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Arizona Administrative REGISTER

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Arizona Administrative Register

Volume 32

Issue 44

October 30, 2026

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 Rules can be made (all new text); amended (changed) or repealed (removed) as codified in the *Arizona Administrative Code*; or renumbered (moving rules to a different Section number). New rules published in the *Register*, whether proposed or made as a final rule, are underlined; repealed rules (text being removed), is stricken.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

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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 it occurs, an agency extends the public comment period.

Close of Record

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

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

Time Frame for Approval or Disapproval of the Notice

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

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

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

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

Definitions and Acronyms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Arizona Administrative Register
NOTICES OF PROPOSED RULEMAKING

Volume 32, Issue 44, October 30, 2026

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 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 39. BOARD FOR PRIVATE POSTSECONDARY EDUCATION

File Number: R26-195

PREAMBLE

1. **Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:**
July 6, 2026

2. Article, Part, or Section Affected (as applicable)	Rulemaking Action
R4-39-101	Amend
R4-39-103	Amend
R4-39-104	Amend
R4-39-105	Amend
R4-39-107	Amend
R4-39-108	Amend
R4-39-110	Amend
R4-39-113	New Section
R4-39-201	Amend
R4-39-301	Amend
R4-39-403	Amend
R4-39-404	Amend
R4-39-407	Amend
R4-39-601	Amend
R4-39-602	Amend
R4-39-603	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. § 32-3003(A)(3)

Implementing statute: A.R.S. §§ 32-3021, 32-3022, 32-3023, 32-3024, 32-3027, 32-3072, and 32-3073

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. 1720; Issue Date: July 31, 2026; Issue Number: 31; File Number: R26-127

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

Name: Kevin LaMountain

Arizona Administrative Register
NOTICES OF PROPOSED RULEMAKING

Title: Executive Director
Address: 1740 W. Adams St., Suite 3008
Phoenix, AZ 85007
Telephone: (602) 542-5716
Email: kevin.lamountain@azppse.gov
Website: ppse.az.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 Board's rules have not been updated since 2016. During that interval, there have been several statutory changes requiring rule changes:

Under Laws 2021, Chapter 242, the legislature amended A.R.S. §§ 32-3058, 32-3072, and 32-3073 regarding the tuition recovery fund.

Under Laws 2022, Chapter 269, the legislature amended A.R.S. § 32-3027 to update the fee schedule; and

Under Laws 2026, Chapter 158, the legislature amended multiple statutes and added A.R.S. § 32-3024 providing for registration of nondomiciled private postsecondary educational institutions.

The Board will also address issues identified in a 5YRR approved by the Council on July 7, 2026. These include aligning rule terminology with that of the U.S. Department of Education, correcting cross references and typographical errors, reducing regulatory burdens by eliminating the requirements for a fax number, Social Security number, and use of certified mail, and clarifying that an educational institution is unable to avoid a student complaint by delaying the institution's internal review process.

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:

Multiple new fees are established and other fees are increased in this rulemaking. In determining the amount of the fees, the Board consulted with similar agencies in other states and held multiple stakeholder meetings with licensees and the Arizona Private School Association. The fees established were agreed to by those participating in the meetings. The new or increased fees are the primary source of economic impact in this rulemaking.

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

Name: Kevin LaMountain
Title: Executive Director
Address: 1740 W. Adams St., Suite 3008
Phoenix, AZ 85007
Telephone: (602) 542-5716
Email: kevin.lamountain@azppse.gov
Website: ppse.az.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 by 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.

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Date: Tuesday, December 8, 2026
Time: 10:00 a.m.
Location: 1740 W. Adams Street, Board room B
Phoenix, AZ 85007
or <https://meet.google.com/dhx-oeyo-iro> or 1-208-614-2289 PIN: 490 728 764#
or <https://tel.meet/dhx-oeyo-iro?pin=8952505208756>
Nature: Public meeting

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

None

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

The licenses and registration issued by the Board are not general permits under A.R.S. § 41-1037(A)(2) because the Board's statutes specify particularized criteria for issuing licenses. A.R.S. § 32-3021 specifies qualifications for licensure to operate a private vocational program. A.R.S. § 32-3022 specifies standards for a license to grant degrees. A.R.S. § 32-3024 specifies evidence required of a nondomiciled private postsecondary education institution.

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 applicable federal law, which can be found at 34 CFR, Subtitle B, Chapter VI.

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 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 39. BOARD FOR PRIVATE POSTSECONDARY EDUCATION

ARTICLE 1. DEFINITIONS, LICENSURE, REPORTING

Section

- R4-39-101. Definitions
R4-39-103. Requirements for a Regular License to Operate a Private Accredited Vocational or Degree-granting Institution in Arizona
R4-39-104. Requirements for a Conditional License to Operate a Private Non-accredited Vocational Institution in Arizona
R4-39-105. Requirements for a Regular License to Continue to Operate a Private Non-accredited Vocational Institution in Arizona
R4-39-107. Requirements for a Provisional License to Continue to Operate a Private Non-accredited Degree-granting Institution in Arizona
R4-39-108. Surety Bond, Cash Deposit, or Letter of Credit; Insurance; Financial Statement Requirements; and Finance Committee
R4-39-110. Change of Ownership or Control
R4-39-113. Registration of an Out-of-state Private Postsecondary Education Institution

ARTICLE 2. FEES

Section

- R4-39-201. Fees

ARTICLE 3. OPERATION OF PRIVATE NON-ACCREDITED INSTITUTIONS

Section

- R4-39-301. Catalog

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ARTICLE 4. OPERATION OF ALL LICENSED INSTITUTIONS

Section

- R4-39-403. Complaint Procedures
- R4-39-404. Tuition Refund Policy
- R4-39-407. Use of Terms

ARTICLE 6. STUDENT TUITION RECOVERY FUND

Section

- R4-39-601. Submission of Assessments
- R4-39-602. Claims
- R4-39-603. Student Record Requests

ARTICLE 1. DEFINITIONS, LICENSURE, REPORTING

R4-39-101. Definitions

In addition to the definitions in A.R.S. §§ 32-3001 and 32-3071, the following definitions apply in this Chapter unless the context otherwise requires:

1. “Accreditation” has the same meaning as “accredited” in A.R.S. § 32-3001.
2. “Applicant” means a private postsecondary education institution on whose behalf an application is submitted to the Board for a license to operate the institution and offer vocational programs or grant degrees.
3. “Conditional license” means a non-renewable one-year license issued by the Board to a private non-accredited vocational or degree-granting institution.
4. “Day” means a calendar day unless specified otherwise.
5. ~~“DE”~~ “ED” means the United States Department of Education.
6. “GTR” means gross tuition revenue.
7. “Licensee” means a private postsecondary education institution that is licensed by the Board and offers vocational programs or grants degrees.
8. “Management capability” as used in A.R.S. § 32-3051(10), means continuous coordination of all federal, state, and accreditation requirements, as applicable, in a manner that provides an educationally enriching environment that benefits students.
9. “Misrepresent” means to give a false or misleading representation with the intent to deceive or be unfair.
10. “Operate” has the meaning specified in A.R.S. § 32-3001 ~~and includes the concept of “physical presence” as defined by the National Council for State Authorization Reciprocity Agreements (See <http://nc-sara.org>).~~
11. “Provisional license” means a renewable one-year license issued by the Board to a private non-accredited degree-granting institution.
12. “Regular license” means a renewable one-year license issued by the Board to a:
 - a. Private accredited vocational institution,
 - b. Private accredited degree-granting institution, or
 - c. Private non-accredited vocational institution.
13. “Resident,” as used in A.R.S. § 32-3024, means an individual who is in Arizona when the individual enrolls or participates in a fully online program offered by an out-of-state private postsecondary education institution.
- ~~14.~~ 14. “Signature” means: a hand-written, electronic, or digital signature, as defined by state or federal law, which is verifiable to a particular individual.
 - ~~a. A hand-written or stamped representation of an individual’s name or a symbol intended to represent an individual’s name, or~~
 - ~~b. An “electronic signature” as defined in A.R.S. § 44-7002.~~
- ~~15.~~ 15. “Signing” means the act of providing a signature.
- ~~16.~~ 16. “Staff” means an individual employed by or representing a private vocational institution or private degree-granting institution.
- ~~17.~~ 17. “Student fees” means charges incurred by a student or a funding source on behalf of the student for registration, admission, tuition financing, loans, or charges for books, laboratory fees, or other education-related costs.
- ~~18.~~ 18. “Teach-out” means the process by which a private postsecondary education institution fulfills its educational and contractual obligations to currently enrolled students before voluntarily closing a program the institution offers or before closing the institution.
- ~~19.~~ 19. “Tuition” means a fee paid for instruction at a college or university or a private school.

R4-39-103. Requirements for a Regular License to Operate a Private Accredited Vocational or Degree-granting Institution in Arizona

- A. A person shall not operate a private accredited vocational or degree-granting institution without a regular license granted by the Board.
- B. ~~Except as specified in subsection (B)(6), the~~ The Board shall not grant or renew a regular license if:
 1. Within 10 years before filing the application packet required in subsection (D) or since the start date of the current licensure period, an individual with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has been convicted in this state or any jurisdiction of any crime, regardless of whether the crime is a misdemeanor or felony, that a reasonable person would consider relevant to the legal and ethical operation of an educational institution. If the conviction was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section;

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NOTICES OF PROPOSED RULEMAKING

2. Within 10 years before filing the application packet required in subsection (D) or since the start date of the current licensure period, a person with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has had a license to operate a vocational or degree-granting institution revoked in this state or any jurisdiction;
 3. The applicant provides false or misleading information on or with the application packet required by this Section;
 4. The applicant was previously licensed by the Board and ceased operation without complying with R4-39-402 and R4-39-406; or
 5. The applicant ceased to operate or offer a program and as a result:
 - a. The Board was obligated to make a payment from the Student Tuition Recovery Fund established under A.R.S. § 32-3072, or
 - b. The ~~DE~~ ED or a private entity forgave loans, in whole or in part, to affected students; ~~and~~.
 6. ~~If the conviction described in subsection (B)(1) was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section.~~
- C. The Board shall grant or renew a regular license only if:
1. The applicant provides the information required in subsection (D); and
 2. The information provided under subsection (D) demonstrates:
 - a. For a regular license to operate a private accredited vocational institution, compliance with A.R.S. § 32-3021(B);
 - b. For a regular license to operate a private accredited degree-granting institution, compliance with A.R.S. § 32-3022(B);
 - c. The ability to provide educational services as represented to the public;
 - d. Institutional accreditation or accreditation of each program to be offered; and
 - e. Compliance with all accreditation standards established by each accrediting agency that accredits the applicant's programs or the institution through which the programs are operated.
- D. An applicant for an initial regular license shall submit to the Board an application packet that includes:
1. The filing fee required under R4-39-201;
 2. The information and documentation required in R4-39-104(D)(2), if required, and (D)(3) through (D)(17);
 3. The name of each accrediting agency that accredits the applicant or the applicant's programs;
 4. For each accrediting agency named in subsection (D)(3), documentation from the accrediting agency that confirms the current accreditation status of the applicant or the applicant's programs;
 5. Attestation by the individual signing the application that the applicant complies and will continue to comply with all accreditation standards established by each accrediting agency named in subsection (D)(3);
 6. A copy of the applicant's most recent ~~DE~~ ED program participation agreement and financial aid audit, if applicable;
 7. For each federal student financial aid program named in the agreement in subsection (D)(6), documentation from the ~~DE~~ ED demonstrating participation in the federal student financial aid program and showing the applicant's default rate for the last three years, if applicable;
 8. Attestation by the individual signing the application that the applicant complies and will continue to comply with all ~~DE~~ ED requirements governing federal student financial aid programs named in the agreement in subsection (D)(6);
 9. A copy of the applicant's current catalog and enrollment agreement that meets the accreditation standards established by each accrediting agency named in subsection (D)(3); and
 10. A surety bond, cash deposit, or equivalent security if required under A.R.S. § 32-3023 and R4-39-108.
- E. No later than 60 days before a licensee's regular license expires, the licensee shall submit to the Board a license renewal application packet that includes:
1. The filing fee required under R4-39-201; and
 2. The information and documentation required in:
 - a. R4-39-104(D)(2) if required under A.R.S. § 32-3023 and R4-39-108;
 - b. R4-39-103(D)(3) through (D)(10); and
 - ~~b-c.~~ R4-39-104(D)(3), (D)(4), (D)(5), (D)(8)(a) and (c), (D)(12), and (D)(17); ~~and~~
 - e. ~~Subsections (D)(3) through (D)(10);~~
 3. A list of all individuals or persons referenced in R4-39-104(D)(14) and (D)(15);
 4. A report on the annual enrollment and retention and placement rates ~~for each program offered by the~~ of the regular licensee, if the report is required by ~~DE~~ ED or the accrediting agency that accredits the program or licensee;
 5. For each program offered, an indication whether the program is offered by residential or online delivery or both; and
 6. A list of all programs that are in teach-out and:
 - a. The names of all students in each program,
 - b. The anticipated completion date of each student, and
 - c. Contact information for each student.
- F. A regular licensee shall:
1. Notify the Board in writing within 24 hours if the regular licensee:
 - a. Receives a grant of accreditation issued by an accrediting agency other than an accrediting agency named under subsection (D)(3);
 - b. Becomes eligible to participate in a federal student financial aid program other than a federal student financial aid program named in the agreement under subsection (D)(6);
 - c. Ceases to be accredited or has a program that ceases to be accredited by an accrediting agency named under subsection (D)(3);
 - d. Ceases to be eligible to participate in a federal student financial aid program named in the agreement under subsection (D)(6);

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- e. Decides to cease operations; or
- f. Knows or should know that the license is under investigation by any state or federal agency or an accrediting agency; and
- 2. Notify the Board in writing within five business days of:
 - a. A change in any grant of accreditation issued by an accrediting agency named under subsection (D)(3) or (F)(1)(a) including but not limited to the following adverse actions:
 - i. Suspending accreditation,
 - ii. Withdrawing or cancelling accreditation,
 - iii. Placing accredited institution on probation,
 - iv. Requiring accredited institution to show cause, or
 - v. Requiring a specific corrective action, or
 - b. A change in eligibility to participate in a federal student financial aid program named in the agreement under subsection (D)(6) or (F)(1)(b).
- G. The Board may conduct an inspection, under A.R.S. § 41-1009, of an applicant's or licensee's place of business to determine compliance with the requirements of A.R.S. Title 32, Chapter 30 and this Article.
- H. As provided in A.R.S. § 32-3051, the Board may discipline a regular licensee that:
 - 1. Violates a requirement in subsection (F); or
 - 2. Intentionally or negligently misrepresents any material information in documents or information presented to the Board.

R4-39-104. Requirements for a Conditional License to Operate a Private Non-accredited Vocational Institution in Arizona

- A. A person shall not operate a private non-accredited vocational institution without a conditional license granted by the Board.
- B. ~~Except as specified in subsection (B)(6), the~~ The Board shall not grant a conditional license if:
 - 1. Within 10 years before filing the application packet required in subsection (D), an individual with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has been convicted in this state or any jurisdiction of any crime, regardless of whether the crime is a misdemeanor or felony, that a reasonable person would consider relevant to the legal and ethical operation of an educational institution. If the conviction was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section;
 - 2. Within 10 years before filing the application packet required in subsection (D), a person with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has had a license to operate a vocational or degree-granting institution revoked in this state or any jurisdiction;
 - 3. The applicant provides false or misleading information on or with the application required by this Section;
 - 4. The applicant was previously licensed by the Board and ceased operations without complying with R4-39-402 and R4-39-406; or
 - 5. The applicant ceased to operate or offer a program and as a result:
 - a. The Board was obligated to make a payment from the Student Tuition Recovery Fund established under A.R.S. § 32-3072, or
 - b. ~~The~~ DE ED or a private entity forgave loans, in whole or in part, to affected students; ~~and,~~
 - 6. ~~If the conviction described in subsection (B)(1) was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section.~~
- C. The Board shall grant a conditional license to an applicant if:
 - 1. The applicant provides the information and documentation required in subsection (D); and
 - 2. The information provided under subsection (D) demonstrates:
 - a. Compliance with A.R.S. § 32-3021(B)(1) through (11); and
 - b. The ability to provide educational services as represented to the public.
- D. An applicant for a conditional license shall submit to the Board an application packet that includes:
 - 1. The filing fee required under R4-39-201;
 - 2. A letter of credit, surety bond, cash deposit, or equivalent security, as required under A.R.S. § 32-3023, ~~of \$15,000 or another in~~ the amount determined by the Board under R4-39-108;
 - 3. An application form provided by the Board containing:
 - a. The applicant's name, street address, mailing address, telephone number, ~~fax number~~, e-mail address, and ~~web site~~ website address, if applicable;
 - b. If the applicant has a headquarters in another state or jurisdiction, the headquarters' street address, mailing address, telephone number, ~~fax number~~, and e-mail address;
 - c. Responses to questions regarding the distribution of ownership, business type, and legal structure;
 - d. As applicable, identification of:
 - i. All members of the board of directors or board of trustees,
 - ii. All persons with at least 20 percent ownership in the applicant, and
 - iii. All individuals responsible for controlling, managing, or representing the applicant in this state;
 - e. Responses to questions regarding whether a person identified in subsection (D)(3)(d) has ever applied for or been issued a license to operate a vocational or degree-granting institution in this state or any jurisdiction;
 - f. Responses to questions regarding the finances, federal or state tax liabilities, management capabilities, and criminal history of the persons identified under subsection (D)(3)(d)(ii);
 - g. Responses to questions regarding programs and student recruitment, enrollment, retention, placement, and financing;
 - h. Name of the director required under R4-39-303(B) and evidence that the director is qualified;
 - i. Staffing information including:

