   iv. No later than March 1, 2026, the hospital ~~must~~ shall launch the integration implementations project, have a ~~Virtual Private Network (VPN)~~ VPN connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
   v. No later than August 1, 2026, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~if the provider has an emergency department~~; laboratory and radiology information ~~(if the provider has these services)~~; transcription; medication information; immunization data; and discharge summaries that include,

at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria specified in subsections ~~(3)(a), (b), (c), (d), (e) and~~ (E)(3)(a) through (f):
   a. To be eligible for this DAP, ~~Hospitals must~~ the hospital shall have participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025.
   b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI)~~ NPI, that the hospital requests to participate in the DAP.
   c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard ~~Admission, Discharge, and Transfer (ADT)~~ ADT information, data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include~~, at a minimum,~~ discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
   d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
      i. Data source and data site information ~~must be submitted on ADT transactions~~;
      ii. Patient demographic information ~~must be submitted on ADT transactions~~;
      iii. Race ~~must be submitted on ADT transactions~~;
      iv. Ethnicity ~~must be submitted on ADT transactions~~; and
      v. Language ~~must be submitted on ADT transactions~~.
   e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan ~~is not~~ shall not be required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure~~, the quality Improvement plan is not required~~.
   f. No later than September 1, 2026, the hospital shall complete a final data quality profile ~~will be completed,~~ based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement does not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.

F. For outpatient services with dates of service from October 1, 2026 through September 30, 2027 (CYE 2027), the payment otherwise required for outpatient hospital services provided by a qualifying hospital shall be increased by a percentage established by the Administration. The percentage is published on the Administration's website as part of its fee schedule subsequent to the public notice published no later than September 1, 2026. If a hospital receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2027 through September 30, 2028 (CYE 2028), if a DAP is available at that time.

1. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's shall qualify for an increase if the hospital meets the criteria in subsections (F)(1)(a) through (d) or the criteria in subsections (F)(1)(e) through (h).
   a. No later than April 1, 2026, the hospital shall submit a Letter of Intent (LOI) to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(1)(a)(iii). The LOI shall further attest to the following:
      i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
      ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
      iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
   b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
   c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.

d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
   i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorders (OUD);
   ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
   iii. Quality Improvement Project of the MOUD utilization rate;
   iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
   v. Quality Improvement Project to increase the number of prescribers of MOUD; or
   vi. Bridge or Connector Program to facilitate transitions across care settings.
e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.
g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
   i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
      (1) Number of positive test results; and
      (2) Number of negative test results.
   ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
   iii. Number of individuals tested who were pregnant;
   iv. Number of pregnant individuals who tested positive, including those with discordant results;
   v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
   vi. Number of individuals who opted out of testing and the reason for opting out.

2. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital shall qualify for an increase if it meets the criteria in subsections (F)(2)(a) through (d) or the criteria in subsections (F)(2)(e) through (h):
   a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov. indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(2)(a)(iii). The LOI shall further attest to the following:
      i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
      ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
      iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
   b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
   c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.
   d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
      i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
      ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
      iii. Quality Improvement Project of the MOUD utilization rate;
      iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
      v. Quality Improvement Project to increase the number of prescribers of MOUD; or
      vi. Bridge or Connector Program to facilitate transitions across care settings.
   e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
   f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.
   g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
   h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
      i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
         (1) Number of positive test results; and

(2) Number of negative test results;
ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
iii. Number of individuals tested who were pregnant;
iv. Number of pregnant individuals who tested positive, including those with discordant results;
v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
vi. Number of people who opted out of testing and if available, the reason for opting out.

3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the ADHS Division of Licensing Services shall qualify for an increase if the hospital meets the criteria specified in subsections (F)(3)(a) through (d), the criteria in subsections (F)(3)(e) through (h), or the criteria specified in subsections (F)(3)(i) or (j):
a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov. indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(3)(a)(iii). The LOI shall further indicate that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall further attest to the following:
i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.
d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
iii. Quality Improvement Project of the MOUD utilization rate;
iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
v. Quality Improvement Project to increase the number of prescribers of MOUD; or
vi. Bridge or Connector Program to facilitate transitions across care settings.
e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.
g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis:
(1) Number of positive test results; and
(2) Number of negative test results;
ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
iii. Number of individuals tested who were pregnant;
iv. Number of pregnant individuals who tested positive, including those with discordant results;
v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
vi. Number of people who opted out of testing and if available, the reason for opting out.
i. A hospital that meets or falls below the national average for the pressure ulcer performance measure shall qualify for a DAP increase. On March 15, 2026, AHCCCS shall download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results shall be compared to the national average results for the measure.

R9-22-712.61. DRG Payments: Exceptions

A. ~~Notwithstanding Section~~ Except as provided in R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published ~~by the Administration~~ on ~~its~~ the Administration's website and available for inspection during normal business hours at ~~801 E. Jefferson,~~ 150 N. 18th Avenue, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. ~~Outliers will~~ An outlier shall be paid by multiplying the covered charges by the outlier

CCR. The outlier CCR ~~will~~ shall be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital ~~cost-to-charge ratio~~ CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount ~~will~~ shall be the total reimbursement for the claim. There is no provision for outlier payments for ~~hospitals~~ a hospital described under subsection (A)(3).

1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services on its website in March of each year;
2. Hospitals designated as type: hospital, subtype: long term in the Provider & Facility Database for Arizona Medical Facilities posted by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services on its website for March of each year;
3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services on its website for March of each year;

B. ~~Notwithstanding Section~~ Except as provided in R9-22-712.60, ~~claims~~ a claim for inpatient services that ~~are~~ is covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration.~~; however, if~~ If the principal diagnosis is a physical health diagnosis, the claim shall be processed under the ~~DRG~~ Diagnosis Related Group (DRG) methodology described in this Section, even if behavioral health services are provided during the inpatient stay.

C. ~~Notwithstanding Section~~ Except as provided in R9-22-712.60, ~~claims~~ a claim for services associated with transplant services shall be paid ~~in accordance with~~ under the terms of the contract between the AHCCCS ~~administration~~ Administration and the transplant facility.

D. ~~Notwithstanding~~ Except as provided in Section R9-22-712.60, ~~claims~~ a claim from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis ~~in accordance with~~ using the rates published annually by IHS in the Federal Register.

E. For ~~hospitals that have contracts~~ a hospital that has a contract with the Administration for the provision of transplant services, inpatient days associated with transplant services ~~are paid in accordance with~~ shall be paid under the terms of the contract.