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- i. Required minimum qualifications of faculty for each program to be offered;
 - ii. The number of administrative personnel and faculty members projected at the end of the first licensure period; and
 - iii. The names of all current administrative personnel and faculty members;
 - j. Attestation by the individual signing the application that the applicant will comply with all applicable requirements in A.R.S. Title 32, Chapter 30, and this Chapter;
 - k. Attestation by the individual signing the application that all information required as part of the application packet has been submitted and is true and accurate; and
 - l. The notarized signature of an owner of the applicant or an owner's legal representative and date of signature;
 4. Financial statements or financial documentation required under R4-39-108;
 5. Evidence of the insurance required under R4-39-108;
 6. If applicable, a copy of the applicant's articles of incorporation, partnership or joint venture documents, or limited liability documents;
 7. A business plan that includes:
 - a. Executive summary with highlights, objectives, and mission;
 - b. Applicant summary;
 - c. Programs offered and services provided;
 - d. Marketing plan and implementation; and
 - e. Financial plan that includes three-year projections and financial resources available to demonstrate financial stability;
 8. For each program to be offered, a form provided by the Board describing:
 - a. Program content, length, and delivery system information;
 - b. Program prerequisites and completion requirements;
 - c. Student fees as defined at R4-39-101;
 - d. Any required textbooks or program learning materials;
 - e. Any equipment or technology or competency requirements;
 - f. As applicable:
 - i. Library resources;
 - ii. Clinical training, practica, externships, internships, or special features;
 - iii. Graduate employment opportunities; and
 - iv. Licensing requirements for a graduate of the program to practice; and
 - g. Attach to the form, a copy of the certificate or diploma to be awarded when the program is completed.
 9. A copy of the applicant's student enrollment agreement meeting the requirements in R4-39-401;
 10. A copy of the applicant's catalog meeting the requirements in R4-39-301;
 11. A copy of each brochure, promotional document, uniform resource locator, or advertisement intended for students or potential students;
 12. A copy of the applicant's student grievance procedure that:
 - a. Is published in the applicant's catalog required under subsection (D)(10);
 - b. Provides the steps and time frames involved in the grievance procedure;
 - c. References the student's right under A.R.S. § 32-3052 to file a complaint with the Board;
 - d. Lists the Board's address, telephone number, and ~~web-site~~ website; and
 - e. If the applicant requires arbitration as part of the student grievance procedure, includes the following statement: Arbitration of a student grievance is required. Arbitration will take place at a location reasonably convenient for both parties giving due consideration to the student's ability to travel and other pertinent circumstances. Both parties will attempt to have proceedings take place within a reasonable time and without undue delay. The arbitration proceedings will follow the spirit if not the letter of the consumer due process protocol of the American Arbitration Association. The protocol includes but is not limited to a fundamentally fair process; an independent and impartial, competent, and qualified arbitrator; independent administration of the arbitration; reasonable cost; right to representation; and possibility of mediation. Arbitration does not preclude other avenues of recourse, including but not limited to possible relief in small claims court, unless and until the arbitration result is made binding. Arbitration of a student grievance does not preclude the student from seeking a remedy from the Arizona Board of Private Postsecondary Education.
 13. An institutional organizational chart including staff names and position titles;
 14. For each individual identified under subsection (D)(3)(d), a form provided by the Board describing the individual's professional and educational background;
 15. For each faculty member named under subsection ~~(D)(3)(h)(iv)~~ (D)(3)(i), a form provided by the Board describing the individual's professional and educational background;
 16. For each location within the state from which the applicant will operate:
 - a. A form provided by the Board describing the facility;
 - b. Line drawings, floor plans, or photographs showing each story of the facility, the room layout, room usage, and each door, window, and exit; and
 - c. Documentation from the local jurisdiction of compliance with all applicable fire codes, building codes, and zoning ordinances; and
 17. Other information the Board or applicant believes is relevant and will assist the Board to determine whether the applicant is in compliance with all licensing requirements under A.R.S. Title 32, Chapter 30 and this Article.
- E. Before granting a conditional license, the Board shall conduct an inspection, under A.R.S. § 41-1009, of an applicant's place of business to determine compliance with subsection (C).

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- F. If the Board grants a conditional license to an applicant, the conditional licensee:
 - 1. Shall not describe or refer to itself the conditional licensee using the terms “licensed,” “approved,” or “accredited;” and
 - 2. May describe or refer to itself the conditional licensee using the terms “conditionally licensed” or “conditional license.”
- G. After granting a conditional license, the Board may conduct an inspection, under A.R.S. § 41-1009, of a conditional licensee’s place of business to determine continuing compliance with the requirements of A.R.S. Title 32, Chapter 30 and this Article.
- H. Under the authority provided at A.R.S. § 32-3051, the Board may discipline a conditional licensee that intentionally or negligently misrepresents any material information in documents or testimony presented to the Board.

R4-39-105. Requirements for a Regular License to Continue to Operate a Private Non-accredited Vocational Institution in Arizona

- A. ~~Except as specified in subsection (A)(6), the~~ The Board shall not grant or renew a regular license to an applicant, if:
 - 1. Since the start date of the current licensure period, an individual with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has been convicted in this state or any jurisdiction of any crime, regardless of whether the crime is a misdemeanor or felony, that a reasonable person would consider relevant to the legal and ethical operation of an educational institution. If the conviction was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section;
 - 2. Since the start date of the current licensure period, a person with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has had a license to operate a vocational or degree-granting institution revoked in this state or any jurisdiction;
 - 3. The applicant provides false or misleading information on or with an application required by this Section;
 - 4. The applicant was previously licensed by the Board and ceased operations without complying with R4-39-402 and R4-39-406; or
 - 5. The applicant ceased to operate or offer a program and as a result:
 - a. The Board was obligated to make a payment from the Student Tuition Recovery Fund established under A.R.S. § 32-3072, or
 - b. ~~The DE ED~~ or a private entity forgave loans, in whole or in part, to affected students; ~~and,~~
 - 6. ~~If the conviction described in subsection (A)(1) was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section.~~
- B. The Board shall grant or renew a regular license to a licensee if the licensee submits an application and:
 - 1. The application includes the information required in subsection (C); and
 - 2. The information provided demonstrates:
 - a. Compliance with A.R.S. § 32-3021(B)(1) through (11); and
 - b. The ability to provide educational services as represented to the public.
- C. No later than 60 days before expiration of a licensee’s conditional or regular license, the licensee shall submit to the Board an application packet that includes:
 - 1. The filing fee required under R4-39-201;
 - 2. The information and documentation required in R4-39-104(D)(2) through (D)(5), (D)(8)(a) and (c), (D)(9), (D)(10), (D)(12), and (D)(17);
 - 3. A list of individuals identified in (D)(14), R4-39-104(D)(14) and (D)(15) and (D)(17); and
 - 3-4. Information regarding the annual enrollment and retention and placement rates for each program offered by the licensee;
- D. A licensee that fails to comply with subsection (C) and allows the licensee’s conditional or regular license to expire shall:
 - 1. Comply with subsection (C) within 30 days after the license expires, and
 - 2. Pay the late renewal fee prescribed under A.R.S. § 32-3027(A)(7); or
 - 3. Immediately cease operating in this state.
- E. The Board may conduct an inspection, under A.R.S. § 41-1009, of a licensee’s place of business to determine compliance with the requirements in A.R.S. Title 32, Chapter 30 and this Article.
- F. As provided in A.R.S. § 32-3051, the Board may discipline a licensee that:
 - 1. Intentionally or negligently misrepresents any material information in documents or testimony presented to the Board, or
 - 2. Fails to comply fully with subsection (C) or (D) but continues to operate in this state.

R4-39-107. Requirements for a Provisional License to Continue to Operate a Private Non-accredited Degree-granting Institution in Arizona

- A. ~~Except as specified in subsection (A)(7), the~~ The Board shall not grant or renew a provisional license to an applicant if:
 - 1. Since the start date of the current licensure period, an individual with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has been convicted in this state or any jurisdiction of a any crime regardless of whether the crime is a misdemeanor or felony, that a reasonable person would consider relevant to the legal and ethical operation of an educational institution. If the conviction was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section;
 - 2. Since the start date of the current licensure period, a person with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has had a license to operate a vocational or degree-granting institution revoked in this state or any jurisdiction;
 - 3. The applicant provides false or misleading information on or with an application required by this Section;
 - 4. The applicant fails to apply for accreditation as required under R4-39-106(D)(3) or fails to make progress consistent with the chronological timeline specified under R4-39-106(D)(5) for three consecutive renewal periods;
 - 5. The applicant was previously licensed by the Board and ceased to operate without complying with R4-39-402 and R4-39-406; or

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6. The applicant ceased to operate or offer a program and as a result:
 - a. The Board was obligated to make a payment from the Student Tuition Recovery Fund established under A.R.S. § 32-3072, or
 - b. The ~~DE~~ ED or a private entity forgave loans, in whole or in part, to affected students; ~~and~~.
7. ~~If the conviction described in subsection (A)(1) was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section.~~
- B. The Board shall grant or renew a provisional license to an applicant if the applicant submits an application and:
 1. The application includes the information required in subsection (C); and
 2. The information provided demonstrates:
 - a. Compliance with A.R.S. §§ 32-3021(B)(1) through (11) and 32-3022(C);
 - b. The ability to provide educational services as represented to the public; and
 - c. Progress in gaining accreditation from each accrediting agency named under R4-39-106(D)(3).
- C. No later than 60 days before expiration of a licensee's conditional or provisional license, an applicant for an initial or renewed provisional license shall submit to the Board an application packet that includes:
 1. The filing fee required under R4-39-201;
 2. The information and documentation required in R4-39-104(D)(2) through (D)(5), (D)(8)(a) and (c), (D)(9), (D)(10), (D)(12), ~~(D)(14), (D)(15), and (D)(17);~~
 3. A list of individuals identified in R4-39-104(D)(14) and (D)(15);
 - ~~3.4.~~ A report on the annual enrollment and retention and placement rates for each program offered;
 - ~~4.5.~~ Documents that demonstrate the applicant met the chronological timeline submitted under R4-39-106(D)(5); and
 - ~~5.6.~~ Copies of application documents and all correspondence with all accrediting agencies named under R4-39-106(D)(3), if applicable.
- D. A licensee that fails to comply with subsection (C) and allows the licensee's conditional or provisional license to expire shall:
 1. Comply with subsection (C) within 30 days after the license expires, and
 2. Pay the late renewal fee prescribed under A.R.S. § 32-3027(A)(7); or
 3. Immediately cease operating in this state.
- E. A conditional or provisional licensee shall:
 1. Notify the Board in writing by the next business day if the conditional or provisional licensee:
 - a. Is determined by an accrediting agency named under R4-39-106(D)(3) to be ineligible to apply for accreditation with the accrediting agency;
 - b. Is precluded from initiating or continuing in the accreditation process by an accrediting agency named under R4-39-106(D)(3);
 - c. Is denied accreditation by an accrediting agency named under R4-39-106(D)(3);
 - d. Knows or should know ~~that~~ the conditional or provisional licensee is or was under investigation by a state or federal agency or an accrediting agency; or
 - e. Decides to cease operations;
 2. Within five days of:
 - a. Receipt, submit to the Board a copy of any document from an accrediting agency named under R4-39-106(D)(3) that pertains to the conditional or provisional licensee's progress in gaining accreditation from the accrediting agency; and
 - b. Mailing or sending, submit to the Board a copy of any document mailed or sent by the conditional or provisional licensee to an accrediting agency named under R4-39-106(D)(3) that pertains to the licensee's progress in gaining accreditation from the accrediting agency; and
 3. Within 10 days after determining ~~that~~ the conditional or provisional licensee failed to meet the timeline submitted under subsection R4-39-106(D)(5), submit written notice of the failure to the Board.
- F. The Board may conduct an inspection, under A.R.S. § 41-1009, of a conditional or provisional licensee's place of business to determine compliance with the requirements of this Article.
- G. As provided in A.R.S. § 32-3051, the Board may discipline a conditional or provisional licensee that:
 1. Violates a requirement in subsection (E),
 2. Intentionally or negligently misrepresents any material information in documents or testimony presented to the Board, or
 3. Fails to comply fully with subsection (C) or (D) but continues to operate in this state.

R4-39-108. Surety Bond, Cash Deposit, or Letter of Credit; Insurance; Financial Statement Requirements; and Finance Committee

- A. An applicant or licensee under R4-39-104, R4-39-105, R4-39-106, or R4-39-107 shall have a surety bond, cash deposit, or letter of credit as required under A.R.S. § 32-3023(A). The Board shall determine the dollar amount of the surety bond, cash deposit, or letter of credit under A.R.S. § 32-3023(C).
- B. The Board may require an applicant or licensee under R4-39-103 ~~or R4-39-110(D) or (E)~~ have a surety bond, cash deposit, or letter of credit as allowed under A.R.S. § 32-3023(B). The Board shall determine whether a surety bond, cash deposit, or letter of credit is required of an applicant or licensee under R4-39-103 ~~or R4-39-110(D) or (E)~~ and if so, the amount of the surety bond, cash deposit, or letter of credit. In determining whether and the amount of surety bond, cash deposit, or letter of credit to require, the Board shall consider the following factors:
 1. Whether the institution has sources of funding other than tuition and the percentage of the institution's funding contributed by the other sources;
 2. The amount of time programs offered by the institution require for completion; and

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3. The criteria regarding financial responsibility specified under subsection (I)(4).
- C. The Board shall ~~use the following guidelines to determine the dollar amount of surety bond, cash deposit, or letter of credit to require of an applicant or licensee: by evaluating the totality of the applicant's or licensee's circumstances including the criteria specified under A.R.S. § 32-3023(C).~~
 1. ~~The minimum amount required for applicants and licensees is \$15,000;~~
 2. ~~Additional amounts required of an accredited institution:~~
 - a. ~~If the annual GTR is less than \$400,000, 15 percent of annual GTR; and~~
 - b. ~~If the annual GTR is \$400,000 or more, 10 percent of annual GTR; and~~
 3. ~~Additional amounts required of a non-accredited institution:~~
 - a. ~~If the annual GTR is less than \$400,000, 20 percent of annual GTR; and~~
 - b. ~~If the annual GTR is \$400,000 or more, 15 percent of annual GTR.~~
- D. An applicant or licensee that meets the requirement under subsection (A) or (B) with a surety bond shall purchase the surety bond from a surety company that has a rating of A or higher from a national rating service.
- E. An applicant or licensee shall:
 1. Have and maintain with an insurance company authorized to transact business in this state coverage that is adequate to protect the applicant or licensee's assets in the event of damage or a finding of liability:
 - a. For an applicant or licensee with annual GTR of \$1,000,000 or more:
 - i. A minimum single occurrence of \$1,000,000 for educators' errors and omissions or malpractice liability insurance; and
 - ii. A minimum single occurrence of \$1,000,000 for general liability coverage for operation of the institution;
 - b. For an applicant or licensee with annual GTR more than \$500,000 but less than \$1,000,000:
 - i. A minimum single occurrence of not less than the previous year's GTR plus 10 percent for educators' errors and omissions or malpractice liability insurance; and
 - ii. A minimum single occurrence not less than the previous year's GTR plus 10 percent of general liability coverage for the operation of institution;
 - c. For an applicant or licensee with annual GTR equal to or less than \$500,000:
 - i. A minimum single occurrence of not less than \$500,000 for educators' errors and omissions or malpractice liability insurance; and
 - ii. A minimum single occurrence not less \$500,000 of general liability coverage for the operation of institution; or
 2. Be self-insured ~~for the amounts in subsection (C)(1) an amount the Board determines is adequate.~~
- F. An applicant or licensee shall submit to the Board a fiscal year-end financial statement that complies with the following requirements:
 1. If the applicant or licensee has annual GTR greater than \$350,000:
 - a. Is prepared and compiled, reviewed, or audited by a certified public accountant in accordance with generally accepted accounting principles; and
 - b. Includes a statement of cash flows and disclosures; or
 2. If the applicant or licensee has annual GTR equal to or less than \$350,000:
 - a. Is compiled, reviewed, or audited in accordance with generally accepted accounting principles; and
 - b. Includes supporting documentation requested by the Board; and
 3. Includes additional financial information if required by the Board under subsections (G) and (H).
- G. The Board shall require an applicant or licensee to submit additional financial documentation if:
 1. The fiscal year-end financial statement is for a reporting period that ended more than six months before the date of license application; or
 2. The applicant has not previously operated in this state or any other jurisdiction.
- H. The Board may require an applicant or licensee to submit additional financial documentation if:
 1. The Board has concerns based on the applicant's or licensee's responses to questions regarding the distribution of ownership, business type, and legal structure; or
 2. The financial documentation submitted shows:
 - a. Current ratio of assets to liabilities less than 1:1,
 - b. Current negative net worth,
 - c. Net losses during each of the last two years,
 - d. Subject to additional ~~DE~~ ED reporting requirements or has a composite score of less than 1.5,
 - e. Current cash reserves are insufficient to make required refunds,
 - f. Current financial obligations are not being met,
 - g. Applicant or licensee has a history of revocation or negative action in this or another state,
 - h. Current negative cash flow, or
 - i. Financial responsibility standards for accreditation are not being met.
- I. The Board shall appoint a Finance Committee that consists of at least three ~~member~~ members of the Board:
 1. The Finance Committee shall comply with the open meeting requirements at A.R.S. Title 38, Chapter 3, Article 3.1.
 2. The Finance Committee shall assess the financial responsibility of an applicant or licensee.
 3. If the Finance Committee determines ~~that~~ the information submitted under this Section is not sufficient to demonstrate ~~that~~ an applicant or licensee has financial responsibility, the Finance Committee shall work with the applicant or licensee to improve the demonstration.
 4. After reviewing the information submitted under this Section, the Finance Committee shall determine ~~that~~ the applicant or licensee:

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- a. Has demonstrated financial responsibility and grant a license;
- b. Has not demonstrated financial responsibility but grant a license contingent on the licensee doing one or more of the following:
 - i. Submitting quarterly reports,
 - ii. Submitting a financial improvement plan,
 - iii. Submitting two-year financial projections, and
 - iv. Posting a surety bond, cash deposit, or letter of credit ~~that exceeds the in an amount determined under subsection (C)~~ the Board determines is adequate;
- c. Has not demonstrated financial responsibility and postpone action to allow the applicant or licensee to provide additional information; or
- d. Has not demonstrated financial responsibility and refer the matter to the whole Board for Board action.