~~**F.** For inpatient services with a date of admission from October 1, 2024 through September 30, 2025 (CYE 2025), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

~~1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):~~

~~a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. Hospitals must meet the following milestones in maintaining existing connections to the current HIE platform:~~

~~ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.~~

~~iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~

~~iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.~~

~~v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.~~

~~vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.~~

~~vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~

viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).

(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.

b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.

iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.

iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).

(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.

ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.

iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.

iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.

d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
   i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
   iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
   iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
   iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
   iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
   vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
   iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
   iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a), (b), (c), (d), (e), (f), (g) or (h):
   a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
      iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.

vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.

vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).

(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.

iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.

iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).

(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists

(diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

e. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
   i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
   i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
   iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
   iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
   i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
   iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
   iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
   ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
   iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
   iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.
h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.

~~i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~

~~iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~

~~iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.~~

~~G.~~**F.** For inpatient services with a date of admission from October 1, ~~2024~~ 2025 through September 30, ~~2025~~ 2026 (CYE ~~2025~~ 2026), provided by a hospital in subsection (A) that qualifies, the ~~administration~~ Administration shall pay the hospital ~~an Inpatient~~ a Differential Adjusted Payment (DAP) equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the ~~administration.~~ Administration. The percentage is published on the Administration's ~~public~~ website as part of its fee schedule subsequent to the public notice published no later than September 1, ~~2024.~~ 2025. If a hospital receives a DAP for CYE ~~2025~~ 2026, but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, ~~2025~~ 2026 through September 30, ~~2026~~ 2027 (CYE ~~2026~~ 2027), if a DAP ~~would be~~ is available at that time. ~~A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

1. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in ~~subsection (1)(a), (b), (c), (d), (e) and (f).~~ subsections (F)(1)(a) through (f):
   a. To be eligible for this DAP, ~~hospitals must~~ the hospital shall have participated in the DAP HIE program in CYE 2024 or CYE 2025.
   b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding National Provider ~~Identifier(s)~~ Identifier (NPI) that the hospital requests to participate in the DAP.
   c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new ~~EHR~~ Electronic Health Record (EHR) system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
   d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
      i. Data source and data site information ~~must be submitted on ADT transactions~~;
      ii. Patient demographic information ~~must be submitted on ADT transactions~~;
      iii. Race ~~must be submitted on ADT transactions~~;
      iv. Ethnicity ~~must be submitted on ADT transactions~~; and
      v. Language ~~must be submitted on ADT transactions~~.
   e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan ~~is not~~ shall not be required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
   f. No later than September 1, 2026, a final data quality profile ~~will~~ shall be completed, based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement ~~does~~ shall not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
2. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in subsection ~~(2)(a)~~ (F)(2)(a) or (b):
   a. ~~Hospitals~~ For a hospital that participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025~~.~~:
      i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the hospital requests to participate in the DAP.
      ii. No later than March 1, 2025, the hospital ~~must~~ shall launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE

test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

iii. No later than May 30, 2025, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, ~~utilizing~~ using one or more HIE services, such as the HIE ~~Portal,~~ portal, standard ~~Admission, Discharge, Transfer (ADT) Alerts,~~ ADT alerts, standard ~~Clinical Notifications,~~ clinical notifications, or an interface that delivers patient data into the hospital's ~~Electronic Health Record (EHR)~~ EHR system.

iv. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

b. ~~Hospitals that have~~ For a hospital that has not participated in the DAP HIE program in CYE 2024 or CYE 2025~~.~~:

i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the hospital requests to participate in the DAP. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.

ii. No later than March 1, 2026, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.

iii. No later than March 1, 2026, ~~hospitals that utilize~~ a hospital that uses an external reference ~~labs~~ lab for any lab result processing ~~must~~ shall submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on ~~their~~ the hospital's behalf.

iv. No later than March 1, 2026, the hospital ~~must~~ shall launch the integration implementations project, have a ~~Virtual Private Network (VPN)~~ VPN connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

v. No later than August 1, 2026, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

G. For inpatient services with a date of admission from October 1, 2026 through September 30, 2027 (CYE 2027), provided by a hospital in subsection (A) that qualifies, the Administration shall pay the hospital a DAP equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the Administration. The percentage is published on the Administration's website as part of its fee schedule subsequent to the public notice published no later than September 1, 2026. If a hospital receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (G), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2027 through September 30, 2028 (CYE 2028), if a DAP is available at that time.

1. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's shall qualify for an increase if it meets the criteria in subsections (G)(1)(a) through (d) or the criteria in subsection (G)(1)(e) through (h):

a. No later than April 1, 2026, the hospital shall submit a Letter of Intent (LOI) to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (G)(1)(a)(iii). The LOI shall further attest to the following:

i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;

ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and

iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.

b. No later than April 1, 2026, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants (e.g., IT, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists).

c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.
d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
iii. Quality Improvement Project of the MOUD utilization rate;
iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
v. Quality Improvement Project to Increase the number of prescribers of MOUD; or
vi. Bridge/Connector Program to facilitate transitions across care settings.
e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.
g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.
h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
(1) Number of positive test results; and
(2) Number of negative test results.
ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
iii. Number of individuals tested who were pregnant;
iv. Number of pregnant individuals who tested positive, including those with discordant results;
v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
vi. Number of people who opted out of testing and if available, reason for opting out.

2. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital shall qualify for an increase if it meets the criteria in subsections (F)(2)(a) through (d) or the criteria in subsections (F)(2)(e) through (h):
a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov. indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP, and contact information for the facility's MOUD Champion, as defined in subsection (F)(2)(a)(iii). The LOI shall further attest to the following:
i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.
c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.
d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
i. Quality Improvement Project of Recognition and Diagnosis of OUD;
ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
iii. Quality Improvement Project of the MOUD utilization rate;
iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
v. Quality Improvement Project to Increase the number of prescribers of MOUD; or
vi. Bridge/Connector Program to facilitate transitions across care settings.
e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.
g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.

h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
   i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
      (1) Number of positive test results; and
      (2) Number of negative test results.
   ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
   iii. Number of individuals tested who were pregnant;
   iv. Number of pregnant individuals who tested positive, including those with discordant results;
   v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
   vi. Number of people who opted out of testing and if available, the reason for opting out.

R9-22-712.71. Final DRG Payment

A. The final ~~DRG~~ Diagnosis Related Group (DRG) payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.

B. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.

C. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.

D. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS ~~administration's~~ Administration's website and is on file for public inspection at the AHCCCS ~~administration~~ Administration located at ~~801 E. Jefferson Street,~~ 150 N. 18th Avenue, Phoenix, Arizona.

~~**E.** For inpatient services with a date of discharge from October 1, 2024 through September 30, 2025 (CYE 2025), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add on payment multiplied by a percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

~~1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):~~
   ~~a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.~~
      ~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
      ~~ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.~~
      ~~iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~
      ~~iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.~~
      ~~v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.~~
      ~~vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.~~
      ~~vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~
      ~~viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge~~

orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.

b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.

iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.

iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
(1) HIE Participation Agreement for ONE Platform.
(2) Statement of Work (SOW) to access the ONE Platform Portal.
(3) Statement of Work (SOW) to send data to ONE Platform.

v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.

c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.

ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.

iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.

iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.

d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the

DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.

iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.

iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.

i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.

iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).

iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.

vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.

i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.

iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.

iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.

2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsections (2)(a), (b), (c), (d), (e), (f), (g) or (h):

a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.

i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.

iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.

iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency

~~department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.~~

~~v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.~~

~~vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.~~

~~vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~

~~viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.~~

~~ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).~~

~~(1) HIE Participation Agreement for ONE Platform.~~

~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~

~~(3) Statement of Work (SOW) to send data to ONE Platform.~~

~~x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~

~~xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~

~~b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.~~

~~i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.~~

~~iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.~~

~~iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).~~

~~(1) HIE Participation Agreement for ONE Platform.~~

~~(2) Statement of Work (SOW) to access the ONE Platform Portal.~~

~~(3) Statement of Work (SOW) to send data to ONE Platform.~~

~~v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.~~

~~vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.~~

~~vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.~~

~~viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.~~

~~ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.~~

e. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
   i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCSID.
d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
   i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
   iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
   iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
   i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
   iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
   iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
   ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
   iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
   ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
   iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.
h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
   i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program

~~(NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~

~~ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~

~~iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~

~~iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.~~

~~F.~~E. For inpatient services with a date of discharge service from October 1, 2025 through September 30, 2026 (CYE 2026), the ~~Inpatient~~ Differential Adjusted Payment (DAP) is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage established by the ~~administration.~~ Administration. The percentage is published on the Administration's ~~public~~ website as part of its fee schedule subsequent to the public notice published no later than September 1, 2025. If a hospital receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (E), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2026, through September 30, 2027 (CYE 2027), if a DAP ~~would be~~ is available at that time. ~~A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.~~

1. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in ~~subsection (1)(a), (b), (c), (d), (e) and (f).~~ subsections (E)(1)(a) through (f):
   a. To be eligible for this DAP, hospitals ~~must~~ shall have participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025.
   b. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding National Provider ~~Identifier(s)~~ Identifier (NPI) that the hospital requests to participate in the DAP.
   c. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: including standard Admission, Discharge, and Transfer (ADT) information; data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new ~~EHR~~ Electronic Health Record (EHR) system, the hospital ~~must~~ shall notify the HIE organization and have the implementation timeline approved to continue meeting DAP requirements.
   d. No later than March 1, 2026, the hospital ~~must~~ shall complete the data quality profile, based on January 2026 data, with the HIE organization. Data elements in the following measure categories ~~will~~ shall be included within the data quality profile and submitted on ADT transactions:
      i. Data source and data site information ~~must be submitted on ADT transactions~~;
      ii. Patient demographic information ~~must be submitted on ADT transactions~~;
      iii. Race ~~must be submitted on ADT transactions~~;
      iv. Ethnicity ~~must be submitted on ADT transactions~~; and
      v. Language ~~must be submitted on ADT transactions~~.
   e. No later than April 1, 2026, the hospital ~~must~~ shall complete a data quality improvement plan as defined by the HIE organization to improve the quality of data elements by ~~3.0%~~ 3.0 percent collectively over the March 1, 2026 data quality profile. The quality improvement plan is not required if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
   f. No later than September 1, 2026, the hospital shall complete a final data quality profile ~~will be completed,~~ based on July 2026 data to reassess data elements and performance improvement. ~~Hospitals must~~ The hospital shall have improved the quality of data elements by ~~3.0%~~ 3.0 percent collectively from ~~its~~ the hospital's March 2026 data quality profile. This requirement ~~does~~ shall not apply if the data quality profile results are greater than ~~90%~~ 90 percent for each measure.
2. A hospital designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital ~~will~~ shall qualify for an increase if ~~it~~ the hospital meets the criteria in subsection ~~(a)~~ (E)(2)(a) or (b):
   a. ~~Hospitals~~ For a hospital that participated in the DAP HIE program in CYE 2024 ~~and/or~~ or CYE 2025~~.~~:
      i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI that the hospital requests to participate in the DAP.
      ii. No later than March 1, 2025, the hospital ~~must~~ shall launch the integration implementations project, have a Virtual Private Network (VPN) connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      iii. No later than May 30, 2025, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE ~~Portal,~~ portal, standard ~~Admission, Discharge, Transfer (ADT) Alerts,~~ ADT alerts, standard ~~Clinical Notifications,~~ clinical

notifications, or an interface that delivers patient data into the ~~facility's Electronic Health Record (EHR)~~ hospital's EHR system.

iv. No later than September 30, 2025, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department ~~(if applicable)~~; laboratory and radiology information ~~(if applicable)~~; transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital ~~must~~ shall notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.

b. ~~Hospitals that have~~ For a hospital that has not participated in the DAP HIE program in CYE 2024 or CYE 2025~~.~~:

i. No later than April 1, 2025, the hospital ~~must~~ shall have in place an active ~~Health Information Exchange (HIE)~~ HIE Participation Agreement and submit a signed ~~Differential Adjusted Payment Statement of Work (DAP SOW)~~ DAP SOW to the HIE organization. The participant list attached to the DAP SOW ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the hospital requests to participate in the DAP. To request a HIE Participation Agreement and a DAP SOW, email DAP@contexture.org.

ii. No later than March 1, 2026, the hospital ~~must~~ shall have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization portal.

iii. No later than March 1, 2026, ~~hospitals that utilize~~ a hospital that uses an external reference ~~labs~~ lab for any lab result processing ~~must~~ shall submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on ~~their~~ the hospital's behalf.

iv. No later than March 1, 2026, the hospital ~~must~~ shall launch the integration implementations project, have a ~~Virtual Private Network (VPN)~~ VPN connection in place with the HIE, and electronically submit test patient information to the HIE test environment. The hospital ~~is required to~~ shall engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.

v. No later than August 1, 2026, the hospital ~~must~~ shall electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information ~~(if the provider has these services)~~; transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.