R4-39-110. Change of Ownership or Control

- A. In this Section, “change of ownership or control” is indicated by the following:
 - 1. For a privately held corporation whose control is vested in those who control the voting stock of the corporation:
 - a. At least 50 percent of the voting stock changes from one owner to another within a five-year period; or
 - b. At least 50 percent of the assets of the corporation are sold regardless of whether the sale is called an asset or securities purchase, a stock or share exchange, or something else;
 - 2. For a publicly traded corporation whose control is vested in the voting members of the board of directors:
 - a. At least 50 percent of the voting members of the board of directors change within a 12-month period, or
 - b. At least 50 percent of the assets of the publicly traded corporation are sold regardless of whether the sale is called an asset or securities purchase, a stock or share exchange, or something else;
 - 3. For a non-profit corporation whose control is vested in the voting members of the board of trustees:
 - a. At least 50 percent of the voting members of the board of trustees change within a 12-month period, or
 - b. The chief executive officer of the non-profit corporation changes;
 - 4. For a limited partnership whose control is vested in a corporate general partner, the corporate general partner:
 - a. Has a change of ownership or control as determined under subsections (A)(1) through (A)(3); or
 - b. At least 50 percent of the assets of the corporate general partner are sold regardless of whether the sale is called an asset or securities purchase, a stock or share exchange, or something else;
 - 5. For a limited liability company whose control is vested in members who control a majority of the interest in the company:
 - a. At least 50 percent interest changes within a 12-month period; or
 - b. At least 50 percent of the assets of the limited liability company are sold regardless of whether the sale is called an asset or securities purchase, a stock or share exchange, or something else;
 - 6. For a sole proprietor or a limited partnership that is not described in subsection (A)(4), if at least 50 percent interest changes within a five-year period; and
 - 7. For any business entity described in subsections (A)(1) through (A)(6), when the entity changes from one business form to another including when a non-profit entity becomes a for-profit entity or when a privately held corporation becomes a publicly traded corporation.
- B. If assets are sold under subsection (A)(1), (A)(2), (A)(4), or (A)(5), regardless of whether the sale is called an asset or securities purchase, a stock or share exchange, or something else, the sale must transfer liabilities for students enrolled at the time of closing.
- C. For the purposes of this Section, assets and liabilities are determined according to generally accepted accounting principles.
- D. A change of ownership or control does not occur under subsection (A) if an interest is transferred by operation of law or inheritance to a parent, grandparent, spouse, or child.
- E. A licensee shall, within seven days, notify the Board in writing and explain the following:
 - 1. A change of ownership or control as described under subsection (A); or
 - 2. A change of interest or of the voting members of the board of directors of more than 20 percent but less than 50 percent.
- F. No later than 60 days after the date on the notice provided under subsection (E), a licensed private accredited institution shall submit to the Board a license application packet that includes:
 - 1. The filing fee required under R4-39-201(E);
 - 2. Either:
 - a. Information and documentation specified in R4-39-103(D)(3) through (D)(10), as applicable, R4-39-104(D)(2), if required, and (D)(3) through (D)(6), (D)(8)(a) and (c) through (D)(12), (D)(14), and (D)(17), and R4-39-108(B); or
 - b. If required by an accrediting agency that accredits the licensee’s programs or the institution through which the programs are offered, a copy of change of ownership documents submitted by the licensee to the accrediting agency;
 - 3. Attestation that the applicant will assume financial responsibility, as required under R4-39-404(C), for all student tuition refunds for which the institution has an obligation; and
 - 4. Other information determined by the Board to be relevant to determining the applicant’s compliance with licensing requirements under A.R.S. Title 32, Chapter 30 and this Article.
- G. No later than 60 days after the date on the notice provided under subsection (E), a licensed private non-accredited institution shall submit to the Board a license application packet that includes:
 - 1. The filing fee required under R4-39-201(E);
 - 2. For a private non-accredited vocational institution, information and documentation specified in R4-39-104(D)(3) through (D)(6), (D)(8)(a) and (c), (D)(12) through (D)(14) and (D)(17), and R4-39-108(A);

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3. For a private non-accredited degree-granting institution, information and documentation specified in R4-39-103(D)(3) through (D)(10), as applicable, R4-39-104(D)(2) through (D)(6), (D)(8)(a) and (c), (D)(12) through (D)(14) and (D)(17), and R4-39-108(A);
 4. Attestation that the applicant will assume financial responsibility, as required under R4-39-404(C), for all student tuition refunds for which the institution has a financial obligation; and
 5. Other information determined by the Board to be relevant to determining the applicant's compliance with licensing requirements under this Article.
- H.** ~~Except as specified in subsection (H)(6), the~~ The Board shall not grant a license as a result of a change of ownership or control to an applicant if:
1. Within 10 years before filing the application packet required in subsection ~~(F) or (G) or (H)~~ (F) or (G) or since the start date of the current licensure period, an individual with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has been convicted in this state or any jurisdiction of any crime, regardless of whether the crime is a misdemeanor or felony, that a reasonable person would consider relevant to the legal and ethical operation of an educational institution. If the conviction was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section;
 2. Within 10 years before filing the application packet required in subsection ~~(F) or (G) or (H)~~ (F) or (G) or since the start date of the current licensure period, a person with at least 20 percent ownership in the applicant or an officer or employee who controls, manages, or represents the applicant in this state has had a license to operate a vocational degree-granting institution revoked in this state or any jurisdiction;
 3. The applicant provides false or misleading information on or with the application required by this Section;
 4. The applicant was previously licensed by the Board and ceased operation without complying with R4-39-402 and R4-39-406; or
 5. The applicant ceased to operate or offer a program and as a result:
 - a. The Board was obligated to make a payment from the Student Tuition Recovery Fund established under A.R.S. § 32-3072, or
 - b. ~~The DE ED or a private entity forgave loans, in whole or in part, to affected students; and,~~
 6. ~~If the conviction described in subsection (H)(1) was discharged, expunged, set aside, or vacated, the Board shall consider this fact when exercising its discretionary power under this Section.~~
- I.** The Board shall grant a license as a result of a change of ownership or control, if the applicant:
1. Demonstrates compliance with A.R.S. §§ 32-3021 through 32-3027, as applicable; and
 2. Meets the application requirements in subsection (F) or (G).
- J.** The Board may conduct an inspection, under A.R.S. § 41-1009, of an applicant's or licensee's place of business to determine compliance with the requirements of A.R.S. Title 32, Chapter 30 and this Article.

R4-39-113. Registration of an Out-of-state Private Postsecondary Education Institution

- A.** As required under A.R.S. § 32-3024, an out-of-state private postsecondary education institution shall register with the Board if the out-of-state private postsecondary education institution:
1. Is not domiciled in Arizona;
 2. Enrolls a resident of Arizona in a fully online program; and
 3. Is not an active participant in the National Council for State Authorization Reciprocity Agreement.
- B.** To register with the Board, an out-of-state private postsecondary education institution shall submit an application, the evidence specified under A.R.S. § 32-3024(B), and the fee specified in R4-39-201.
- C.** In addition to complying with subsection (B), an out-of-state private postsecondary education institution that is not accredited shall submit the information and documents specified under A.R.S. § 32-3024(C).
- D.** A registration under this Section is valid for one year. No later than 60 days before the registration expires, the registrant shall submit a renewal application to the Board and pay the renewal fee listed in R4-39-201.
- E.** An out-of-state private postsecondary education institution described under subsection (A) shall:
1. Pay an annual assessment to the Student Tuition Recovery Fund based on the prepaid tuition collected from Arizona residents; and
 2. Comply with A.R.S. § 32-3024(D) and (E) regarding reporting changes to the Board and maintaining student records.
- F.** For the purpose of A.R.S. § 41-1073, the Board establishes the following time frames for registration of an out-of-state private postsecondary education institution:
1. For an initial registration application:
 - a. Administrative completeness review time frame: 135 days;
 - b. Substantive review time frame: 45 days;
 - c. Overall time frame: 180 days.
 2. For a renewal registration application:
 - a. Administrative completeness review time frame: 60 days;
 - b. Substantive review time frame: 45 days;
 - c. Overall time frame: 105 days.
- G.** The exemptions at A.R.S. §§ 32-3021(G) and 32-3022(E) apply to this Section.

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ARTICLE 2. FEES

R4-39-201. Fees

- A. The filing fee for a license to operate a private vocational or degree-granting institution is ~~\$800~~ \$2,000.
- B. The annual filing fee for a license renewal to continue to operate a private vocational or degree-granting institution is the following amount based on the institution's annual GTR:
1. Less than \$50,000 annual GTR, ~~\$600~~ \$750;
 2. \$50,000/\$249,999 annual GTR, ~~\$750~~ \$975;
 3. \$250,000/\$499,999 annual GTR, ~~\$1,000~~ \$1,375;
 4. \$500,000/\$999,999 annual GTR, ~~\$1,300~~ \$1,800;
 5. \$1,000,000/\$2,499,999 annual GTR, ~~\$1,650~~ \$2,300;
 6. \$2,500,000/\$6,999,999 annual GTR, ~~\$2,000~~ \$2,750; or
 7. \$7,000,000 or more annual /\$9,999,999 annual GTR, ~~\$2,300~~ \$3,100;
 8. \$10,000,000/\$13,999,999 annual GTR, \$4,200;
 9. \$14,000,000/\$19,999,999 annual GTR, \$5,000; or
 10. \$20,000,000 or more annual GTR, \$6,000.
- C. The filing fee for each application for a supplemental license to offer a new or additional private vocational or degree-granting program is \$500.
- D. The filing fee for each application for a supplemental license to offer a private vocational or degree-granting program from a new or additional location is \$500.
- E. The filing fee for an application for a supplemental license to continue to operate a private vocational or degree-granting institution following a change of ownership or control is ~~\$500~~ \$2,000.
- F. The fee for an onsite verification or inspection is the actual cost incurred or \$500, whichever is less.
- G. The fee to register an out-of-state private postsecondary education institution is:
1. Initial registration: \$2,000;
 2. Annual renewal registration: \$1,000.

ARTICLE 3. OPERATION OF PRIVATE NON-ACCREDITED INSTITUTIONS

R4-39-301. Catalog

- A. A licensee offering a non-accredited program shall ensure that the licensee has a catalog that includes the following information:
1. The licensee's:
 - a. Name;
 - b. Street, mailing, e-mail, and ~~web site~~ website addresses, if applicable; and
 - c. Telephone ~~and fax numbers~~ number;
 2. If the licensee has a headquarters in another state or jurisdiction, the headquarters':
 - a. Street, mailing, e-mail, and ~~web site~~ website addresses, if applicable; and
 - b. Telephone ~~and fax numbers~~ number;
 3. The effective date of the catalog;
 4. The names and titles of:
 - a. All members of any board of directors or board of trustees,
 - b. All individuals responsible for managing the licensee in this state, and
 - c. All members of executive management who live outside this state;
 5. A list of all programs offered by the licensee;
 6. For each program to be offered:
 - a. A topical outline, including a statement of purpose, objectives, subjects, units, skills, and jobs to be learned in the program, and the number of clock, credit, or semester hours to be spent by the student in each phase of the program;
 - b. Any program prerequisites and completion requirements;
 - c. Tuition and student fees;
 - d. Any required equipment or technology;
 - e. Any required competencies;
 - f. Any clinical training, practica, externships, internships, or special features of the program;
 - g. Any graduate employment opportunities; and
 - h. Licensure requirements for a graduate to practice, if any;
 7. Any allowable student tuition reductions, discounts, and scholarships and educational loans that comply with R4-39-308;
 8. Any available student payment schedules and financing options that comply with R4-39-308;
 9. Student eligibility requirements for tuition reductions, discounts, and scholarships, educational loans, payment schedules, and financing options, if applicable;
 10. Refund policies that comply with R4-39-308 and R4-39-404;
 11. Any student services provided by the licensee;
 12. A description of:
 - a. Educational delivery systems used in the program, including classroom-based instruction, directed study, distance education, and online computer-based learning; and
 - b. Available library resources;
 13. For licensees operating on an academic calendar, identification of:

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- a. Start and end dates for each semester, quarter, term, or session offered; and
 - b. Vacation periods and holidays; or
 - c. Explanation of the enrollment period;
14. Policies and regulations governing:
- a. Admission requirements or program enrollment;
 - b. Program or course cancellation;
 - c. Grading procedures;
 - d. Change in student status, including:
 - i. Leave of absence;
 - ii. Readmission; and
 - iii. Probation, suspension, or expulsion;
 - e. Standards for satisfactory academic progress;
 - f. Graduation requirements;
 - g. Grade reports and transcripts; and
 - h. As applicable:
 - i. Student attendance; and
 - ii. Credit for previous education, training, work, or life experience; and
15. Student grievance procedure that meets the requirements at R4-39-104(D)(12).
- B.** A licensee offering a non-accredited program shall make the catalog required under subsection (A) available to students and prospective students in a written or electronic format.
- C.** Within 10 days from the date a licensee offering a non-accredited program revises the catalog required under subsection (A) or publishes a new catalog, the licensee shall submit to the Board a written or electronic copy of the revised or new catalog.

ARTICLE 4. OPERATION OF ALL LICENSED INSTITUTIONS

R4-39-403. Complaint Procedures

- A.** If a student has a complaint against a licensee and ~~exhausts all~~ uses the licensee's available grievance procedures, including all appeals, ~~established by the licensee~~, the student may file a written complaint with the Board. The student shall ensure ~~that~~ the complaint is filed within two years after the latest of the following. The date on which the student:
1. Last attended the licensee;
 2. Completed the licensee's grievance procedure, including all appeals, unless the licensee fails to complete the grievance procedure, including all appeals, within two years; or
 3. Is able to demonstrate ~~that~~ the licensee failed to follow the licensee's grievance procedure.
- B.** If a non-student has a complaint against a licensee, the non-student may file a written complaint with the Board. The non-student complainant shall ensure the complaint is filed within one year from the date on which the event prompting the complaint occurred.
- ~~**B-C.** A student who files a complaint under subsection (A) To file a complaint against a licensee, an individual who is a student or non-student shall:~~
1. Use a form that is available from the Board,
 2. Sign the form and attest that all information provided is true and correct, and
 3. Attach to the form documentation that supports the allegations on which the complaint is based.
- ~~**C-D.** The Board shall not accept an anonymous complaint. An individual, whether a student or non-student, who files a complaint under subsection (C) may request to remain anonymous to the licensee if the individual believes the complaint may result in adverse action towards the individual. The Board cannot, however, guarantee that disclosure of the individual's identity will not occur in the process of honoring the licensee's due process rights.~~
- ~~**D-E.** The Board shall not accept a complaint regarding a grade dispute or the licensee's employment practices or compliance with the Americans with Disabilities Act.~~
- ~~**E-F.** After the complaint committee authorized under A.R.S. § 32-3052(D) reviews the complaint and the results of the staff investigation of the complaint, the complaint committee shall take one of the actions defined under A.R.S. § 32-3052(E).~~
- ~~**F.** If a non-student has a complaint against a licensee, the non-student may file a written complaint with the Board. The non-student complainant shall ensure that the complaint is filed within one year from the date on which the event prompting the complaint occurred.~~
- G.** Subsections (B) through (E) apply to non-student complaints. When the Board receives a complaint from the Arizona State Board of Nursing under A.R.S. § 32-1644(G), the Board shall handle the complaint in accordance with Article 5.

R4-39-404. Tuition Refund Policy

- A.** A licensee shall allow a student or prospective student to cancel an enrollment agreement with the licensee if the student or prospective student submits a written notice of cancellation to the licensee within three days, excluding Saturday, Sunday, and state and federal holidays, of signing the enrollment agreement.
- B.** No later than 30 calendar days after a licensee receives a written notice of cancellation described in subsection (A), the licensee shall provide to the student or the person that paid the student's tuition and student fees a refund of 100 percent of all student fees and tuition paid.
- C.** A licensee offering an accredited program shall develop and implement policies and procedures for cancellations and tuition refunds that:
1. Are published in the catalog that meets the accreditation standards established by each accrediting agency named in R4-39-103(D)(3) and the enrollment agreement required under R4-39-401;

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2. Are applicable to all students; and
 3. Comply with:
 - a. Accreditation standards established by each accrediting agency named under R4-39-103(D)(3) or (F)(1)(a); and
 - b. ~~DE~~ ED requirements governing each federal student financial aid program in the agreement under R4-39-103(D)(6) or (F)(1)(b).
- D.** A licensee offering a non-accredited program shall develop and implement policies and procedures for cancellations and tuition refunds that:
1. Are published in the catalog required under R4-39-301 and enrollment agreement required under R4-39-401;
 2. Are applicable to all students;
 3. Are based on an established time period for each program that:
 - a. Has a prescribed student tuition obligation and tuition refund calculation; and
 - b. Does not exceed the full length of the program or one calendar year, whichever is less;
 4. Allow the licensee to retain an administrative fee or registration fee not to exceed \$200.00 if the fee is published in the catalog required under R4-39-301 and enrollment agreement required under R4-39-401;
 5. Provide the following refunds for a student who withdraws from or is terminated by the licensee:
 - a. Before beginning classes in a time period, a refund of 100 percent of the tuition charges for the time period;
 - b. If 10 percent or less of the time period used under subsection (D)(3) has expired, a refund of at least 90 percent of the tuition charges for the time period;
 - c. If more than 10 percent but less than or equal to 20 percent of the time period used under subsection (D)(3) has expired, a refund of at least 80 percent of the tuition charges for the time period;
 - d. If more than 20 percent but less than or equal to 30 percent of the time period used under subsection (D)(3) has expired, a refund of at least 70 percent of the tuition charges for the time period;
 - e. If more than 30 percent but less than or equal to 40 percent of the time period used under subsection (D)(3) has expired, a refund of at least 60 percent of the tuition charges for the time period;
 - f. If more than 40 percent but less than or equal to 50 percent of the time period used under subsection (D)(3) has expired, a refund of at least 50 percent of the tuition charges for the time period; and
 - g. If more than 50 percent of the time period used under subsection (D)(3) has expired, no refund or a refund in an amount determined by the licensee.
- E.** When calculating a refund under subsection (D)(5), a licensee offering a non-accredited program shall:
1. Use the last date of attendance as the date of withdrawal or termination to determine the percentage of time in the program that expired;
 2. Determine that a student has withdrawn from an institution if the student has not attended any class for 30 consecutive scheduled class days; and
 3. Using the date established under subsection (E)(1), base the percentage of the time expired on either clock hours elapsed for a program measured in clock hours or the number of days elapsed since the start of the period established under subsection (D)(3).
- F.** A licensee offering a non-accredited program is exempt from the requirement in subsection (D)(5), regarding refunding tuition and fees, for a program that:
1. ~~Is less~~ Has fewer than 50 clock 40 contact hours,
 2. Has a total cost of less than \$1000, and
 3. Is provided by a private non-accredited vocational institution or a private non-accredited degree-granting institution.

R4-39-407. Use of Terms

- A.** Except as provided in subsection (B), only an accredited, degree-granting licensee may use the term “university” or any other name or title in literature, catalogs, pamphlets, or other materials made available to the public that implies or would lead a reasonable person to believe the licensee is an institution of higher education or grants educational credentials, academic credit, or professional degrees.
- B.** A licensee may use the term “university” in its name if the licensee:
1. Offers at least one program leading to a post-baccalaureate or higher degree and is regionally or nationally accredited by ~~a DE-recognized~~ an ED-recognized accrediting agency;
 2. Was licensed in this state and used the term “university” in its name before the effective date of this Section; and
 3. Is chartered or licensed in another state using the term “university” in its name.
- C.** A licensee may use terms such as “certified,” “master,” and “professional” in a program title, advertising, and student materials if a student is designated as “certified,” “master,” or “professional” only:
1. After the student completes the program and passes an examination that requires a showing of proficiency or ability;
 2. If the designation is:
 - a. Conferred by a nationally recognized industry-related organization;
 - b. Conferred by an industry-related board or commission that is statutorily created; or
 - c. A commonly accepted industry practice; and
 3. If the diploma to be issued from a program is submitted to the Board for review before the program is offered.
- D.** A licensee shall not use the term “master’s” in the title of a vocational program.

ARTICLE 6. STUDENT TUITION RECOVERY FUND

R4-39-601. Submission of Assessments

- A.** Before September 30 of each year, the Board shall provide written notice to each licensee or registrant specified in A.R.S. § 32-3072(B) from which an assessment, as defined in A.R.S. § 32-3071(1), is due. The Board shall ~~send the notice by certified mail and~~

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ensure ~~that~~ the notice specifies the amount of the assessment, date the assessment is due, and penalty for failing to pay the assessment timely. As authorized by A.R.S. § 32-3072(B), the Board shall determine the amount of the assessment as follows:

1. The assessment for a licensee or registrant seeking renewal of a regular or provisional license or registration shall be based on the number of newly enrolled students for the 12-month period identified on the ~~license~~ renewal application required under ~~R4-39-108 R4-39-105(C), or R4-39-107(D), or R4-39-113(D).~~
 2. The assessment for a new licensee or registrant shall be based on the number of newly enrolled students during the fiscal year ending on or after June 30.
- B.** Using data available on June 30, the Board shall determine annually the amount of funds in the Student Tuition Recovery Fund ("Fund"). If the Fund balance exceeds \$500,000, the Board shall require an assessment only from a licensee ~~that was~~ newly or provisionally licensed or an out-of-state registrant newly registered during the fiscal year ~~that ended~~ ending on or after June 30.
- C.** If a licensee or registrant disputes the amount of an assessment, the Board shall place the matter on the agenda for a public meeting. The licensee or registrant disputing an assessment shall be prepared to:
1. Submit information or documents showing why the assessment is believed to be incorrect; and
 2. Have a representative present to address the Board.

R4-39-602. Claims

- A.** The Board shall investigate a claim against the Fund and find:
1. The claim is valid if:
 - a. Student educational records confirm ~~that~~ the claim is filed by a person injured as defined in A.R.S. § 32-3071(6); and
 - b. The claim is filed within one year after the licensee ceased operations;
 2. The claim is invalid because:
 - a. It is filed more than one year after the licensee ceased operations;
 - b. The claimant is participating in a teach-out; ~~or~~
 - c. The claimant voluntarily transferred to another institution and received different training for the same or greater cost than was paid to the licensee that ceased operations;;
 - d. The claimant is a non-resident distance learner; or
 - e. The claimant has access to a student tuition recovery fund in the claimant's home state.
- B.** If the Board finds a claim is valid, the Board shall determine the amount and the party to be paid as follows:
1. The claim payment shall include only the actual amount of tuition and student fees paid in cash or with a student loan. The Board shall not make a claim payment for a grant, scholarship, or debt owed to another state, local, or federal governmental agency.
 2. A claim payment shall be made first to a student-loan holder for the amount owed on the loan, and then to the student or other person for the amount already paid on the student loan or cash payments.
- C.** The Board shall pay a valid claim within 120 days after the public meeting at which the claim is considered.
- D.** A claimant who is not satisfied with the Board's decision on a claim may file a motion for hearing as allowed under A.R.S. Title 41, Chapter 6, Article 10.

R4-39-603. Student Record Requests

- A.** The Board shall maintain the student records of a licensee that ceases operations as specified in R4-39-402(B). For purposes of this Section, "student records" has the meaning in R4-39-401.
- B.** The Board shall provide the student records of a student who attended a licensee that ceased operations, if the following are submitted:
1. ~~Name and social security number~~ of the student;
 2. Name of the licensee that ceased operations;
 3. Student name used while attending the licensee that ceased operations;
 4. Identification of the student record requested;
 5. ~~Name and address of the party to whom the student record is to be mailed~~ Mailing address of the person requesting the student record;
 6. ~~Signature of the student whose record is requested or a student record release form signed by the student whose record is requested and authorizing a third party to obtain the student record, if applicable~~ Signed and dated authorization of the student; and
 7. \$10 for processing the request and 25 cents per page for copying.

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Volume 32, Issue 44, October 30, 2026

NOTICES OF FINAL RULEMAKING

An agency shall submit a Notice of Final Rulemaking to the Governor's Regulatory Review Council (Council) or Attorney General for review within 120 days after the close of the record on a proposed rulemaking, and if applicable, supplemental proposed rulemaking, under [A.R.S. § 41-1024](#).

The Notice of Final Rulemaking as published in this section has been filed with a certificate of approval from the Council or Attorney General.

An economic, small business and consumer impact statement is filed with this notice but not published in the *Register*.

The effective date of this notice is published in item #4 of the preamble.

Questions about the notice can be answered by the person listed in item #6 of the preamble.

The codified version of Notices of Final Rulemaking are published in the *Arizona Administrative Code* by title and chapter.

NOTICES OF FINAL RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

File Number: R26-196

PREAMBLE

1. **Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**
August 14, 2026

2. Article, Part, or Section Affected (as applicable)	Rulemaking Action
R4-26-101	Amend
R4-26-207	Amend
Table 1	Amend
R4-26-405	Amend
R4-26-409	Amend
R4-26-417	Amend
Table 2	New Table

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. § 32-2063(A)(9)

Implementing statute: A.R.S. §§ 32-2074, 32-2091.03, and 41-1073

4. **The effective date of the rule:**

December 5, 2026

- a. **If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
Not applicable
- b. **If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**
Not applicable

5. **Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final rule:**

Notice of Rulemaking Docket Opening: 32 A.A.R. 841; Issue Date: April 10, 2026; Issue Number: 15; File Number: R26-44

Notice of Proposed Rulemaking: 32 A.A.R. 831; Issue Date: April 10, 2026; Issue Number: 15; File Number: R26-42

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

Name: Heidi Herbst Paakkonen
Title: Executive Director
Address: 1740 W. Adams Street, Suite 2430
Phoenix, AZ 85007
Telephone: (602) 542-8162
Fax: (602) 542-8279
Email: Heidi.Paakkonen@psychboard.az.us
Website: psychboard.az.gov

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

The Board is:

- Amending rules in anticipation of changes being made to the national examination for professional practice in psychology and to the Behavior Analyst Certification Board (BACB)-accepted set of educational requirements for behavior analyst certification;
- Adjusting its time frames to provide additional time for the administrative review and to reduce the time for the substantive review. The overall time frames are not being amended;
- Removing the limitation on the number of hours of CE a psychologist may obtain by attending Board meetings;
- Removing an unnecessarily burdensome requirement by allowing a licensee to provide notice to the Board of an extension of time to complete continuing education rather than requesting an extension of time from the Board; and
- Requiring behavior analysts to complete the Board's online jurisprudence educational tool during each license period.

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

Not applicable

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

Not applicable

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

Amendments to the Board's continuing education provisions will have some economic impact for licensees. Psychologists will be able to obtain up to 10 hours of CE by attending Board meetings. This means a psychologist will be able to complete the professional ethics CE requirement by attending a Board meeting. Behavior analysts will now be required to complete the Board's four-hour online jurisprudence education tool. This aligns the requirement for behavior analysts with that of psychologists. Because the administrative and substantive review time frames run against the Board rather than the applicant, adjusting the 120-day overall time frame will have no effect on applicants.

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

Not applicable

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

Not applicable

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

Not applicable

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

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permit is not used:

Both psychologists and behavior analysts are required to be licensed by the Board. The licenses issued are not general permits because the Board is required to make an individualized assessment of each applicant's qualification. (See A.R.S. §§ 32-2071, 32-2071.01, and 32-2091.02)

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

16. **The full text of the rules follows:**

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

ARTICLE 1. GENERAL PROVISIONS

Section

R4-26-101. Definitions

ARTICLE 2. LICENSURE

Section

R4-26-207. Continuing Education

Table 1. Time Frames (in days) for Processing Applications

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Section

R4-26-405. Coursework Requirement

R4-26-409. Continuing Education

R4-26-417. Licensing Time Frames

Table 2. Time Frames (in days) for Processing Applications

ARTICLE 1. GENERAL PROVISIONS

R4-26-101. Definitions

A. The definitions in A.R.S. § 32-2061 apply to this Chapter.

B. Additionally, in this Chapter:

1. "Additional examination" means an examination administered by the Board to determine the competency of an applicant and may include questions about the applicant's knowledge and application of Arizona law, the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
2. "Administrative completeness review" means the Board's process for determining that an applicant has provided all of the information and documents required by the Board to determine whether to grant a license to the applicant.
3. "Advertising" means any media used to disseminate information regarding the qualifications of a psychologist or to solicit clients or patients for psychological services, regardless of whether the psychologist pays for the advertising. Methods of advertising include a published statement or announcement, directory listing, business card, personal resume, brochure, or any electronic communication conveying the psychologist's professional qualifications or promoting use of the psychologist's professional services.
4. "Applicant" means an individual requesting licensure, renewal, or approval from the Board.
5. "Application packet" means the forms and documents the Board requires an applicant to submit to the Board.

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6. “Applied psychology,” as used in A.R.S. § 32-2071(A), means the practice of psychology in the area of health service delivery. The Board shall consider education and training in applied psychology as qualification for licensure only if the education and training meet the standards specified in A.R.S. § 32-2071.
7. “Case,” in the context of R4-26-106(G), means a legal cause of action instituted before an administrative tribunal or in a judicial forum that relates to a psychologist’s practice of psychology.
8. “Case conference” means a meeting that includes the discussion of a particular client or patient or case that is related to the practice of psychology.
9. “Client or patient record” means “adequate records” as defined in A.R.S. § 32-2061(2), “medical records” as defined in A.R.S. § 12-2291(6), and all records pertaining to assessment, evaluation, consultation, intervention, treatment, or the provision of psychological services in any form or by any medium.
10. “Complaint Screening Committee” means the committee of the Board established under A.R.S. § 32-2081(H) to conduct an initial review of complaints.
11. “Confidential record” means:
 - a. Minutes of an executive session of the Board;
 - b. A record that is classified as confidential by a statute or rule applicable to the Board;
 - c. All materials relating to an investigation by the Board, including a complaint, response, client or patient record, witness statement, investigative report, and any other information relating to a client’s or patient’s diagnosis, treatment, or personal or family life; and
 - d. The following regarding an applicant or licensee:
 - i. College or university transcripts;
 - ii. Home address, home telephone number, and e-mail address;
 - iii. Examination scores;
 - iv. Date of birth v. Place of birth;
 - v. Social Security number; and
 - vi. Candidate identification number for the national examination required under A.R.S. § 32-2072(A).
12. “Credentialing agency” means the Association of State and Provincial Psychology Boards, the National Register of Health Service Providers in Psychology, or the American Board of Professional Psychology.
13. “Day” means a calendar day except in A.R.S. § 32-2075(A)(4), “day” means a total of eight hours in providing psychological services regardless of the number of calendar days over which the hours are accumulated.
14. “Diplomate or specialist” means a status bestowed on a person by the American Board of Professional Psychology after successful completion of the work and examinations required.
15. “Directly available,” as used in A.R.S. § 32-2071(F)(2), means immediately available in person or by telephone or electronic transmission.
16. “Disaster,” as used in A.R.S. § 32-2075(A)(4), means a contingency or situation for which the governor declares a state of emergency under the authority provided at A.R.S. § 35-192. The Board acknowledges any state of emergency declared by the governor or determined by the Board.
17. “Dissertation” means a document prepared as part of a graduate doctoral program that includes, at a minimum, separate sections that:
 - a. Review the literature on the psychology topic being investigated and state each research question and hypothesis under investigation;
 - b. Describe the method or procedure used to investigate each research question or hypothesis;
 - c. Describe and summarize the findings and results of the investigation;
 - d. Discuss the findings and compare them to the relevant literature presented in the literature review section; and
 - e. List the references used in the various sections of the dissertation, a majority of which are either journals of the American Psychological Association, Psychological Abstracts, or classified as a psychology subject by the Library of Congress.
18. “Fellow” means a status bestowed on a person by a psychology association or society.
19. “Gross negligence” means an extreme departure from the ordinary standard of care.
20. “Internship training program” means the supervised professional experience required in A.R.S. § 32-2071(F).
21. “Last client or patient activity,” as used in R4-26-106, means the last date a particular client or patient received direct clinical contact from the psychologist retaining the client’s or patient’s record.
22. “License period” means:
 - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee’s birth month of one odd-numbered year and the last day of the licensee’s birth month of the next odd-numbered year; and
 - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee’s birth month of one even-numbered year and the last day of the licensee’s birth month of the next even-numbered year.
23. “National examination” means ~~Parts 1 and 2 of~~ the Examination for Professional Practice in Psychology provided by the Association of State and Provincial Psychology Boards.
24. “Party” means the Board, an applicant, a licensee, or the state.
25. “Practice monitor,” as used in R4-26-310, means a Board-approved licensed psychologist who monitors or oversees the remediation of the practice of another psychologist as part of a disciplinary process.

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26. “Primarily psychological,” in the context of A.R.S. § 32-2071(A)(6), means subject matter that covers the practice of psychology as defined in A.R.S. § 32-2061.
27. “Psychologist on staff,” as used in A.R.S. § 32-2071(F)(2), means a psychologist who is designated by the staff psychologist specified in A.R.S. § 32-2071(F)(1) to fulfill the responsibilities of a supervising psychologist in the training program.
28. “Psychometric testing” means measuring cognitive and emotional processes and learning through the administration of psychological tests.
29. “Raw test data” means test scores, client or patient responses to test questions or stimuli, and notes and recordings concerning client or patient statements and behavior during a psychologist’s assessment and evaluation.
30. “Regulatory jurisdiction” means a state or territory of the U.S., the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
31. “Renewal year” means:
 - a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
 - b. Each even-numbered year for a licensee who holds an even-numbered license.
32. “Retired,” as used in A.R.S. § 32-2073(G), means a psychologist has stopped practicing psychology, as defined in A.R.S. § 32-2061.
33. “Stipend” means a fee paid to a supervisee that is not based on productivity or revenue generated.
34. “Substantive review” means the Board’s process for determining whether an applicant meets the requirements of A.R.S. § 32-2071 through § 32-2076 and this Chapter.
35. “Successfully completing,” as used in A.R.S. § 32-2071(A)(4), means receiving a passing grade in a course from an institution of higher education.
36. “Supervision,” as used in R4-26-310, means review and oversight of the professional work of a psychologist by a Board-approved licensed psychologist as part of a disciplinary process.
37. “Supervise” means to control, oversee, and review the activities of an employee, intern, trainee, or resident who provides psychological services.
38. “Supervisor,” as referenced in A.R.S. § 32-2071(F)(2), means an individual who is:
 - a. Licensed or registered as a psychologist at the independent level in the regulatory jurisdiction in which the supervision occurs,
 - b. On staff as a supervisor with the training program for which supervision is provided, and
 - c. Directly available to the supervisee in case of an emergency or ensures another supervisor is directly available to the supervisee.
39. “Year,” as used in A.R.S. § 32-2075(A)(4) means a calendar year.

ARTICLE 2. LICENSURE

R4-26-207. Continuing Education

- A. A licensee shall complete at least 40 hours of continuing education during each license period. Unless specified otherwise, one clock hour of instruction, training, or making a presentation equals one hour of continuing education.
- B. A licensee shall ensure the continuing education hours obtained include:
 1. At least four hours in professional ethics, and
 2. Completion of the Board’s four-hour online jurisprudence education tool.
- C. During the license period in which an individual is initially licensed, the Board shall pro-rate the number of continuing education hours, including a pro-rated number of hours addressing ethics, that the new licensee must complete during the initial license period. To calculate the number of continuing education hours that a new licensee must obtain, the Board shall divide the 40 hours of continuing education required in a license period by 24 and multiply the quotient by the number of whole months from the date of initial licensure until the end of the license period. During the first license period, for every six months from the month of license issuance to the end of the license period, the Board shall require one hour of continuing education in ethics.
- D. If the standards in subsection (F) are met, the Board shall accept the following for continuing education hours.
 1. Post-doctoral study sponsored by a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1) and provides a graduate-level degree program;
 2. A course, seminar, workshop, or home study for which a certificate of attendance or completion is provided;
 3. A continuing education program offered by a national, international, regional, or state association, society, board, or continuing education provider;
 4. Teaching a graduate-level course in applied psychology at a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1). A licensee who teaches a graduate-level course in applied psychology receives the same number of continuing education hours as number of classroom hours for those who take the graduate-level course;
 5. Organizing and presenting a continuing education activity. A licensee who organizes and presents a continuing education activity receives the same number of continuing education hours as those who attend the continuing education activity;
 6. Serving as a complaint consultant. During a license period, a licensee who serves as a Board complaint consultant to review Board complaints and provides written reports to the Board or provides expert testimony on behalf of the Board may receive continuing education hours equal to the actual number of hours served as a complaint consultant to a maximum of 20 hours. A licensee who is paid by the Board for services rendered shall not receive continuing education credit for the time or services for which payment was made;

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7. The Board shall allow a maximum of 10 continuing education hours for each of the following during a license period:
 - a. Attending a Board meeting or serving as a member of the Board. A licensee receives ~~up to six~~ continuing education hours in professional ethics for attending ~~both morning and afternoon sessions of a Board meeting and three continuing education hours for attending either the morning or afternoon session or at least four hours of a Board meeting at which the licensee is not on the meeting agenda.~~ A licensee shall complete documentation provided by the Board at the time the licensee attends a Board meeting;
 - b. Having an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published. A licensee who has an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published receives 10 continuing education hours in the year of publication;
 - c. Participating in a study group for professional growth and development as a psychologist. A licensee receives one hour of continuing education for each hour of participation to a maximum of 10 continuing education hours for participating in a study group. The Board shall allow continuing education hours for participating in a study group only if the licensee maintains the documentation required under subsection (G)(5);
 - d. Presenting a symposium or paper at a state, regional, national, or international psychology meeting. A licensee who presents a symposium or paper receives the same number of continuing education hours as hours of the session, as published in the agenda of the meeting, at which the symposium or paper is presented to a maximum of 10 continuing education hours;
 - e. Presenting a poster during a poster session at a state, regional, national, or international psychology meeting. A licensee who presents a poster receives an hour of continuing education for each hour the licensee is physically present with the poster during the poster session, as published in the agenda of the meeting, to a maximum of 10 continuing education hours; and
 - f. Serving as an elected officer of an international, national, regional, or state psychological association or society. A licensee who serves as an elected officer may receive continuing education hours equal to the actual number of hours served to a maximum of 10 continuing education hours.
- E. The Board shall not allow continuing education credit more than once in a license period for:
 1. Teaching the same graduate-level course,
 2. Organizing and presenting a continuing education activity on the same topic or content area, or
 3. Presenting the same symposium or paper at a state, regional, national, or international psychology meeting.
- F. Standards for continuing education. To be acceptable for continuing education credit, an activity identified in subsections (D)(1) through (4) shall:
 1. Focus on the practice of psychology, as defined at A.R.S. § 32-2061, for at least 75 percent of the program hours; and
 2. Be taught by an instructor who is readily identifiable as competent in the subject of the continuing education by having an advanced degree, teaching experience, work history, published professional articles, or previously presented continuing education on the same subject.
- G. The Board shall accept the following documents as evidence of completion of continuing education hours:
 1. A certificate of attendance or completion;
 2. Statement signed by the provider verifying participation in the activity;
 3. Copy of transcript of course completed under subsection (D)(1);
 4. Documents indicating a licensee's participation as an elected officer or appointed member as specified in subsection (D)(7)(f); or
 5. An attestation signed by all participants of a study group under subsection (D)(7)(c) that includes a description of the activity, subject covered, dates, and number of hours.
- H. A licensee shall maintain the documents listed in subsection (G) through the license period following the license period in which the documents were obtained.
- I. The Board may audit a licensee's compliance with continuing education requirements. The Board may deny renewal or take other disciplinary action against a licensee who fails to obtain or document required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding continuing education hours.
- J. ~~A If a licensee who determines the licensee cannot meet complete the continuing education requirement for good cause specified in subsection (A), the licensee may seek file notice of an extension of time to complete the continuing education requirement by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-205. The licensee shall ensure:~~
 1. ~~Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period. The extension is for a maximum of one year;~~
 2. ~~The Board shall not grant an extension longer than one year. Continuing education obtained during the extension applies only to the extended license period; and~~
 3. ~~A If the licensee who cannot complete the continuing education requirement within the extension, may the licensee shall apply to the Board for inactive license status under A.R.S. § 32-2073 (G).~~
- K. No continuing education hours may be carried over to the next licensing period.