F. For inpatient services with a date of admission from October 1, 2026, through September 30, 2027 (CYE 2027), provided by a hospital in subsection (A) that qualifies, the Administration shall pay the hospital a DAP equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage established by the Administration. The percentage is published on the Administration's website as part of its fee schedule subsequent to the public notice published no later than September 1, 2026. If a hospital receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2027, through September 30, 2028 (CYE 2028), if a DAP is available at that time.

1. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: short-term or children's shall qualify for an increase if it meets the criteria in subsections (F)(1)(a) through (d) or the criteria in subsections (F)(1)(e) through (h):

a. No later than April 1, 2026, the hospital shall submit a Letter of Intent (LOI) to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(1)(a)(iii). The LOI shall further attest to the following:

i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;

ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and

iii. The facility shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.

b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, operational specialists.

c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.

d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:

i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);

ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;

iii. Quality Improvement Project of the MOUD utilization rate;
iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
v. Quality Improvement Project to increase the number of prescribers of MOUD; or
vi. Bridge or Connector Program to facilitate transitions across care settings.

e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.

f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.

g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.

h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
(1) Number of positive test results; and
(2) Number of negative test results;
ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
iii. Number of individuals tested who were pregnant;
iv. Number of pregnant individuals who tested positive, including those with discordant results;
v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
vi. Number of people who opted out of testing and if available, the reason for opting out.

2. A hospital designated by the ADHS Division of Licensing Services as type: hospital, subtype: critical access hospital shall qualify for an increase if the hospital meets the criteria in subsections (F)(2)(a) through (d) or the criteria in subsections (F)(2)(e) through (h):

a. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov. indicating that the hospital has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP, and contact information for the hospital's MOUD Champion, as defined in subsection (F)(2)(a)(iii). The LOI shall further attest to the following:
i. The hospital shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
ii. The hospital shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
iii. The hospital shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.

b. No later than April 1, 2026, the hospital agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists.

c. No later than November 30, 2026, the hospital shall develop and submit a facility policy that complies with AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The hospital shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.

d. No later than January 1, 2027, the hospital shall develop and complete a project that fulfills one of the designated project types and presents the project and outcomes to the workgroup in the second quarter:
i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
iii. Quality Improvement Project of the MOUD utilization rate;
iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
v. Quality Improvement Project to Increase the number of prescribers of MOUD; or
vi. Bridge/Connector Program to facilitate transitions across care settings.

e. No later than April 1, 2026, the hospital shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the hospital has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.

f. No later than November 30, 2026, the hospital shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program policy standards for testing individuals for syphilis. The hospital shall submit all required policies to AHCCCS at AHCCCSDAP@azahcccs.gov.

g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.

h. No later than March 31, 2027, the hospital shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
(1) Number of positive test results; and
(2) Number of negative test result.
ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
iii. Number of individuals tested who were pregnant;

iv. Number of pregnant individuals who tested positive, including those with discordant results;
v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
vi. Number of people who opted out of testing and if available, the reason for opting out.

R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments

A. "Hospital-based freestanding emergency department" ~~(hospital-based FSED)~~ or "hospital-based FSED" means an outpatient treatment center, as defined in A.A.C. R9-10-101, that: ~~(1) provides~~
1. Provides emergency room services under A.A.C. R9-10-1019;~~, (2) is~~
2. Is subject to the requirements of ~~42 C.F.R. 489.24,~~ 42 CFR 489.24; and ~~(3) shares~~
3. Shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.

B. A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate ~~provider identification number.~~ AHCCCS ID. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of ~~42 CFR Part 455~~ 42 CFR 455 as compliance by the hospital-based FSED.

C. For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed ~~in accordance with~~ under R9-22-712.20 through R9-22-712.30 without a percentage reduction.
1. 60 percent for a level 1 emergency department visit as indicated by CPT 99281.
2. 80 percent for a level 2 emergency department visit as indicated by CPT 99282.
3. 90 percent for a level 3 emergency department visit as indicated by CPT 99283.
4. 100 percent for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.

D. A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.

E. Services provided by an outpatient treatment center that provides emergency room services under A.A.C. R9-10-1019 but does not otherwise meet the criteria in subsection ~~A,~~ (A) shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.

F. The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.

~~For dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2024. A hospital-based FSED can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1) or (2):~~

~~1. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.~~
~~a. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
~~b. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.~~
~~c. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.~~
~~2. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.~~
~~a. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.~~
~~b. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.~~
~~c. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.~~
~~d. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov.~~

~~H.~~G. For dates of service from October 1, 2025, through September 30, 2026 (CYE 2026), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's ~~public~~ website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2025. A hospital-based FSED ~~can and will~~ shall qualify for an increase if ~~it~~ the hospital-based FSED meets the criteria specified ~~below~~ in subsections (H)(1) and (2) for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2026 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2026, through September 30, 2027 (CYE 2027), if a DAP ~~would be~~ is available at that time. An outpatient treatment center designated by the ~~Arizona Department of Health Services~~ ADHS Division of Licensing Services as type: hospital-based freestanding emergency department ~~will~~ shall qualify for an increase if ~~it~~ the hospital-based FSED meets the criteria in subsection ~~(1)~~ (G)(1) or (2):

1. Hospital-based FSEDs that participated only in CYE 2025. Hospital-based FSEDs that participated in CYE 2024 and CYE 2025 ~~will~~ shall not be eligible.
   a. No later than April 1, 2025, the facility ~~must~~ shall submit a Letter of Intent (LOI) to AHCCCS ~~to the following email address:~~ at AHCCCSDAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the Naloxone Distribution Program (NDP). The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) NPI(s),~~ NPI, that the facility requests to participate in the DAP.
   b. No later than November 30, 2025, the facility ~~must~~ shall develop and submit a facility policy that ensures facilities are purchasing Naloxone through standard routine pharmacy ordering.
   c. No later than February 28, 2026, the facility ~~must~~ shall submit a ~~Naloxone Distribution Program Attestation~~ NDP attestation regarding the implementation of the NDP, to AHCCCS ~~to the following email address:~~ at AHCCCSDAP@azahcccs.gov.
2. Hospital-based FSEDs that have not participated in the NDP DAP.
   a. No later than April 1, 2025, the facility ~~must~~ shall submit ~~a Letter of Intent (LOI)~~ an LOI to AHCCCS ~~to the following email address:~~ at AHCCCSDAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the ~~Naloxone Distribution Program (NDP).~~ NDP. The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the facility requests to participate in the DAP.
   b. No later than November 30, 2025, the facility ~~must~~ shall develop and submit a facility policy that meets ~~AHCCCS/ADHS~~ AHCCCS and ADHS standards for ~~a~~ an NDP.
   c. No later than January 1, 2026, the facility ~~must~~ shall begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
   d. No later than February 28, 2026, the facility ~~must~~ shall submit a ~~Naloxone Distribution Program Attestation~~ NDP attestation regarding the implementation of the NDP, to AHCCCS ~~to the following email address:~~ at AHCCCSDAP@azahcccs.gov.
   e. No later than April 1, 2025, the facility ~~must~~ shall submit ~~a Letter of Intent (LOI)~~ an LOI to AHCCCS ~~to the following email address:~~ at AHCCCSDAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the Maternal Syphilis Program. The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the facility requests to participate in the DAP.
   f. No later than November 30, 2025, the facility shall develop and submit a facility policy that meets ~~AHCCCS/ADHS~~ AHCCCS and ADHS standards for testing individuals for syphilis.
   g. No later than January 1, 2026, the facility shall begin testing individuals for syphilis as identified through the facility's policy.
   h. No later than April 1, 2025, the facility ~~must~~ shall submit ~~a Letter of Intent (LOI)~~ an LOI to AHCCCS ~~to the following email address:~~ at AHCCCSDAP@azahcccs.gov, indicating that ~~they will~~ the facility has elected to participate in the Medications for Opioid Use Disorder (MOUD) Enhancement Program. The LOI ~~must~~ shall contain each facility, including AHCCCS ~~ID(s)~~ ID and corresponding ~~National Provider Identifier(s) (NPI),~~ NPI, that the facility requests to participate in the DAP. The LOI ~~must~~ shall further attest to the following:
      i. The facility ~~will~~ shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
      ii. The facility ~~will~~ shall spend the ~~preponderance~~ majority of DAP funds to enhance, expand, ~~and/or~~ or strengthen MOUD services.
   i. No later than April 1, 2025, the facility agrees to participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ~~the Arizona Department of Health Services (ADHS)~~ ADHS in a centralized~~,~~ and timely manner, providing any best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, ~~(e.g.,~~ including IT, quality improvement, addiction medicine, primary care, and operational specialists~~)~~.
   j. No later than November 30, 2025, the facility ~~must~~ shall develop and submit a facility policy that meets ~~AHCCCS/ADHS~~ AHCCCS and ADHS standards for a ~~Hospital~~ hospital MOUD Enhancement Program that offers MOUD for eligible patients. The facility shall submit the policy ~~must be submitted~~ to AHCCCS at ~~the following email address:~~ AHCCCSDAP@azahcccs.gov.
   k. No later than April 1, 2026, the facility ~~must~~ shall submit a concise narrative summarizing the salient highlights of the progress of their MOUD treatment enhancement and utilization of DAP funds. The facility shall submit the narrative ~~must be submitted~~ to AHCCCS at ~~the following email address:~~ AHCCCSDAP@azahcccs.gov.

H. For dates of service from October 1, 2026, through September 30, 2027 (CYE 2027), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2026. A hospital-based FSED shall qualify for an increase if the hospital meets the criteria specified in subsections (H)(1) and (2) for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2027 but fails to meet all of the requirements in subsection (H), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2027, through September 30, 2028 (CYE 2028), if a DAP is available at that time. An outpatient treatment center designated by the ADHS Division of Licensing Services as type: hospital-based freestanding emergency department shall qualify for an increase if the hospital meets the criteria in subsection (H)(1) or (2):

1. Facilities that participated in the MOUD program in CYE 2026.
   a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the facility has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP, and contact information for the facility's MOUD Champion, as defined in subsection (H)(a)(1)(iii). The LOI shall further attest to the following:
      i. The facility shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis with clinical leadership;
      ii. The facility shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services to build long-term capacity; and
      iii. The facility shall assign a MOUD Champion, a clinical staff member responsible for oversight of the data, quality improvement, and clinical improvement efforts.
   b. No later than April 1, 2026, the facility shall participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, medical coding specialist, quality improvement, addiction medicine, primary care, and operational specialists).
   c. No later than January 1, 2027, the facility shall develop and complete a project that fulfills one of the designated project types and present the project and outcomes to the workgroup in the second quarter:
      i. Quality Improvement Project of Recognition and Diagnosis of Opioid Use Disorder (OUD);
      ii. Quality Improvement Project of the Medical Coding and Documentation of OUD and MOUD;
      iii. Quality Improvement Project of the MOUD utilization rate;
      iv. EHR Buildout or Clinical Decision Support for MOUD initiation;
      v. Quality Improvement Project to increase the number of prescribers of MOUD; or
      vi. Bridge or Connector Program to facilitate transitions across care settings.
2. Facilities that have not participated in the MOUD program.
   a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the facility has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP. The LOI shall further attest to the following:
      i. The facility shall implement MOUD treatment quality improvement initiatives with internal tracking and review initiatives on at least a quarterly basis; and
      ii. The facility shall spend the majority of DAP funds to enhance, expand, or strengthen MOUD services.
   b. No later than April 1, 2026, the facility shall participate in the Arizona Statewide Clinical Opioid Workgroup, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing any best practices and non-sensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants, including IT, quality improvement, addiction medicine, primary care, and operational specialists.
   c. No later than November 30, 2026, the facility shall develop and submit a facility policy that meets AHCCCS and ADHS standards for a Hospital MOUD Enhancement Program that offers MOUD for eligible patients. The facility shall submit the policy to AHCCCS at AHCCCSDAP@azahcccs.gov.
3. Facilities that have participated in the Maternal Syphilis Program in CYE 2026.
   a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the facility has elected to participate in the Maternal Syphilis Program. The LOI must contain each facility, including AHCCCS ID and corresponding NPI, that the facility requests to participate in the DAP.
   b. No later than April 30, 2026, the facility agrees to participate in the Congenital Syphilis Collaborative Workgroup, hosted by ADHS, which includes sharing metrics as determined by ADHS in a centralized and timely manner, providing best practices and nonsensitive data points for the use of state-driven publications, ensuring leadership attendance at quarterly meetings, and supporting relevant stakeholder participants.
   c. No later than November 30, 2026, the facility shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program Policy Standards for testing all individuals from ages 15 through 50 for syphilis.
   d. No later than January 1, 2027, the facility shall begin testing individuals for syphilis as outlined in the facility's policy.
   e. No later than March 31, 2027, submit metrics for the previous calendar year, that include, at a minimum:
      i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
         (1) Number of positive test results; and

(2) Number of negative test results;
ii. Number of individuals of childbearing capacity who initiated a dose of treatment;
iii. Number of individuals tested who were pregnant;
iv. Number of pregnant individuals who tested positive, including those with discordant results;
v. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
vi. Number of people who opted out of testing and if available, the reason for opting out.

f. No later than April 30, 2027, submit a narrative report detailing successes, challenges, and opportunities for improvement, intended for public sharing with other facilities interested in implementing similar programs.