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- L. The Board shall not accept for continuing education hours a course, workshop, seminar, or symposium designed to increase income or office efficiency.

Table 1. Time Frames (in days) for Processing Applications

Type of Application or Request	Statutory or Rule Authority	Administrative Completeness Time Frame	Time to Respond to Notice of Deficiency	Substantive Review Time Frame	Time to Respond to Request for Additional Information	Overall Time Frame
Application for initial license	A.R.S. §§ 32-2071, 32-2071.01, 32-2072, and R4-26-203	30 60	240	90 60	365	120
Application for licensure by credential	A.R.S. §§ 32-2071.01, 32-2072; and R4-26-203.01	30 60	240	90 60	240	120
Application to Take National Examination before Completing Experience Required for Licensure	A.R.S. § 32-2072(C) and R4-26-203.02	30 60	240	90 60	240	120
Reapplication for Licensure	A.R.S. § 32-2067 and R4-26-203.03	30 60	240	90 60	240	120
Application for license renewal	A.R.S. § 32-2074; R4-26-205	60	N/A 240	90	N/A 240	150
Application for reinstatement of expired license	A.R.S. § 32-2074; R4-26-206	60	N/A 240	90	N/A 240	150
Request for extension of time to complete continuing education	A.R.S. § 32-2074; R4-26-207	60	N/A	90	N/A	150
Application for registration as an out-of-state health care provider of telehealth services	A.R.S. § 36-3606; R4-26-108	30 60	240	90 60	365	120

ARTICLE 4. BEHAVIOR ANALYSIS

R4-26-405. Coursework Requirement

- A. This Section does not apply to an applicant who was certified as a behavior analyst by the BACB before January 1, 2015.
- B. To be licensed as a behavior analyst in Arizona, an individual shall complete, as part of or in addition to the coursework necessary to obtain the graduate degree required under R4-26-404.1, a minimum of 270 classroom hours of graduate-level instruction, the content of which is consistent with the minimum ~~verified course sequence requirements~~ requirements of the ~~Association for Behavior Analysis International in effect~~ BACB for purposes of certification at the time the instruction is obtained.
- C. The Board shall accept classroom hours of graduate-level instruction completed at an accredited institution of higher education ~~or in a program consistent with the minimum verified course sequence of the Association for Behavior Analysis International in effect~~ and accepted by the BACB for purposes of certification at the time the instruction is obtained.

R4-26-409. Continuing Education

- A. A licensee shall complete a minimum of 30 hours of continuing education during each license period. A licensee shall ensure ~~a minimum of four hours of the continuing education during each license period~~ hours completed include both of the following:
1. ~~addresses~~ At least four hours that address professional ethics, and
 2. The Board's four-hour online jurisprudence education tool.
- B. During a licensee's first license period, the licensee shall complete a pro-rated number of continuing education hours. To determine the number of continuing education hours required during the first license period, the licensee shall multiply the number of whole months from the month of license issuance to the end of the license period by 1.25.
- C. A licensee shall ensure that each continuing education program provides the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis. The following provide the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis:
1. College or university graduate coursework that directly relates to behavior analysis and is provided by an accredited educational institution: 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed; a course syllabus and transcript are required for documentation;
 2. Continuing education programs offered by a BACB-approved provider: One hour of continuing education for each hour of participation; a certificate or letter from the BACB-approved provider is required for documentation;

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3. Self-study or correspondence course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
 4. Online course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
 5. Teaching a continuing education program offered by a BACB-approved provider or teaching a graduate university or college course offered by an accredited educational institution: One hour of continuing education for each hour taught; for graduate courses taught, 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed;
 6. Credentialing activities or events pre-approved for continuing education and initiated by the BACB: One hour of continuing education for each hour of participation; documentation from the BACB is required;
 7. Publication of a peer-reviewed article or text book on the practice of behavior analysis or serving as a reviewer or action editor of an article pertaining to behavior analysis: eight hours of continuing education for one publication and one hour of continuing education for one review; and
 8. Attending a meeting of the Board or Committee on Behavior Analysts: Three hours for attending a morning or afternoon session of a meeting and six hours for attending a full-day meeting.
- D. The number of hours of continuing education is limited as follows:
1. No more than 50 percent of the required hours may be obtained from teaching a continuing education program or course under subsection (C)(5). A licensee shall not obtain continuing education hours for teaching the same continuing education program or course more than once during each licensing period. A licensee shall earn no continuing education hours for participating as a member of a panel at a continuing education program or course;
 2. No more than 25 percent of the required hours may be obtained from continuing education under each of subsections (C)(3), (6) and (7).
 3. No more than six of the required hours may be obtained under subsection (C)(8). Hours obtained under subsection (C)(8) may be used to complete the ethics requirement under subsection (A).
 4. Hours obtained in excess of the minimum required during a license period shall not be carried over to a subsequent license period.
- E. A licensee shall obtain a certificate or other evidence of attendance from the provider of each continuing education program or course attended that includes the following:
1. Name of the licensee;
 2. Title of the continuing education;
 3. Name of the continuing education provider;
 4. Date, time, and location of the continuing education; and
 5. Number of hours of continuing education obtained.
- F. A licensee shall maintain the evidence of attendance described in subsection (E) for two licensing periods and make the evidence available to the Board upon request.
- G. The Board may audit a licensee's compliance with the continuing education requirement. The Board may deny license renewal or take other disciplinary action against a licensee who fails to obtain or document the required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding the continuing education hours.
- H. ~~A If a licensee who determines the licensee cannot comply with complete the continuing education requirement for good cause may seek specified in subsection (A), the licensee may file notice of an extension of time in which to comply by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-408. The licensee shall ensure:~~
1. ~~Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period. The extension is for a maximum of one year;~~
 2. ~~The Board shall not grant an extension longer than one year. Continuing education obtained during the extension applies only to the extended license period; and~~
 3. ~~A licensee who obtains hours of continuing education during an extension of time provided by the Board shall ensure the hours are reported only for the license period extended.~~
 - 4.3. ~~A If the licensee who cannot comply with complete the continuing education requirement within an the extension, may the licensee shall apply to the Board for inactive license status under A.R.S. § 32-2091.06(E).~~

R4-26-417. Licensing Time Frames

- A. For the purpose of A.R.S. § 41-1073, the Board establishes the ~~following~~ time frames: listed in Table 2.
1. Initial license:
 - a. Overall time frame: 120 days;
 - b. Administrative completeness review time frame: 30 days; and
 - c. Substantive review time frame: 90 days;
 2. Renewal license:
 - a. Overall time frame: 150 days;
 - b. Administrative completeness review time frame: 60 days; and

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- e. Substantive review time frame: 90 days; and
- 3. Initial registration as an out-of-state health care provider of telehealth services:
 - a. Overall time frame: 120 days;
 - b. Administrative completeness review time frame: 30 days; and
 - c. Substantive review time frame: 90 days.
- ~~B.~~ An applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- ~~C.B.~~ The administrative completeness review time frame begins when the Board receives the application materials required under R4-26-403, R4-26-408(C) and (D), or as prescribed under A.R.S. § 36-3606. During the administrative completeness review time frame, the Board shall notify the applicant that the application is either complete or incomplete. If the application is incomplete, the Board shall specify in the notice what information is missing.
- ~~D.C.~~ An applicant whose application is incomplete shall submit the missing information to the Board within 240 days for an initial license the time specified in Table 2. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (C)(B) until the Board receives all of the missing information.
- ~~E.D.~~ Upon receipt of all missing information, the Board shall notify the applicant that the application is complete. The Board shall not send a separate notice of completeness if the Board grants or denies a license within the administrative completeness review time frame listed in subsection (A)(1)(b) or (A)(2)(b) Table 2.
- ~~F.E.~~ The substantive review time frame begins on the date of the Board's notice of administrative completeness.
- ~~G.F.~~ If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant a comprehensive written request for additional information.
- ~~H.G.~~ An applicant who receives a request under subsection (G)(F) shall submit the additional information to the Board within 240 days the time specified in Table 2. Both the substantive review and overall time frames are suspended from the date of the Board's request until the Board receives the additional information.
- ~~I.H.~~ An applicant may receive a 30-day extension of the time provided under subsection (D)(C) or (H)(G) by providing written notice to the Board before the time expires. If an applicant fails to submit to the Board the missing or additional information within the time provided under subsection (D)(C) or (H)(G) or the time as extended, the Board shall close the applicant's file. To receive further consideration, a person whose file is closed shall re-apply.
- ~~I.~~ At any time before the overall time frame provided in Table 2 expires, an applicant, with approval by the Board, may withdraw the application.
- ~~J.~~ Within the overall time frame listed in subsection (A) Table 2, the Board shall:
 - 1. Grant a license if the Board determines that the applicant meets all criteria required by statute and this Article; or
 - 2. Deny a license if the Board determines that the applicant does not meet all criteria required by statute and this Article.
- ~~K.~~ If the Board denies a license, the Board shall send the applicant a written notice explaining:
 - 1. The reason for denial, with citations to supporting statutes or rules;
 - 2. The applicant's right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
 - 3. The time for appealing the denial; and
 - 4. The applicant's right to request an informal settlement conference.
- ~~L.~~ If a time frame's last day falls on a Saturday, Sunday, or official state holiday, the next business day is the time frame's last day.

Table 2. Time Frames (in days) for Processing Applications

<u>Type of Application</u>	<u>Statutory or Rule Authority</u>	<u>Administrative Completeness Time Frame</u>	<u>Time to Respond to Notice of Deficiency</u>	<u>Substantive Review Time Frame</u>	<u>Time to Respond to Request for Additional Information</u>	<u>Overall Time Frame</u>
Application for initial license	A.R.S. §§ 32-2091.02, 32-2091.03, and R4-26-403	60	240	60	240	120
Application for license renewal	A.R.S. §§ 32-2091.07; and R4-26-408	60	240	90	240	150
Application to register as an out-of-state health care provider of telehealth services	A.R.S. § 36-3606 and R4-26-402	60	240	60	240	120

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TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 34. BOARD OF MANUFACTURED HOUSING

File Number: R26-197

PREAMBLE

1. **Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**
July 22, 2026
2.

Article, Part, or Section Affected (as applicable)	Rulemaking Action
R4-34-101	Amend
R4-34-102	Amend
R4-34-201	Amend
R4-34-204	Amend
R4-34-401	Amend
R4-34-402	Amend
R4-34-403	Amend
R4-34-603	Amend
R4-34-606	Amend
R4-34-701	Amend
R4-34-802	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. § 41-4010(A)(13)
Implementing statute: A.R.S. §§ 41-4002, 41-4004, 41-4005, 41-4010, 41-4025, 41-4029
4. **The effective date of the rule:**
December 5, 2026
 - a. **If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
Not applicable
 - b. **If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**
Not applicable
5. **Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final rule:**
Notice of Rulemaking Docket Opening: 32 A.A.R. 587, Issue Date: March 6, 2026, Issue Number: 10, File Number: R26-21
Notice of Proposed Rulemaking: 32 A.A.R. 551, Issue Date: March 6, 2026, Issue Number: 10, File Number: R26-17
6. **The agency's contact person who can answer questions about the rulemaking:**

Name:	Tara Brunetti
Title:	Assistant Deputy Director
Address:	1110 W. Washington, Suite 280 Phoenix, AZ 85007
Telephone:	(602) 771-1035
Email:	tara.brunetti@azhousing.gov
Website:	housing.az.gov

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7. **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**
The Department of Housing, Office of Manufactured Housing (OMH), is amending rules to update materials incorporated by reference, increase required bond amounts, and comply with a recent legislative change (See Laws 2025, Chapter 126) regarding installation certificates. The Department is also correcting some typographical errors.
8. **A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**
Not applicable
9. **A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
10. **A summary of the economic, small business, and consumer impact:**
The primary economic impact results from increasing the bond amount licensees are statutorily required to post. The bond, which is a cost of doing business that may be passed on to consumers, is required to protect consumers of manufactured housing. More than 97 percent of licensees choose to post a bond rather than make a cash deposit. Licensees pay only a percentage of the bond amount to obtain the bond. The current bond amounts are very old. Indeed, the most recent update in bond amounts was done in 2005. Before establishing the new bond amounts, the Department gathered information from all states and established the new amounts consistent with the gathered information.
Updating the material incorporated by reference will have a minor economic impact. Licensees will need to be able to access the new materials, which will be available on the Department's website. The new materials provide current standards for manufacturing, constructing, and installing manufactured homes. Using the current ensures Arizona's rules provide protection for public health and safety.
11. **A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**
Not applicable
12. **An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:**
Not applicable
13. **All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**
Not applicable
 - a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**
A.R.S. § 41-4025 establishes qualifications and requirements for licensure as a manufacturer, dealer, broker, salesperson, or installer. These licenses are not general permits as defined at A.R.S. § 41-1001 because statute requires an individualized license be issued. Statute indicates an applicant for licensure may be subject to a background investigation, required to take an examination and meet experience prerequisites, and submit a valid fingerprint clearance card. Multiple categories of licensees are required to post a surety bond or cash deposit.
 - 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. Federal law applies to the subject of the rules (See 24 CFR 3280, 3282, 3284, 3285, 3286, and 3288). Under a contract with HUD, the Department enforces the 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

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

The following materials are incorporated by reference at R4-34-102. The international codes are available from the International Code Council:

- International Building Code (IBC), 2024 edition;
- International Residential Code (IRC), including appendices BB (Tiny Homes) and BC (Accessory Dwellings), 2024 edition;
- International Mechanical Code (IMC), 2024 edition;
- International Plumbing Code (IPC), 2024 edition;
- International Fuel Gas Code (IFGC), 2024 edition;
- International Energy Conservation Code (IECC), 2024 edition;
- National Electrical Code (NEC), 2023 edition, available from the National Fire Protection Association
- International Fire Code (IFC), Chapters 1 through 3, 6 through 12, 20, 23, 24, 31 through 33, and Appendices B and F, 2024 edition

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

Not applicable

16. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 34. BOARD OF MANUFACTURED HOUSING

ARTICLE 1. GENERAL

Section	
R4-34-101.	Definitions
R4-34-102.	Materials Incorporated by Reference

ARTICLE 2. LICENSING

Section	
R4-34-201.	General
R4-34-204.	Installers

ARTICLE 4. SURETY BONDS

Section	
R4-34-401.	Surety Bond Forms
R4-34-402.	Cash Deposits
R4-34-403.	License Bond Amounts

ARTICLE 6. MANUFACTURING, CONSTRUCTION, AND INSPECTION

Section	
R4-34-603.	FBBs
R4-34-606.	Rehabilitation of Mobile Homes

ARTICLE 7. PLAN APPROVALS

Section	
R4-34-701.	General

ARTICLE 8. PERMITS AND INSTALLATION

Section	
R4-34-802.	General Installation

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ARTICLE 1. GENERAL

R4-34-101. Definitions

The definitions in A.R.S. §§ 41-4001, and 41-4008 apply to this Chapter. Additionally, in this Chapter:

1. “Act” means the Manufactured Housing Improvement Act of 2000, which is Title VI of the American Homeownership and Economic Opportunity Act of 2000.
2. “Agency” means the seller or purchaser of a used home has given a licensed salesperson written legal authority to act on behalf of the seller or purchaser when dealing with a third party. The written legal authority is also binding on the salesperson’s licensed and employing retailer.
3. “Agency disclosure” means a document that specifies the person a licensed salesperson or licensed retailer represents in a brokered transaction.
4. “Agent” means a licensed retailer authorized to act on behalf of a seller, purchaser, or both the seller and purchaser of a used home.
5. “Attached” means an accessory is fastened or affixed to a regulated structure in a manner that imposes a load on the structure.
6. “Branch location” means a satellite office, in addition to the principal office, where business may be transacted.
7. “Brokered transaction” means a transaction in which a licensed broker acts as an agent for the seller, purchaser, or both.
8. “Certificate” means an Arizona Insignia with which a licensee certifies all work performed complies with applicable law, including this Chapter, relating to modular manufacture and reconstruction, ~~installation of modular, manufactured, and mobile homes,~~ or rehabilitation work and construction.
9. “Co-brokered transaction” means a transaction in which the listing retailer and the selling retailer are not the same person.
10. “Consummation of sale, as defined at A.R.S. § 41-1001, includes filing an Affidavit of Affixture, if applicable.
11. “FBB” means factory-built building.
12. “Field installed” means components, equipment, and/or construction that is to be completed or installed at the site. Field installed does not include reconstruction.
13. “HVAC” means heating, ventilation, and air conditioning.
14. “Modular” means a type of FBB built in a factory and transported in three-dimensional sections to an installation site.
15. “New” means a unit not previously sold, bargained, exchanged, or given away to a purchaser.
16. “Panelized” means a type of commercial FBB built in a factory using closed construction, including partly or fully finished walls, floors, or roof panels, and transported in two-dimensional condition to an assembly site.
17. “Permanent foundation” means a system of support and perimeter enclosure, with or without crawl space, that is:
 - a. Constructed of durable materials;
 - b. Developed in accordance with the manufacturer’s installation instructions or designed by an Arizona registered engineer;
 - c. Attached in a manner that effectively transfers all vertical and horizontal design loads that could be imposed on the structure by wind, snow, frost, seismic, or flood conditions, as applicable, to the underlying soil or rock; and
 - d. Designed to exclude unwanted elements and varmints, ensure sufficient ventilation, and provide adequate access to the building.
18. “Purchase contract in a brokered transaction” means a written agreement between a purchaser and seller of a used home that indicates the sales price and terms of the sale.
19. “Repair” means work performed on a manufactured home, mobile home, or FBB to restore the building to a habitable condition but does not impact the original structure, electrical, plumbing, HVAC, mechanical, use occupancy, or energy design.
20. “Retailer” means a broker or dealer as prescribed at A.R.S. § 41-4001(5) and ~~(4)~~ (12).
21. “Site” means a parcel of land bounded by a property line or a designated portion of a public right-of-way.
22. “Site work” means soil preparation including soil analysis, grading, drainage, utility trenches, and foundation systems preparation, and field-installed work including terminal and connections, on-site utility connections, accessibility structures, egress paths, parking, lighting, landscaping, and similar work.
23. “Standards” means the materials referenced in R4-34-102.
24. “Supplement” means a submittal noting change of a floor plan design, system, component, or configuration, and is incorporated as part of an originally approved plan.
25. “Used home” means a previously titled manufactured home, mobile home, or FBB designed for use as a residential dwelling.

R4-34-102. Materials Incorporated by Reference

The following materials are incorporated by reference, apply to this Chapter, include no later amendments or editions, and are available ~~on~~ at the Board’s website Department’s office and as specified for each item incorporated. If there is a conflict between the incorporated material and a statute or rule, the statute or rule controls.

1. International Building Code (IBC), 2018 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org;
2. International Residential Code (IRC), including appendices BB (Tiny Homes) and BC (Accessory Dwellings), 2018 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org;
3. International Mechanical Code (IMC), 2018 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org;
4. International Plumbing Code (IPC), 2018 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org;
5. International Fuel Gas Code (IFGC), 2018 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org;

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6. International Energy Conservation Code (IECC), 2018 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org;
7. National Electrical Code (NEC), 2017 2023 edition, available from the National Fire Protection Association, One Batterymarch Park, Quincy, MA 02169 or nfpa.org; and
8. ~~Protecting Manufactured Homes from Floods and Other Hazards, publication 85, second edition, November 2009, available from the Federal Emergency Management Agency, 500 C. St. SW, Washington, D.C. 20472 or www.fema.gov; International Fire Code (IFC), Chapters 1 through 3, 6 through 12, 20, 23, 24, 31 through 33, and Appendices B and F, 2024 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or iccsafe.org.~~

ARTICLE 2. LICENSING

R4-34-201. General

- A. Within five business days following receipt, the Department shall perform an administrative review of an application. If the Department determines the application is incomplete, the applicant will be provided an opportunity to complete the application. Within 14 business days following receipt of a completed application and after the applicant has passed any required license examination, the Department shall issue a conditional license.
- B. Corporate applicants shall submit a copy of their organizational documents, including articles of incorporation or organization, with all amendments, filed with the state, as applicable, and a certificate of good standing to transact business in this state.
- C. An exemption from any applicable examination requirement may be granted if a new license application identifies the same license classification and the same qualifying party listed on a previously held license, provided the previous license was in good standing before it expired.
- D. A licensee will be given notice that a conditional license is automatically effective as a permanent license to transact business within the scope of the license following review and approval by the Department of the licensee's ~~criminal~~ background analysis.
- E. Unless otherwise stated in the purchase contract, a retailer selling a mobile home, manufactured home, or FBB shall know the ordinances of the town, city, or county where the unit is to be installed regardless of whether the retailer is obligated to provide for the delivery or installation of the unit.

R4-34-204. Installers

- A. Installers' license applications fall into one of the following license classes:
 1. I-10C General installer of manufactured homes, mobile homes, or residential FBBs:
 - a. Installs manufactured homes, mobile homes, or residential FBBs on foundation systems;
 - b. Installs ground anchors and tie-downs for manufactured homes or mobile homes;
 - c. Connects water, sanitary waste, gas, and electrical systems of all amperages to the proper onsite utility terminals provided by others;
 - d. Installs HVAC and evaporative cooler systems, including electrical wiring, gas connections, and ductwork on manufactured homes, mobile homes, or residential FBBs. Provides roof jack to cooler ducts, installs exterior duct work, provides electrical service and controls to cooler from nearest supply source, provides water to the cooler from nearest fresh water source, and performs cooler repair work. An I-10C installer does not provide service, maintenance, repair, discharging, adding, or reclaiming refrigerants, or other work that requires certification;
 - e. Installs accessory structures attached to manufactured homes, mobile homes, or residential FBBs, including installation of prefabricated accessory structure units, on-site constructed accessory structures, concrete footings or slabs for accessory structures, and plumbing, electrical, and mechanical equipment;
 - f. Performs repair work, replaces or newly installs to existing mobile homes, manufactured homes, and residential FBBs items in subsections (A)(1)(a) through (e); and
 - g. May subcontract to a properly licensed entity for installation of a manufactured home, mobile home, or residential FBB or installation of an accessory structure in conjunction with installation of a home.
 2. I-10D Installer of accessory structures attached to manufactured homes, mobile homes, or residential FBBs including installation of prefabricated accessory structure units, on-site constructed accessory structures, concrete footings or slabs for accessory structures, and plumbing, electrical, and mechanical equipment. An ~~I-10~~ I-10D Installer may subcontract, as needed, to a properly licensed installer or contractor for installation of any accessory-structure item under this subsection.
 3. I-10G Master installer of manufactured homes, mobile homes, or residential FBBs is permitted to perform the work described under subsection (A)(1). Additionally, an I-10G Master installer is permitted to perform all activities listed in subsection (A)(1) on a commercial FBB. An I-10G Master installer does not provide service, maintenance, repair, discharging, adding, or reclaiming refrigerants, or any other work requiring certification.
- B. Installer applicants. To be qualified for an installer I-10C, I-10D, or I-10G license, an applicant shall:
 1. Have a minimum of three years practical or field management experience in the specific type of installation, a related construction field, or the equivalent, for which the applicant is applying. At least two of the three years' experience shall be within 10 years of the date of application. The applicant may substitute technical training in the specific type of installation, a related construction field, or the equivalent, from an accredited college or university or from a Department of Housing workshop for no more than one year of the three years' experience required in this subsection;
 2. Supply a written, notarized statement from each employer or other individual familiar with the applicant's employment or other work experience, which includes the name, address, and telephone number of the individual making the statement, the dates of the applicant's employment or other work experience, a description of the position the applicant held, and a signature indicating the signer vouches for the truthfulness of the statement as proof the applicant meets the experience requirement in subsection (B)(1); and

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3. Supply a certified copy of each official transcript or certificate, demonstrating successful completion of any technical training the applicant wishes the Department to consider as proof of meeting the experience requirement in subsection (B)(1).

ARTICLE 4. SURETY BONDS

R4-34-401. Surety Bond Forms

- A. Manufacturers, installers, and retailers (except those with a D-8B license classification), shall submit the applicable surety bond amount from the list in R4-34-403, with a form provided by the Office of Administration Department.
- B. A rider to the bond is required for the following changes:
 1. Location of the licensee's principal place of business,
 2. Business name,
 3. Branch address,
 4. License classification, ~~or~~
 5. Bond amount, ~~or~~
 6. Deletion of a branch name or branch address.

R4-34-402. Cash Deposits

- A. Unless exempt under R4-34-401, an applicant or licensee posting cash ~~in lieu instead~~ of a commercial surety bond shall pay by:
 1. ~~Cash. A cash deposit is not transferable and shall be made in the name of the applicant or licensee as the name appears on the license application or issued license; or~~
 2. ~~Certified~~ certified or cashier's check or bank or postal money order made payable to the Arizona State Treasurer.
- B. Upon receipt of an order from a court of competent jurisdiction directing payment of funds on deposit, the Director shall make payment as directed and suspend the license under A.R.S. § 41-4029. To reinstate the license, the licensee shall return the cash deposit to the required balance or file a commercial surety bond for the full amount, and pay all applicable reinstatement fees.
- C. A cash deposit may be withdrawn by the applicant, licensee, or someone having authority to act on behalf of the applicant or licensee, under the following circumstances:
 1. A license is not issued to the applicant;
 2. The license has been terminated, expired, revoked, or voluntary canceled for at least two years, and there are no outstanding claims; and
 3. Two years after the licensee files a commercial surety bond that replaces the cash deposit if there are no outstanding claims.

R4-34-403. License Bond Amounts

- A. An applicant shall submit the license bond amount listed for each license class.

License Class	Bond Amount
M-9A	\$10,000 <u>\$50,000</u>
M-9C	\$65,000
M-9E	\$100,000
D-8	\$25,000 <u>\$50,000</u>
D-10	\$25,000 <u>\$50,000</u>
D-12	\$25,000 <u>\$75,000</u>
I-10C	\$2,500 <u>\$15,000</u>
I-10D	\$1,000 <u>\$5,000</u>
I-10G	\$5,000 <u>\$25,000</u>
- B. The ~~Board~~ Department shall not renew a license unless and until the licensee's surety bond is in full force and effect or the full cash deposit is made or in place.

ARTICLE 6. MANUFACTURING, CONSTRUCTION, AND INSPECTION

R4-34-603. FBBs

- A. A manufacturer shall construct an FBB according to the applicable standards in R4-34-102 and:
 1. Provide a complete set of drawings and specifications to the Department under R4-34-703~~(B)~~;
 2. Affix a permanent serial or identification number to each module or panel during the first stage of manufacturing. If an FBB has multiple sections, the manufacturer shall ensure each module or panel is separately identified. The serial or identification number location and application method shall be shown in the plans required under R4-34-703; and
 3. Affix a Modular Manufacturer's Certificate to each completed module of each modular building where indicated in the plan required under R4-34-703~~(B)~~~~(5)~~. A Modular Manufacturer's Certificate is not required for a panelized building.
- B. The Department may require a manufacturer of an FBB that is produced and shipped before plan approval to remove the FBB from this state and remove the Modular Manufacturer's Certificate based on the Department's assessment of the following factors:
 1. Probable harm to public safety and welfare,
 2. Previous violations of a similar nature, and
 3. Manufacturer's failure to comply with plan submittal and requirements.

R4-34-606. Rehabilitation of Mobile Homes

- A. A rehabilitation permit shall be obtained from the Department before any modification of a mobile home.
- B. The following requirements shall be met for a mobile home to be issued a certificate of compliance:
 1. A smoke detector shall be installed in each sleeping room and outside each separate sleeping area in the immediate vicinity of the sleeping rooms. Each smoke detector shall be installed in accordance with its manufacturer's instructions;

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2. The walls, ceilings, and doors of each gas-fired furnace and water-heater compartment shall be lined with gypsum board that is a minimum of 5/16 inches except a door to the compartment that opens to the exterior of the mobile home and is of all metal construction. All exterior compartments shall seal to the interior of the mobile home;
 3. Each room designated expressly for sleeping purposes shall have at least one outside egress window or an approved exit device. The window or exit shall have a minimum clear width dimension of 22 inches, a minimum clear opening of five square feet, and the bottom of the exit is not more than 36 inches above the floor;
 4. The electrical system is tested for continuity to ensure metallic parts are properly bonded, tested for operation to demonstrate all equipment is connected and in working order, and given a polarity check to determine connections are proper. The electrical system shall have proper overcurrent protection for the required amperage load. If aluminum conductors are used, all receptacles and switches rated 20 amperes or less and directly connected to the aluminum conductors shall be marked CO/ALR. Conductors of dissimilar metals (Copper/Aluminum/or Copper Clad Aluminum) shall be connected in accordance with the National Electrical Code referenced at ~~R4-36-102~~ R4-34-102. Ground Fault Circuit Interrupter protection shall be provided in compliance with the National Electrical Code referenced in R4-36-102; and
 5. Gas piping shall be tested with methods incorporated at ~~R4-36-102~~ R4-34-102. All gas furnaces and water heaters shall be installed in compliance with materials incorporated at ~~R4-36-102~~ R4-34-102. If a rehabilitated mobile home is to be relocated following rehabilitation, the gas tests required under this subsection may be performed and inspected at the time of installation at the new location.
- C. The rehabilitated mobile home shall be inspected by the Department to ascertain compliance with subsection (B).
- D. The Department shall issue a certification of compliance for each rehabilitated mobile home in compliance with subsection (B), and affix an insignia of approval to the exterior wall nearest the point of entrance of the electrical service.
- E. If the Department determines a rehabilitated mobile home does not comply with subsection (B), the Department shall serve a correction notice and require the person served to make corrections within the time specified in the notice. The Department shall determine the time for correction based on the severity of the hazard or violation and the time reasonably needed to make the correction. The Department shall allow at least 30 days for correction unless an imminent safety hazard is found or the correction has been unreasonably delayed, in which case, the Department shall serve an Order to Vacate to the person occupying the rehabilitated mobile home.
- F. The Department shall serve an Order to Vacate on a person occupying a non-rehabilitated mobile home within five days after an inspection of the non-rehabilitated mobile home finds an imminent safety hazard.

ARTICLE 7. PLAN APPROVALS

R4-34-701. General

- A. Before construction of an FBB, a manufacturer shall submit to the ~~office~~ Department:
1. The compliance assurance manual required by R4-34-702, and
 2. The drawings and specifications required by R4-34-703.
- B. Before performing one of the following, a person shall obtain plan approval:
1. Under R4-34-704(A) for an alteration,
 2. Under R4-34-704(B) for a reconstruction,
 3. Under R4-34-705 to install an attached accessory structure, and
 4. Under R4-34-706 to install an FBB.
- C. Within 20 business days after receiving a plan submitted under subsection (B), the Department shall perform an administrative review of the plan submittal and if incomplete, require the licensee to provide a complete plan submittal. Within 20 business days after receiving a complete plan submittal, the Department shall approve or disapprove the plan submittal.
- D. A person that submits a plan under subsection (B) shall ensure the plan conforms to the following standards:
1. Each page is at least 8 1/2 X 11 inches and printed to the scale referenced on the drawing;
 2. The font is at least eight point;
 3. The cover page includes an index and provides a 3 X 5 inch blank space near the title block;
 4. The plan and all details and calculations are sealed by an Arizona registered engineer; and
 5. The plan is consistent with all applicable standards referenced at R4-34-102.

ARTICLE 8. PERMITS AND INSTALLATION

R4-34-802. General Installation

- ~~A.~~ A properly licensed entity shall complete and affix an Arizona Installation Certificate to a manufactured home, mobile home, or FBB at the end of the unit opposite the hitch and adjacent to the manufacturer certificate or HUD label. The properly licensed entity shall affix the Arizona Installation Certificate before calling the Department for an inspection.
- ~~B.~~ A properly licensed entity shall make a report by the 15th of each month regarding compliance with subsection (A).
- ~~C.~~ A. Before beginning an installation, a properly licensed entity shall check with the local jurisdiction regarding frost-line requirements governing permanent foundations or utilities.
- ~~D.~~ B. A properly licensed entity shall install all new manufactured homes, used manufactured homes, and mobile homes according to the applicable materials referenced in R4-34-102, HUD requirements, and manufacturer requirements.
- ~~E.~~ C. Before installing a unit, a properly licensed entity shall perform or contract with a qualified party to assess the site and soil, ensure required permits are obtained, and make site preparations necessary to ensure the site is compatible with the manufactured home, mobile home, or FBB to be installed. The entity that actually prepares the site has primary responsibility for the work performed. The entity that contracts to have the site preparation done, if different, has secondary responsibility for the work performed.
- ~~F.~~ D. Installation of a manufactured home, mobile home, or FBB shall be performed only by a properly licensed entity.

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TITLE 9. HEALTH SERVICES

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

File Number: R26-198

PREAMBLE

1. **Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**
August 14, 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. **The effective date of the rule:**

October 7, 2026 (*immediately upon filing with the Office of the Secretary of State*)

- a. **If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**

The agency has selected an immediate effective date under A.R.S. § 41-1032(A)(4) "to provide a benefit to the public and a penalty is not associated with a violation of the rule." An immediate effective date will benefit stakeholders by providing uniform access to a 12-month supply of prescription oral contraceptives in a single fill, resulting in a reduction of gaps in contraceptive coverage. An immediate effective date will support expanded refill availability for AHCCCS members aligning with the commencement of the AHCCCS contract year and will promote uniformity and ease of administration by health plans.

- b. **If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**

Not applicable

5. **Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final rule:**

Notice of Rulemaking Docket Opening: 32 A.A.R. 1578, Issue Date: July 10, 2026, Issue Number: 28, File Number: R26-113

Notice of Proposed Rulemaking: 32 A.A.R. 1525, Issue Date: July 10, 2026, Issue Number: 28, File Number: R26-110

6. **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
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Email: AHCCCSRules@azahcccs.gov
Website: www.azahcccs.gov

7. 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 in an outpatient setting 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. This rulemaking also inserts a definition for "cochlear implants" for clarity. The statutory amendment also requires AHCCCS to amend R9-22-215 to remove speech therapy in an outpatient setting 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. These specific limitations were not included in R9-22-207. This rulemaking amends R9-22-207 to align with these statutory provisions and amends R9-22-213 to update a cross-reference to R9-22-207.

This rulemaking amends 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 required updates to Article 1 and Article 2 definitions to add relevant terms.

This rulemaking also makes further technical and conforming adjustments as needed throughout Articles 1 and 2.

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

Not applicable

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

The rulemaking does not diminish a previous grant of authority of a political subdivision of this state.

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

In 2025, the Arizona Legislature passed Senate Bill 1741, that amended A.R.S. § 36-2907, by removing cochlear implants and speech therapy in an outpatient setting from the list of excluded health and medical services for persons at least 21 years old. At the time the statute was amended, it was estimated that the annual cost to the state for the removal of the exclusion for cochlear implants was approximately \$588,000 in total funds, including \$128,000 in state general funds; and to remove the exclusion of speech therapy in an outpatient setting was approximately \$836,000 in total funds, including \$146,000 in state general funds.

The Governor's initiative to provide members the option to obtain a 12-month supply of oral contraceptives in a single prescription fill has an estimated annual cost between \$270,000 and \$420,000 in total funds, including \$45,000 to \$70,000 in state general funds.

The benefits of these services provided to AHCCCS members outweigh the relatively low cost to the state.

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

Not applicable

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

AHCCCS did not receive any public or stakeholder comments on this rulemaking.

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

There are no other matters prescribed by statute applicable to the agency, rule or class of rules.

- 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:**
These rules do not require the issuance of a permit, license or agency action.
- 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:**
These rules are governed by the Code of Federal Regulations, Title 42, Chapter IV, Subchapter C. These 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:**
No analysis was submitted to the agency.