4. Facilities that have not participated in the Maternal Syphilis Program.
a. No later than April 1, 2026, the facility shall submit an LOI to AHCCCS at AHCCCSDAP@azahcccs.gov, indicating that the facility has elected to participate in the Maternal Syphilis Program. The LOI shall contain each facility, including AHCCCS ID and corresponding NPI, that the hospital requests to participate in the DAP.
b. No later than November 30, 2026, the facility shall develop and submit a facility policy that meets AHCCCS and ADHS Maternal Syphilis Program Policy Standards for testing individuals for syphilis.
c. No later than January 1, 2027, facility shall begin testing individuals for syphilis as outlined in the facility's policy
d. No later than March 31, 2027, the facility shall submit metrics for the previous calendar year. The metrics shall serve as baseline data and shall include:
i. Number of individuals of childbearing capacity (ages 15 through 50) tested for syphilis;
ii. Number of positive test results; and
iii. Number of negative test results.
iv. Number of individuals of childbearing capacity who initiated a dose of treatment;
v. Number of individuals tested who were pregnant;
vi. Number of pregnant individuals who tested positive, including those with discordant results;
vii. Number of pregnant individuals who tested positive that initiated a dose of treatment; and
viii. Number of people who opted out of testing and if available, the reason for opting out.

Volume 32, Issue 28, July 10, 2026

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
RADIATION CONTROL

File Number: R26-112

1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:
May 2, 2023

2. Title and its heading:
9, Health Services

Chapter and its heading:
7, Radiation Control

Subchapter and its heading (if applicable):
7D (new Subchapter to be established, tentatively entitled Regulation of X-ray Producing Devices)

Article and its heading:
2, Registration, Installation, and Service of Ionizing Radiation-Producing Machines; and Certification of Mammography Facilities
6, Use of X-rays in the Healing Arts
8, Radiation Safety Requirements for Analytical X-ray Operations
11, Industrial Uses of X-Rays, Not Including Analytical X-ray Systems
Articles in the new Subchapter are to be determined.

Section number:
To be determined

3. The subject matter of the proposed rule:
Arizona Revised Statutes (A.R.S.) § 30-654 specifies that the Arizona Department of Health Services (Department) shall regulate the use, storage, and disposal of sources of radiation. A.R.S. § 30-672 specifies that the Department may require registration of sources of radiation, including devices producing x-rays. The Department has adopted rules related to devices producing x-rays in *Arizona Administrative Code* (A.A.C.) Title 9, Chapter 7, Articles 2, 6, 8, and 11. As part of five-year reviews for these rules, the Department determined the rules needed extensive revision to improve clarity, conciseness, and understandability, and the Department is undertaking a rulemaking to address these issues. The proposed rules will conform to rulemaking format and style requirements of the Governor's Regulatory Review Council 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: Brian D. Goretzki

Title: Chief, Bureau of Radiation Control
Division: Public Health Licensing Services
Address: 4814 S. 40th St.
Phoenix, AZ 85040
Telephone: (602) 255-4840
Fax: (602) 437-0705
Email: Brian.Goretzki@azdhs.gov
or
Name: Stacie Gravito
Title: Chief, Office of Administrative Counsel and Rules
Address: 150 N. 18th Ave., Suite 540
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
Email: ACR@azdhs.gov

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

Written comments will be accepted at the addresses listed in item #5 until the close of record, which has not yet been determined. No oral proceedings have been scheduled at this time.

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

To be announced in subsequent notices.

NOTICE OF RULEMAKING DOCKET OPENING

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

File Number: R26-113

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

June 18, 2026

2. Title and its heading:

9, Health Services

Chapter and its heading:

22, Arizona Health Care Cost Containment System - Administration

Article and its heading:

1, Definitions
2, Scope of Services

Section number:

R9-22-101, R9-22-201, R9-22-207, R9-22-209, R9-22-212, R9-22-213, R9-22-215

3. The subject matter of the proposed rule:

Definitions and Scope of Services

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

Notice of Proposed Rulemaking: 32 A.A.R. 1525, July 10, 2026 (*in this issue*); File Number: R26-110

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

Name: Sam McCue
Title: Senior Rules Analyst

Division:	AHCCCS Office of the General Counsel
Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 417-4116
Fax:	(602) 253-9115
Email:	AHCCCSRules@azahcccs.gov
Website:	www.azahcccs.gov

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

Per A.R.S. § 41-1013(4), this notice is being published in the *Register* for public review.

A person shall send comments to the person listed under item #5.

An oral proceeding is scheduled on this proposed rulemaking:

Date:	August 10, 2026
Time:	2:00 p.m.
Location:	Virtual
Teams Meeting ID:	273 253 365 998 892
Passcode:	3Kh9Gv2N
Dial in by phone:	+1 480-561-5941
Conf. ID:	994 848 869#
Nature:	Oral Proceeding
Comment period ends:	August 10, 2026 at 5:00 p.m.
Close of record:	August 10, 2026 at 5:00 p.m.

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

Not applicable

NOTICE OF RULEMAKING DOCKET OPENING

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

File Number: R26-114

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

May 27, 2026

2. Title and its heading:

9, Health Services

Chapter and its heading:

22, Arizona Health Care Cost Containment System - Administration

Article and its heading:

7, Standards for Payments

Section number:

R9-22-712.35, R9-22-712.61, R9-22-712.71, R9-22-712.90

3. The subject matter of the proposed rule:

Standards for Payments

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

Notice of Proposed Rulemaking: 32 A.A.R. 1540, July 10, 2026 (*in this issue*); File Number: R26-111

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

Name:	Sam McCue
Title:	Senior Rules Analyst
Division:	AHCCCS Office of the General Counsel
Address:	150 N. 18th Ave. Phoenix, AZ 85007
Telephone:	(602) 417-4116
Fax:	(602) 253-9115
Email:	AHCCCSRules@azahcccs.gov
Website:	www.azahcccs.gov

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

Per A.R.S. § 41-1013(4), this notice is being published in the *Register* for public review.

A person shall send comments to the person listed under item #5.

An oral proceeding is scheduled on this proposed rulemaking:

Date:	August 11, 2026
Time:	2:00 p.m.
Location:	Virtual
Teams Meeting ID:	239 722 846 380 647
Passcode:	w5NM7by3
Dial in by phone:	+1 480-561-5941
Conf. ID:	451 637 554#
Nature:	Oral Proceeding
Comment period ends:	August 11, 2026 at 5:00 p.m.
Close of record:	August 11, 2026 at 5:00 p.m.

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

Not applicable

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NOTICES OF PUBLIC INFORMATION

Agencies use Notices of Public Information to notify stakeholders about other information that pertains to rulemaking notices under A.R.S. § 41-1013(B)(14). When required by law, agencies also use this notice to notify the public about information not related to rulemaking.

The most common use for this notice is to correct errors printed in a rulemaking notice or extend a public comment period.

The Administrative Rules Division of the Office does not provide a standard template for Notices of Public Information because the content of this type of notice varies.

An agency shall follow the Office's formatting standards when preparing this type of notice and use a numbered list of questions and answers. Additionally, an agency receipt shall be filed with a Notice of Public Information.

NOTICE OF PUBLIC INFORMATION

A.R.S. § 41-1013(B)(14)

BOARD OF PHYSICAL THERAPY

File Number: M26-46

1. Agency Name:

Board of Physical Therapy

2. Agency Contact information:

Name:	Judy Chepeus
Title:	Executive Director
Division:	Board of Physical Therapy
Address:	1740 W. Adams St., Suite 2450 Phoenix, AZ 85007
Telephone:	(602) 271-7365
Email:	judy.chepeus@ptboard.az.gov
Website:	https://ptboard.az.gov/

3. Public information related to this notice:

At its meeting on April 28, 2026, the Board of Physical Therapy rescinded Substantive Policy Statement 2004-01, "Use of Titles," as its content is duplicative of *Arizona Administrative Code* R4-24-302.

NOTICE OF PUBLIC INFORMATION

A.R.S. § 41-1013(B)(14)

BOARD OF PHYSICAL THERAPY

File Number: M26-47

1. Agency Name:

Board of Physical Therapy

2. Agency Contact information:

Name:	Judy Chepeus
Title:	Executive Director
Division:	Board of Physical Therapy
Address:	1740 W. Adams St., Suite 2450 Phoenix, AZ 85007

Telephone: (602) 271-7365
Email: judy.chepeus@ptboard.az.gov
Website: https://ptboard.az.gov/

3. Public information related to this notice:

At its meeting on April 28, 2026, the Board of Physical Therapy rescinded Substantive Policy Statement 2006-01, "Requests for Accommodations under the Americans with Disabilities Act (ADA) to the National Physical Therapist Examination (NPTE) and to the Arizona Jurisprudence (Laws) Examination," as its content is outdated.

NOTICE OF PUBLIC INFORMATION

A.R.S. § 41-1013(B)(14)

DEPARTMENT OF AGRICULTURE
ENVIRONMENTAL SERVICES DIVISION

File Number: M26-48

1. Agency Name:

Arizona Department of Agriculture, Environmental Services Division (the Department)

2. Agency Contact information:

Name: Jack Peterson
Title: Assistant Director, ECPD
Division: Arizona Department of Agriculture, Environmental and Consumer Protection Division
Physical: 1110 W. Washington St.
Phoenix, AZ 85007
Mailing: 1802 W. Jackson St, #78
Phoenix, AZ 85007
Telephone: (602) 542-3575
Email: jpeterson@azda.gov
Website: https://agriculture.az.gov/environmental-services-section-ess

3. Public information related to this notice:

The Department is notifying the public that it has rescinded Substantive Policy Statement SP 25-01 "Non-enforcement of Record-keeping Requirements under A.A.C. R3-3-402 for Private Applicators", which was effective on June 18, 2025. The Department has completed the rulemaking process for A.A.C. R3-3-402 (Private and Golf Applicator Records; Restricted Use Pesticide) that incorporated the changes prescribed in SP 25-01. The changes to the rule were effective on June 16, 2026.

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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

A.R.S. § 41-1013(B)(9)

BOARD OF PHYSICAL THERAPY

File Number: M26-49

1. Statement title and policy number:
Graduates Not Yet Licensed Working in the Field of Physical Therapy - SPS 2005-01

2. Is this a new policy or revision:
Revision

3. Date issued and effective date (if different from the date issued):
Date issued (originally): April 22, 2005; Revision April 28, 2026
Effective date: Same

4. Policy summary:
The substantive policy statement clarifies that graduates of physical therapist or physical therapist assistant education programs who are not yet licensed as a physical therapist or physical therapist assistant may work as assistive personnel under the on-site supervision of a licensed physical therapist. The graduate, as assistive personnel, may only perform delegated tasks which do not exceed the graduate's knowledge and skill, must maintain appropriate use of titles, and follow the patient documentation requirements established in the law. Graduates may not perform certain patient care activities that only a physical therapist is permitted to do by law. The revision adds graduates of physical therapist assistant programs and conforms to current statutes and rules.

5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):
A.R.S. §§ 32-2001, 32-2043; A.A.C. R4-24-303

6. Agency contact information:

Name:	Judy Chepeus
Title:	Executive Director
Division:	Board of Physical Therapy
Address:	1740 W. Adams St., Suite 2450 Phoenix, AZ 85007
Telephone:	(602) 271-7365
Email:	judy.chepeus@ptboard.az.gov

Website: https://ptboard.az.gov/

7. **An electronic copy of the complete policy can be viewed at:**
   https://ptboard.az.gov/resources?field_document_type_target_id=1027

8. **A paper copy of complete policy can be obtained at:**
   Physical Address: 1740 W. Adams Street, Suite 2450, Phoenix, AZ 85007
   Copy or other fees: Not applicable

NOTICE OF SUBSTANTIVE POLICY STATEMENT

A.R.S. § 41-1013(B)(9)

DEPARTMENT OF AGRICULTURE
PLANT SERVICES DIVISION

File Number: M26-50

1. **Statement title and policy number:**
   Substantive Policy Statement 26-02, "Deregulation of Pecan Nut Casebearer under A.A.C. R3-4-229(A)(2)(b)"

2. **Is this a new policy or revision:**
   New

3. **Date issued and effective date (if different from the date issued):**
   June 17, 2026