14. **A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**
Not applicable

15. **Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:**
Not applicable

16. **The full text of the rules follows:**

TITLE 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"	<u>R9-22-1001</u>
"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 4 <u>A.A.C. R9-10-101</u>
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Affiliation"	<u>42 CFR 424.502</u>
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	<u>R9-22-101</u> or R9-22-1201
"Aggregate"	R9-22-701

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“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”	<u>R9-22-401</u>
“Ancillary service”	R9-22-101 <u>R9-22-701</u>
“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”	<u>R9-22-401</u>
“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
“Chronie”	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 <u>A.A.C. R9-10-101</u>
“CMDP”	R9-22-1701
“CMS”	R9-22-101
“Cochlear implant”	<u>R9-22-201</u>
“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”	<u>R9-22-1001</u> 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

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"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 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

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“Graduate medical education (GME) program”	
or “ <u>GME program</u> ”	R9-22-701
“ GME program approved by the Administration ”	
or “ approved GME program ”	R9-22-701
“Grievance”	A.A.C. Chapter 34 <u>R9-34-202</u>
“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
“ <u>Managing Employee</u> ”	<u>42 CFR 455.101</u>
“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 ” <u>Code Sets</u> ”	R9-22-701
“New hospital”	R9-22-701
“NICU”	R9-22-701
“Noncontracted Hospital ” <u>hospital</u> ”	R9-22-718
“Noncontracting provider”	A.R.S. § 36-2901
“Non-FES member”	R9-22-101
“Non-IHS Acute Hospital ” <u>acute hospital</u> ”	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

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<u>"Oral contraceptives"</u>	<u>R9-22-201</u>
"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" <u>"care"</u>	R9-22-1201
"Participating institution"	R9-22-701
"Peer group"	R9-22-701
"Peer-reviewed study"	R9-22-2001
"Penalty"	<u>R9-22-401 or R9-22-1101</u>
"Person"	R9-22-1101 <u>A.R.S. § 1-215</u>
<u>"Person with an ownership or control interest"</u>	<u>42 CFR 455.101</u>
"Pharmaceutical service" <u>"services"</u>	R9-22-201
"Physical therapy"	R9-22-201
"Physician"	R9-22-101
"Physician assistant"	R9-22-1201
"Post-stabilization services"	R9-22-201 <u>or 42 CFR 422.113 or R9-22-201</u>
"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
<u>"Primary care GME program"</u>	<u>R9-22-701</u>
"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
<u>"Qualifying health information exchange organization"</u>	<u>R9-22-701</u>
<u>"Qualified hospital"</u>	<u>R9-22-1601</u>
<u>"Quality improvement"</u>	<u>R9-22-501</u>
"Quality management"	R9-22-501
"Radiology"	R9-22-101
"RBHA" or "Regional Behavioral Health Authority"	R9-22-201 <u>A.R.S. § 36-3401</u>
"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
<u>"Rural Hospital" hospital"</u>	<u>R9-22-712.07 and R9-22-718</u>

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“Scope of services”	R9-22-201
“Section 1115 Waiver ” <u>waiver</u> ”	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
“ <u>System</u> ”	<u>A.R.S. § 36-2901</u>
“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
“ <u>Trip</u> ”	<u>R9-22-701</u>
“Unrecovered trauma center readiness costs”	R9-22-2101
“ Urban Contractor ”	R9-22-718
“Urban Hospital”	R9-22-718
“USCIS”	R9-22-301
“Utilization management ” <u>management review</u> ”	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);² 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).

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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.

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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.

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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;
 - 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~~ 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.

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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.

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- 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.

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- 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.~~ Microprocessor-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;

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- 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.

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- 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 ~~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.

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TITLE 9. HEALTH SERVICES

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

File Number: R26-199

PREAMBLE

1. **Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**
August 14, 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. **The effective date of the rule:**
October 7, 2026 (*immediately upon filing with the Office of the Secretary of State*)
 - a. **If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
AHCCCS selected an immediate effective date upon filing of the Notice of Final Rulemaking with the Secretary of State's Office under A.R.S. § 41-1032(A) to comply with deadlines and amendments to the agency's governing statutes and federal programs, and to implement the rules in accordance with the contract year which begins October 1, 2026.
 - b. **If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include**

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the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):

Not applicable

5. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final rule:

Notice of Rulemaking Docket Opening: 32 A.A.R. 1579; Issue Date: July 10, 2026; Issue Number: 28; File Number: R26-114

Notice of Proposed Rulemaking: 32 A.A.R. 1540; Issue Date: July 10, 2026; Issue Number: 28; File Number: R26-111

6. 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

7. 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 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 these rules 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 amendments to these 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 a performance measure for long-term care and inpatient rehabilitation hospitals that meet or fall below the national average percentage for pressure ulcers. This 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.

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

Not applicable

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

The rulemaking does not diminish a previous grant of authority of a political subdivision of this state.

10. A 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.

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

Not applicable

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

AHCCCS did not receive any public or stakeholder comments on this rulemaking.

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

There are no other matters prescribed by statute applicable to the agency, rule or class of rules.

- 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:**

These rules do not require the issuance of a permit, license or agency action.

- 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:**

These rules are governed by the Code of Federal Regulations, Title 42, Chapter IV, Subchapters C and F.

These 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

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

Not applicable

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

Not applicable

- 16. The full text of the rules follows:**

TITLE 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

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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:
 - i. 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

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- 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.
 - e. 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.

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- 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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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

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- 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.

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- tion 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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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.

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- 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: AHCCCS DAP@azaheccs.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.

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- 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.
- e. 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.

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- 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); 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.
 - 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.

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- 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.
- e. 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) 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 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.

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- 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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.gov.

FE. 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 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.

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- 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 mini-~~

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- ~~must~~, 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.
- E.** 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 AHCCCS DAP@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 AHCCCS DAP@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 AHCCCS DAP@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 AHCCCS DAP@azahcccs.gov.
 - g. No later than January 1, 2027, the hospital shall begin testing individuals for syphilis as outlined in the facility's policy.

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- 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:

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- 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;

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- 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.

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- 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.

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- 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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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.

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- 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.
- c. 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 advanced directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.

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- 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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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

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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

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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) 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.

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- 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.

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- 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.

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- 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 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 writ-

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- ten 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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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.

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- 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.
- c. 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

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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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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

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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)~~ Identifier (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

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- 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 AHCCCS DAP@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 AHCCCS DAP@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 AHCCCS DAP@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 AHCCCS DAP@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:

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- 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. R9-10-101; (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

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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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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: AHCCCS DAP@azaheccs.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)~~ 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)~~ (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.

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- 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 AHCCSDAP@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); ~~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 AHCCSDAP@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 AHCCSDAP@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); ~~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 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 AHCCSDAP@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 AHCCSDAP@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 AHCCSDAP@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: AHCCSDAP@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: AHCCSDAP@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 AHCCSDAP@azahcccs.gov, indicating that the facility has elected to participate in the MOUD Enhancement Program. The LOI shall contain each facility, including

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- 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.

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- 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.

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TITLE 18. ENVIRONMENTAL QUALITY

**CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER POLLUTION CONTROL**

File Number: R26-200

PREAMBLE

1. **Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**
July 1, 2025 and August 17, 2026
2.

Article, Part, or Section Affected (as applicable)	Rulemaking Action
Article 11	New Section
R18-9-1101	New Section
R18-9-1102	New Section
R18-9-1103	New Section
R18-9-1104	New Section
R18-9-1105	New Section
R18-9-1106	New Section
R18-9-1107	New Section
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. §§ 49-104(B)(4), 49-202(A), 49-203(A)(1)
Implementing statute: A.R.S. §§ 49-221, 49-203(A)(4)
4. **The effective date of the rule:**
December 6, 2026
 - a. **If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
Not applicable
 - b. **If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**
Not applicable
5. **Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the current record of the final rule:**
Notice of Rulemaking Docket Opening: 31 A.A.R. 3065; Issue Date: September 26, 2025; Issue Number: 39; File Number: R25-221
Notice of Proposed Rulemaking: 32 A.A.R. 671; Issue Date: March 20, 2026; Issue Number: 12; File Number: R26-30

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

Name: Jonathan Quinsey
Title: Legal Specialist
Division: Water Quality
Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-8193
Email: quinsey.jonathan@azdeq.gov
Website: <https://azdeq.gov/rulemaking/aml>

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

A. Background and Purpose of this Rulemaking

This rulemaking establishes a new Article 11 in Title 18, Chapter 9 of the Arizona Administrative Code (A.A.C.) to codify the Arizona Department of Environmental Quality's (ADEQ) process for investigating and remediating nonpoint source (NPS) pollution from abandoned mines that impact or threaten Arizona's surface waters. The rulemaking is being executed to fulfill a twofold purpose. First, it implements a formal program in response to the recommendations from the Arizona Auditor General's September 2021 performance audit of ADEQ's water quality programs (Auditor General's Report). The Auditor General found that ADEQ "has not reduced the total number of impaired surface waters in the State" despite a statutory duty to remediate impaired waters. Second, it assists ADEQ in meeting responsibilities under Arizona Revised Statutes (A.R.S.) § 49-203(A)(4), which requires ADEQ to establish a state NPS pollution control program by rule. ADEQ notes that it previously adopted an NPS pollution control rule for livestock grazing at A.A.C. R18-9-501 in 2001. This Notice of Final Rulemaking (NFRM) establishes the framework for a distinct category of NPS pollution, abandoned mines, that was not addressed under that prior rule.

Many of the impairments cited in the Auditor General's Report are caused by diffuse pollution sources rather than discrete discharges. At both the federal and state level, NPS pollution remains the leading cause of surface water quality impairment. The United States Environmental Protection Agency's (US EPA) National Water Quality Inventory reports, which compile water quality assessment data submitted by states under Clean Water Act (CWA) §§ 305(b) and 303(d), consistently identify NPS pollution as the leading cause of surface water impairments nationwide. These issues are not new. In 1996, the US EPA published a policy document titled Nonpoint Source Pollution: The Nation's Largest Water Quality Problem (EPA 841-F-96-004).

Arizona's 2024 Integrated CWA Assessment illustrates that while *E. coli* is the most common single-parameter impairment, metals, when combined, represent the largest overall cause of impairment in Arizona. In Arizona's draft 2026 CWA Assessment, metals pollution remained the primary impairment parameter contributing to 303(d) listings. Other sources of NPS pollution include agricultural activities and stormwater runoff from areas with naturally occurring mineralization. Abandoned mine lands (AML), especially historic mines, are one type of NPS pollution that can contribute metals and sediment pollution to streams, rivers, and lakes through acid mine drainage, runoff of tailings, and other diffuse pathways. United States Geological Survey databases show there are more than 44,000 abandoned mine sites in Arizona and field verification could confirm many more.

AMLs predate modern environmental regulations. Many AMLs lack a financially viable responsible party and are on public lands or held by small private owners with no intent to resume mining. Consequently, these sites historically have not been addressable through existing programs, leaving a substantial gap in water quality protection. Recognizing this gap, ADEQ has been utilizing federal grant funds under CWA § 319 to implement voluntary remediation projects at high-priority AML sites. However, prior to this rulemaking, there was no codified state framework guiding these remediation efforts.

This final rule assists ADEQ in meeting responsibilities under A.R.S. § 49-203(A)(4) and the CWA. Under CWA § 319, states must develop management programs to control NPS pollution. By establishing clear rules and procedures for addressing AML-related NPS pollution, ADEQ aims to reduce pollutants entering Waters of the United States (WOTUS) from abandoned mines, thereby improving water quality and helping to delist impaired waters over time.

B. Overview of the Final Rules

R18-9-1101 – Definitions

Section R18-9-1101 defines terms used throughout Article 11. In response to public comments, definitions were revised. The final rule adds new defined terms including "Contaminated Environmental Media," "Person," "Pollution," and "Waters of the State." Unused definitions like "Best Management Practices," "Director," and "Institutional Control"

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were removed. The former “Remediating Person” definition was replaced by the broader defined term “Person.” The definition of “Abandoned Mine” now cross-references A.R.S. § 27-301 directly. The definition of “Remediation” was expanded to include isolation or containment of contaminated environmental media or mine features. The definition of “Owner” was revised to explicitly include Tribal Nations that hold a beneficial interest in land held in trust by the United States.

R18-9-1102 – Applicability

Section R18-9-1102 defines the rules’ scope and applicability. This Article is narrowly tailored to address NPS pollution from abandoned mines that affect or pose a threat to surface waters in Arizona. Remediation under Article 11 is not mandatory - these regulations apply solely when ADEQ or a person elects to use state and/or federal funds administered by the Department to address NPS pollution from an AML. The rules exclude other types of NPS pollution, point source-only discharges, sites subject to active state or federal permits, sites managed under A.R.S. Title 49 programs, and sites subject to the mined land reclamation program under A.R.S. Title 27, Chapter 5, Article 1. An overarching provision in subsection (C) requires all activities conducted under this Article to comply with all applicable laws and rules.

R18-9-1103 – Site Assessments

Section R18-9-1103 establishes the framework for a site assessment before any remediation planning begins. In response to public comments, a new Subsection (B) requires the Department or a person to prepare a Site Assessment Work Plan before beginning field activities. The Work Plan describes the assessment activities, sampling types, mapping, objectives, timeline, and a Health and Safety Plan. The site assessment itself, which may be conducted in one or more phases, characterizes the nature and extent of NPS pollution, current and potential impacts to public health and the environment, physical site characteristics, and current and foreseeable impacts to WOTUS. Using the data collected, evaluated, and vetted through the Department, a site-specific risk evaluation may be conducted.

R18-9-1104 – Remediation Plans

Section R18-9-1104 establishes a framework for developing a Remediation Plan for each AML site following the site assessment. Unless otherwise pre-approved by the Department, the Department or a person shall prepare a Remediation Plan before engaging in remediation. The plan shall include but is not limited to a description of the remediation and its objectives, how the objectives will be achieved and measured, a timeline, estimated cost(s), expected operational life, and a Health and Safety Plan.

R18-9-1105 – Remediation

Section R18-9-1105 covers the implementation phase of remediation. Remediation must protect public health and the environment and, to the extent practicable, further the goal of restoring and maintaining the chemical, physical, and biological integrity of WOTUS and WOTUS protected surface waters. When selecting the type of remediation, the Department or a person may consider factors including population and welfare concerns, routes of exposure, impacts to the waterbody and to aquatic and terrestrial biota, the amount and fate of pollutants, technical practicality and cost-effectiveness, groundwater impacts, and the availability of other remediation mechanisms. The type of remediation is selected based upon best engineering, geological, or hydrogeological judgment.

R18-9-1106 – Remediation Completion

Section R18-9-1106 implements an evaluation mechanism after remediation is complete. The Department or a person shall prepare a remediation completion report that includes a description of the remediation and how it met project objectives, final cost(s), final technical drawings and maps, operating and maintenance requirements, and a description of post-remediation monitoring activities. When a report is prepared by a person other than the Department, only the Department has authority to determine whether remedial objectives have been met, based on criteria such as reductions in pollutant loading, reductions in pollutant mobility, positive effects on aquatic and terrestrial biota, and whether the waterbody is meeting applicable surface water quality standards. The Department or a person may also take additional action at a site where remediation has previously been performed under this Article upon discovery of new information, inaccurate or incomplete prior submissions, failure to achieve remedial objectives, or the need to respond to a release or threat of a release.

R18-9-1107 – Access to Abandoned Mines

Section R18-9-1107 requires that, prior to initiating activities under this article, the Department or a person shall ensure that all necessary and legally valid access rights have been obtained. This provision was broadened in response to public comment to capture the full range of legal instruments beyond simple access agreements that may be required to establish lawful access, particularly where surface and mineral rights may be bifurcated.

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C. Conclusion

This final Article 11 provides a simple but effective framework for addressing one of Arizona's most persistent water quality challenges - pollutant runoff from abandoned mines. It takes a voluntary, non-regulatory approach to a regulatory problem, using incentives and state-led action rather than new mandates on private parties. By codifying the processes ADEQ has successfully piloted in real world projects, the rules provide clarity and consistency for how Arizona will reduce metal pollutant loads in impaired waters. Each section serves the overarching goal of restoring water quality in rivers and streams impacted by historic mining, thereby protecting public health, enabling safe recreation, preserving aquatic life, and ultimately working toward delisting waters from Arizona's impaired waters list in accordance with state and federal water quality standards.

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

ADEQ did not rely on any studies to justify this rulemaking. The Department did use a broad base of state assessments and reports to provide context for the rule's impact. Key references include Arizona's 2024 and draft 2026 Integrated 305(b) Assessment and 303(d) Listing Report (Integrated Report), which provided data on surface water impairments, and the Arizona Auditor General Performance Audit Report 21-116 (Auditor General's Report), which identified deficiencies in addressing impaired waters. ADEQ also considered case studies from its own AML remediation pilot projects as proof of concept for the rules. The Integrated Report is available via ADEQ's Surface Water Monitoring & Assessment program website. The Auditor General's report is available on the Arizona Auditor General's website. Additionally, while not relied upon to establish statutory necessity, ADEQ referenced a 2026 study produced by Audubon Arizona in the EIS to evaluate the broader economic benefits of surface water protection, which found that water-based outdoor recreation along Arizona's waterways supports over 72,000 jobs and generates \$11.7 billion in annual economic output.

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

Not applicable

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

ADEQ has produced a full economic, small business, and consumer impact statement (EIS) that addresses each of the elements required for an EIS under A.R.S. § 41-1055, which is available on the website for this rulemaking at <https://azdeq.gov/rulemaking/aml>. The following section summarizes the findings in that document.

A. Identification of the Proposed Rulemaking

The rulemaking codifies ADEQ's existing process for remediating nonpoint source (NPS) pollution from abandoned mines that impact or threaten Arizona's surface waters, assisting ADEQ in complying with A.R.S. § 49-203(A)(4). The rules apply only to the Department or persons who voluntarily utilize CWA Section 319 grant funding or other ADEQ-administered funds for AML remediation. Because the rules formalize procedures ADEQ already follows, the rulemaking is not expected to change the frequency of remediation activities, which will continue to be driven by annual grant awards, available state funds, and site prioritization.

B. Cost-Benefit Analysis

The rule change is expected to result in minimal to positive economic impact, with no new direct costs imposed on ADEQ, political subdivisions, businesses, or landowners. It does not create new fees or regulatory compliance costs, as it codifies existing practices funded through established federal and state sources.

1. Impact on Public Entities

ADEQ: Costs are considered negligible, as the agency will implement the rules using existing staff, resources, and CWA Section 319 grant funds, with no new hires or payroll changes. Benefits include clearer regulatory authority, standardized procedures, improved alignment with A.R.S. § 49-203(A)(4), and a stronger ability to demonstrate satisfactory progress for federal grant determinations.

Other State Agencies and Political Subdivisions: No new mandates, reporting requirements, or funding obligations are imposed on local, municipal, county, or tribal governments. These entities may benefit indirectly from more predictable remediation workflows and a stronger NPS program framework that supports local planning and public health protection.