4. **Policy summary:**
   Requirements for the importation of pecan trees into the state of Arizona must be conducted in accordance with Title 3, Chapter 4, Article 2 of the *Arizona Administrative Code* ("A.A.C."), specifically A.A.C. R3-4-229(A)(2)(b). That rule was adopted on January 7, 1945 under Quarantine Order #13. The most recent amendment of the rule was effective June 8, 2020. Section R3-4-229 prescribes the entry requirements for the shipment of pecan and walnut trees into the state from areas that are under quarantine for a number of dangerous plant pests and diseases. One of these pests, the pecan nut casebearer (PNCB), (Acrobasis nuxvorella) is being proposed for deregulation. The first confirmed detection of PNCB occurred in October of 2023 and by the end of the 2025 seasonal trapping, there were numerous additional infestations detected in several areas of Southeast Arizona with no regulatory response from the Department (i.e. quarantines, abatements, etc.) and no consistent mitigation efforts from producers (areawide control program, movement of used equipment, etc.). Based on the general feedback received from industry stakeholders, producers see this as a pest management issue and supported the proposed deregulation of this pest. The Department has discontinued seasonal trapping for PNCB and will focus only on the inspection of cleaning facilities for export and seasonal trapping for other serious pests of nut trees in the state.

5. **Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):**
   A.R.S. §§ 3-1203 and 3-201.01

6. **Agency contact information:**

Name:	Brian McGrew
Title:	Plant Services Administrator
Division:	Arizona Department of Agriculture, Plant Services Division
Address:	1110 W. Washington St., Suite 450 Phoenix, AZ 85007
Telephone:	(602) 542-3228
Fax:	(602) 542-1004
Email:	bmcgrew@azda.gov
Website:	https://agriculture.az.gov/

7. An electronic copy of the complete policy can be viewed at:
https://agriculture.az.gov/about-us/policies-statutes/substantive-policy-statements

8. A paper copy of complete policy can be obtained at:
1110 W. Washington St., Suite 450, Phoenix, AZ, 85007
Copy or other fees: No charge

NOTICE OF SUBSTANTIVE POLICY STATEMENT

A.R.S. § 41-1013(B)(9)

INDUSTRIAL COMMISSION OF ARIZONA

File Number: M26-51

1. Statement title and policy number:
Life Table to be Used in Calculating Roth Credits

2. Is this a new policy or revision:
Revision

3. Date issued and effective date (if different from the date issued):
May 28, 2026

4. Policy summary:
This substantive policy statement identifies the source document (life table) for ascertaining the life expectancy of a workers' compensation claimant and specifies that the life table to be used in calculating the amount of a credit or credits resulting from prior disability awards using the method described in R.G. Roth v. Indus. Comm'n, 126 Ariz. 147, 613 P.2d 307 (App. 1980).

5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):
A.R.S. § 23-107; R.G. Roth v. Indus. Comm'n, 126 Ariz. 147, 613 P.2d 307 (App. 1980).

6. Agency contact information:

Name:	Sophia Cox
Title:	Assistant Chief Counsel
Division:	Legal Division
Address:	800 W. Washington St. Phoenix, AZ 85007
Telephone:	Include area code, (602) 542-3556
Email:	Sophia.cox@azica.gov
Website:	https://www.azica.gov/substantive-policies-directory-other-adosh

7. An electronic copy of the complete policy can be viewed at:
https://www.azica.gov/substantive-policies-directory-other-adosh

8. A paper copy of complete policy can be obtained at:
Physical Address: 800 W. Washington St., Phoenix, AZ, 85007

Volume 32, Issue 28, July 10, 2026

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

2026 REGISTER INDEXES

Volume 32, Issue 28, July 10, 2026

Issue Page Guide

RULEMAKING ACTIVITY INDEX

Volume 32, Issue 28, July 10, 2026

RULEMAKING ACTIVITY INDEX

THIS INDEX INCLUDES RULEMAKING ACTIVITY THROUGH ISSUE 27 OF VOLUME 32.

Rulemakings are listed in the Index by Chapter, Section number, rulemaking activity abbreviation and volume page number. Use the page guide to determine the *Register* issue number and publish date to review the rule. Subchapter, Article, Part, and Section headings are not indexed.

OTHER NOTICES AND PUBLIC RECORDS INDEX

Other legal notices required to be published under the Administrative Procedure Act, such as Rulemaking Docket Openings, are included in this Index by volume page number. Notices of Agency Ombudsman, Substantive Policy Statements, Proposed Delegation Agreements, and other applicable public records as required by law are also listed in this Index by volume page number.

THIS INDEX INCLUDES OTHER NOTICE ACTIVITY THROUGH ISSUE 26 OF VOLUME 32.

Volume 32, Issue 28, July 10, 2026

RULES EFFECTIVE DATES CALENDAR

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
January 16	effective	March 17
January 17	effective	March 18
January 18	effective	March 19
January 19	effective	March 20
January 20	effective	March 21
January 21	effective	March 22
January 22	effective	March 23
January 23	effective	March 24
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
February 7	effective	April 8
February 8	effective	April 9
February 9	effective	April 10
February 10	effective	April 11
February 11	effective	April 12
February 12	effective	April 13
February 13	effective	April 14
February 14	effective	April 15
February 15	effective	April 16
February 16	effective	April 17
February 17	effective	April 18
February 18	effective	April 19
February 19	effective	April 20
February 20	effective	April 21
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
March 9	effective	May 8
March 10	effective	May 9
March 11	effective	May 10
March 12	effective	May 11
March 13	effective	May 12
March 14	effective	May 13
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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

RULES EFFECTIVE DATES CALENDAR

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
April 9	effective	June 8
April 10	effective	June 9
April 11	effective	June 10
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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
May 9	effective	July 8
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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
June 8	effective	August 7
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June 27	effective	August 26
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June 29	effective	August 28
June 30	effective	August 29

RULES EFFECTIVE DATES CALENDAR

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
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July 9	effective	September 7
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July 31	effective	September 29

August

Date Filed		Effective Date
August 1	effective	September 30
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August 6	effective	October 5
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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
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September 6	effective	November 5
September 7	effective	November 6
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September 29	effective	November 28
September 30	effective	November 29

RULES EFFECTIVE DATES CALENDAR

October

Date Filed		Effective Date
October 1	effective	November 30
October 2	effective	December 1
October 3	effective	December 2
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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
November 3	effective	January 2
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November 6	effective	January 5
November 7	effective	January 6
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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
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December 6	effective	February 4
December 7	effective	February 5
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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

RULES EFFECTIVE DATES CALENDAR

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

Volume 32, Issue 28, July 10, 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