2. Impact on Private Landowners and Businesses

Costs: There are no new regulatory fees, compliance obligations, or changes to contracting procedures. Participation

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remains voluntary, and project-related property access is negotiated case by case, so no new direct costs are anticipated for businesses or landowners.

Benefits: Environmental consulting firms benefit from a clearer program framework supporting continued project opportunities. Landowners and nearby communities may benefit from improved onsite and downstream water quality, reduced actual or perceived environmental liability, and clearer expectations around access and site restoration.

3. Impact on Tourism and Consumers

Costs: The rule is not expected to affect consumer prices, product availability, or access to recreational services.

Benefits: By supporting continued efforts to protect surface water quality, the rules help sustain the recreation and tourism activity tied to Arizona's waters. A 2026 study led by Audubon Arizona found that water-based outdoor recreation on and along Arizona's rivers, lakes, and streams generates approximately \$11.7 billion in annual economic output, adds more than \$6.9 billion to state GDP, and supports more than 72,000 jobs.

4. Impact on Small Businesses

Small businesses are defined under A.R.S. § 41-1001 as independently owned firms not dominant in their field with fewer than 100 full-time employees or less than \$4 million in gross annual receipts.

Existing Small Businesses: No additional administrative or compliance costs are incurred. The rules apply only to firms, primarily environmental consulting firms, that voluntarily contract with ADEQ under existing procurement processes, and those firms are already familiar with the procedures being codified.

Small Business Relief: Relief methods under A.R.S. § 41-1035 are not necessary because the rules impose no new regulatory requirements, fees, or compliance obligations on small businesses.

Future Applicants: Any future firm performing AML remediation work would be subject to the same established procedures, with no additional licensing, reporting, or operational standards beyond normal contractual terms.

5. Impact on Public and Private Employment

The rulemaking is not expected to have a measurable impact on public or private employment.

Public Sector: ADEQ will implement the rules using existing staff and resources, with no new positions or changes in responsibilities anticipated.

Private Sector: Environmental consulting firms are expected to see a continuation of status-quo work levels driven by available CWA Section 319 funding and site prioritization rather than by the rule itself. Any long-term increase in consulting employment would depend on future funding growth or program expansion beyond this rulemaking.

6. Impact on State Revenues

The proposed rulemaking is not expected to have a direct impact on state revenues. It does not create new fees, licenses, permits, or penalties, and existing fee schedules and tax requirements remain unchanged. The AML remediation program will continue to be funded primarily through federal CWA Section 319 grants and appropriated state funds.

C. Analysis of Alternative Methods

ADEQ evaluated the proposed rulemaking against three alternatives - no rulemaking (status-quo), broad NPS regulation across multiple sectors, and AML rules with a new fee-based funding mechanism. ADEQ determined the proposed rulemaking to be the least costly and least intrusive method to achieve its statutory objectives without imposing new costs or regulatory burdens.

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

ADEQ received public comments from three commenters during the 42-day comment period (March 20, 2026 – May 1, 2026). Based on those comments, the following changes were made from the proposed rule to the final rule:

Preamble

1. Question 6, Section A, Paragraph 1: Revised to acknowledge the existing NPS pollution control rule at A.A.C. R18-9-501 and to emphasize the Auditor General's recommendation to reduce impaired waters as a primary driver of this rulemaking.
2. Question 6, Section A, Paragraph 3: Revised to remove the assertion that the 2024 Integrated CWA Assessment confirms that metals from nonpoint sources are the chief cause of surface water quality issues statewide. The paragraph now accurately states that *E. coli* is the most common single-parameter impairment and that metals, when combined, represent the largest overall cause of impairment. The paragraph now also clarifies that AMLs

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are one, not the exclusive, source of metal impairments in Arizona.

R18-9-1101 (Definitions)

1. "Abandoned Mine": Revised to cross-reference A.R.S. § 27-301(1) directly rather than reproducing the statutory language.
2. "Best Management Practices": Removed; the term is not used in the Article.
3. "Clean Water Act": Removed; the term is not used in the Article.
4. "Contaminated Environmental Media": Added as a new defined term.
5. "Director": Removed; the term is not used in the Article.
6. "Discharge": Removed the phrase "or hazardous substance" as redundant (pollutant already includes hazardous substances).
7. "Hazardous": Revised to "hazardous substance" and added reference to A.R.S. § 49-201 directly rather than reproducing the statutory language.
8. "Institutional Control": Removed; the term is not used in the Article.
9. "Nonpoint Source": Revised to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.
10. "Nonpoint source pollution": Removed to provide more consistency within the rule language.
11. "Owner": Revised to explicitly include Tribal Nations holding a beneficial interest in land held in trust by the United States.
12. "Person": Added as a new defined term, replacing "Remediating Person" and applying to those engaged in remediating an abandoned mine.
13. "Point Source": Revised to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.
14. "Pollutant": Revised to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.
15. "Pollution": Added as a new standalone defined term to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.
16. "Protected surface waters": Added to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.
17. "Remedial Action": Removed and consolidated into the revised definition of "Remediation."
18. "Remediation": Revised to include "isolation or containment" of contaminated environmental media or mine features and to state that remediation is conducted to "prevent or reduce" the addition of pollutants into surface waters.
19. "Remediating Person": Removed and replaced with the new defined term "Person."
20. "Site": Retained in response to comments.
21. "Waters of the State": Added as a new standalone defined term cross-referencing A.R.S. § 49-201.
22. "WOTUS" revised to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.
23. "WOTUS Protected Surface Water": Revised to reference A.R.S. § 49-201 directly rather than reproducing the statutory language.

R18-9-1102 (Applicability)

1. Subsection (A): Former subsections (A)(1) and (A)(2) were combined into a single Subsection (A).
2. Subsection (B)(1): Revised to replace "those mentioned in subsection (A)" with the defined term "abandoned mines."
3. Subsection (B)(2): Revised to provide clarity and use defined terms.
4. Subsection (B)(3): Revised pursuant to public comment.
5. Subsection (C): Expanded this overarching provision to require that all remediation and associated activities under Article 11 comply with all applicable laws and rules. A provision similar to this was previously located at R18-9-1105 and was relocated to apply to all phases of a project.

R18-9-1103 (Site Assessments)

1. Subsection (A): Made clarifying changes to make sure cross-referenced rules were correct.
2. New Subsection (B): Added to require the Department or a person to prepare a Site Assessment Work Plan prior to conducting the site assessment, describing the contents.
3. Subsection (C): Made clarifying changes.
4. Subsection (D): Revised to require that data be "collected, evaluated, and vetted through the Department" before a

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site-specific risk evaluation may be conducted.

5. All references to “remedial work” removed; the term “remediation” is used consistently throughout.

R18-9-1104 (Remediation Plans)

1. Title: Revised from “Remedial Action Plans” to “Remediation Plans” to align with the refined purpose of the Article.
2. Subsection (A): Added “Unless otherwise pre-approved by the Department” to accommodate emergency response and other exigent circumstances.
3. Subsection (B): Revised to “shall include, but is not limited to the following” to allow for site-specific requirements.
4. Subsection (B)(1): Revised to require the plan include “a description of the remediation, including its objectives.”

R18-9-1105 (Remediation)

1. Title: Revised from “Remedial Actions” to “Remediation” to align with the refined purpose of the Article.
2. Subsection (A)(1): Revised from requiring remediation to “assure” protection to requiring it to “Protect public health and the environment.”
3. Subsection (A)(2): Revised to replace “allow for the restoration and maintenance of” with “further the goal of restoring and maintaining” the integrity of WOTUS and WOTUS protected surface waters.
4. Former Subsection (C) (compliance requirement): Removed from this section and relocated to R18-9-1102(C) as an overarching provision applicable to all phases.
5. Former Subsection (E) (access agreements): Removed as duplicative.

R18-9-1106 (Remediation Completion)

1. Title: Revised from “Remedial Action Completion” to “Remediation Completion” to align with the refined purpose of the Article.
2. Subsection (A): Revised to require the Department or a person to prepare a remediation completion report after project completion.
3. Subsection (B) (New language): Added to specify the minimum required contents of the remediation completion report.
4. Subsection (C): Revised to clarify that only the Department has authority to determine whether remedial objectives have been met (removed “or a person” from the determination provision).
5. Subsection (D): Revised to replace “previous site” with “action at a site where remediation has previously been performed under this Article” for clarity.

R18-9-1107 (Access to Abandoned Mines)

1. Title: Revised from “Access” to “Access to Abandoned Mines” to align with the table of contents.
2. Subsection (A): Revised to broaden the access requirement from a specific reference to “access agreements” to require that “all necessary and legally valid access rights have been obtained,” reflecting the range of legal instruments potentially required in practice.

The modifications identified between the NPRM and the NFRM govern the exact same voluntary class of participants, address the same environmental remediation issues, and impose no new legal, economic, or compliance burdens. This new Article 11 does not create a compulsory regulatory program, establish a permitting regime, or assess any fee. This rulemaking codifies an already existing, purely voluntary grant-funded program in which ADEQ utilizes federal Clean Water Act (CWA) § 319 funds to remediate abandoned mines. The revisions made between the NPRM and NFRM rearrange the proposed text to improve clarity, eliminate redundancy, and ensure that the goal of codifying this already existing program is met at the request of stakeholders who largely already work with ADEQ on implementing this program.

Specifically, the addition of R18-9-1103(B) outlines the elements of a Site Assessment Work Plan which was a procedural clarification developed at the request of a stakeholder. The provision introduces no new regulatory obligations, liabilities, or costs. In current practice, environmental contractors and grant recipients are already required to prepare scopes of work, sampling and analysis plans, and health and safety plans as standard contractual deliverables under existing state procurement contracts or CWA § 319 grant administration guidelines. Importantly - ADEQ crafted this section of the rule permissively, and the rule states that a work plan “may include,” but is not limited to the items in the rule. Because R18-9-1103(B) simply memorializes standard, pre-existing administrative grant practices that already exist, its inclusion does not alter the fundamental effect or scope of the rule.

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

On March 20, 2026, ADEQ announced the 42-Day public comment period for the Notice of Proposed Rulemaking (NPRM). The public comment period opened on March 20, 2026, and closed on May 1, 2026. ADEQ received comments from three entities during the public comment period.

ADEQ has responded to each comment in this Response to Comments (RTC) Summary.

The following is a list of the public comments received, followed by ADEQ's response in **bold text**.

BERNARDO VELASCO - SAN CARLOS APACHE TRIBE [04/30/2026]

ORAL COMMENT #1: For the purposes of entities like tribes, that have a beneficial interest but the fee title interest remains at the federal government, we'd like to see a more inclusive definition of "owner" that would include those kinds of property rights.

RESPONSE #1: ADEQ appreciates this comment and agrees that the definition of "Owner" should be clarified. Accordingly, ADEQ has modified the definition of "Owner" to explicitly include tribal nations that have a beneficial interest but the federal government maintains fee title interest.

ARIZONA MINING ASSOCIATION [05/01/2026]

COMMENT #1: Preamble. Item 6.A, paragraph 1: ADEQ states in this paragraph that "[u]ntil now, Arizona has lacked rules that directly formalize such a [nonpoint source pollution control] program." However, ADEQ currently has rules that it adopted in 2001 addressing nonpoint source pollution from livestock grazing (see A.A.C. R18-9-501). ADEQ's statement should be clarified to recognize the existing nonpoint source pollution control rule in A.A.C. R18-9-501.

RESPONSE #1: ADEQ appreciates this comment. Paragraph 1 of the Preamble's Section 6.A has been revised to say that these rules "assist ADEQ in meeting its responsibilities under ARS 49-203(A)(4)" rather than stating ADEQ did not have an NPS program prior to this rulemaking. The paragraph has also been revised to put more emphasis on ADEQ conducting this rulemaking as a response to the Auditor General's recommendation to decrease the amount of impaired waters.

COMMENT #2: Preamble. Item 6.A, paragraph 3: AMA questions the accuracy of the statements in this paragraph that appear to be derived from interpretations of data presented in Arizona's 2024 Clean Water Assessment. ADEQ states that the 2024 Clean Water Assessment "confirmed that metals from nonpoint sources are a chief cause of surface water quality issues statewide." A review of the 2024 Clean Water Assessment report reveals that the report does not directly support this statement. There is nothing in the report stating or confirming that metals from nonpoint sources are a chief cause of surface water quality issues statewide. Rather, this appears to be an assumption made by ADEQ and the statement should be removed or clarified.

ADEQ also states that the draft 2026 Clean Water Assessment suggested that "metals pollution remained the primary impairment parameter contributing" to impaired water listings in Arizona and that there were "approximately 260 miles of streams in Arizona impaired by pollutants potentially associated with abandoned mines." While these statements may be supported to some extent by the data, the lead-in sentence to this paragraph attempts to tie these statements solely to impacts from abandoned hardrock mines. Given that many of ADEQ's discovered metal impairments are likely related to other nonpoint sources of pollution including agricultural activities or stormwater runoff from the many locations in Arizona that have naturally occurring mineralization exposed on the ground surface, such insinuations are overbroad, inappropriate, and should be removed from the final rule preamble.

RESPONSE #2: Paragraph 3 of the Preamble's Section 6.A has been revised to remove ADEQ's assumption that the 2024 Assessment confirms metals (via AMLs) are the primary cause of surface water pollution throughout the state. Instead, the paragraph calls out that while E.coli is the top single parameter impairment, when combined, metals represent the largest overall cause of impairment. This is supported by the data used to create the bar graph on page 6 of Chapter 2 in the 2024 Assessment. The paragraph has further been revised to make clear that AMLs are not the only source of metal impairment.

COMMENT #3: Proposed R18-9-1101 (definition of "abandoned mine"): The intent of the proposed rule seems to be focused on remediation of abandoned hardrock mines (see preamble language as well as proposed R18-9-1102 (applicability)). Consequently, the definition of "abandoned mine" should track that intent. ADEQ also should consider adding a definition of "hardrock mine." If the agency wants to add such a definition, the AMA would be happy to work with ADEQ to develop appropriate language for such a definition.

Given the focus on "site" throughout the proposed rule, as well as the definition of "site" in proposed R18-9-1101, the definition of "abandoned mine" should incorporate such term.

The phrase "for a deserted mine site" should be removed. It is not clear what that means.

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RESPONSE #3: The definition of “abandoned mine” in this rule has been updated to incorporate the Arizona State Mine Inspector’s existing definition found in A.R.S. § 27-301 rather than developing a new definition. ADEQ has not added a definition for “hardrock mine” in these rules and refocused the rule language to focus on “abandoned mines” more generally to ensure that ADEQ can remediate pollution that’s impacting surface waters. ADEQ retains the “site” definition in this NFRM as well.

Regarding the AMA’s comment on the phrase “deserted mine site,” ADEQ revised the rule to reference the Arizona State Mine Inspector’s existing definition found in A.R.S. § 27-301, rather than repeat the statutory language. This approach maintains consistency within existing Arizona law and avoids creating a separate definition in this rule.

COMMENT #4: Proposed R18-9-1101 (definition of “best management practices”): The phrase “best management practices” is not used in the remainder of the proposed rule and should be removed to avoid confusion.

RESPONSE #4: The definition of “best management practices” has been removed from R18-9-1101.

COMMENT #5: Proposed R18-9-1101 (definition of “director”): The word “director” is not used in the remainder of the proposed rule and should be removed.

RESPONSE #5: The definition of “director” has been removed from R18-9-1101.

COMMENT #6: Proposed R18-9-1101 (definition of “discharge”): The phrase “or hazardous substance” should be deleted because the term “pollutant” already includes hazardous substances.

RESPONSE #6: The phrase “or hazardous substance” has been removed from the definition of “discharge” in R18-9-1101.

COMMENT #7: Proposed R18-9-1101 (definition of “institutional control”): The phrase “institutional control” is not used in the remainder of the proposed rule and should be removed to avoid confusion.

RESPONSE #7: The definition of “institutional control” has been removed from R18-9-1101.

COMMENT #8: Proposed R18-9-1101 (definition of “remediation”): This definition is too narrow as proposed. For example, capping is not the “treatment or removal of contaminated environmental media.” And it is not clear that a tailings pile or an adit is “contaminated environmental media.”

RESPONSE #8: The definition has been revised to include “isolation or containment” of environmental media, including mine features. This definition was also combined with the definition of remedial action to clarify that remediation is being conducted to reduce the addition of pollutants into surface waters.

COMMENT #9: Proposed R18-9-1101 (definition of “remedial action”): This definition is too narrow as proposed because it may not be possible or practicable in every remediation scenario of an abandoned mine to “prevent” the addition of a pollutant to WOTUS. Also, ADEQ should consider whether it would be simpler to just use one term (“remediation” or “remedial action”) in the proposed rule rather than both.

RESPONSE #9: The definition “remedial action” has been removed from R18-9-1101 and combined with the definition of “remediation”. The “remediation” definition includes the language “prevent or reduce” in order to address the concern raised by the commenter.

COMMENT #10: Proposed R18-9-1101 (definition of “remediating person”): “Abandoned mine lands” is not a defined term. The AMA recommends using the defined term of “abandoned mine.”

RESPONSE #10: The definition of “remediating person” has been removed from R18-9-1101 and replaced with the definition of “person”. The definition of “person” includes all of the same entities/persons as the definition of “remediating person” and also clarifies that it applies to those engaged in remediating an abandoned mine.

COMMENT #11: Proposed R18-9-1102(A)(1): This item ((A)(1)) should be removed. The proposed language would seem to extend the program to persons conducting remediation who do not accept federal or state funds for the remediation. This is contrary to ADEQ’s stated intent in the preamble (“These regulations apply solely when ADEQ or a remediating person elects to use state or federal funds to address pollution caused by AML” (emphasis in original)). (A)(2) by itself effectuates ADEQ’s intent.

RESPONSE #11: To provide greater clarity, the applicability requirements of subsections (A)(1) and (A)(2) have been combined into new Section (A). See response to AMA’s Comment #12 for additional rationale.

COMMENT #12: Proposed R18-9-1102(A)(2): Language added to reflect that there may be projects that address both point and nonpoint sources, and to ensure that such projects are addressed under the rule when they qualify for state or federal funds. Also, the defined term of “abandoned mine” should be used in place of the undefined “abandoned hardrock mine” term especially if the changes requested above to the definition of “abandoned mine” being limited to

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“hardrock” mines is made.

RESPONSE #12: To maintain consistency with the applicability requirements in R18-9-1102(A), ADEQ retained the distinction between point and nonpoint sources. Additionally, R18-9-1102(A) has been revised to use the defined term “abandoned mine” throughout the rule.

COMMENT #13: Proposed R18-9-1102(B)(1): Proposed changes necessary to clarify application or nonapplication of proposed rule.

RESPONSE #13: R18-9-1102(B)(1) has been revised to replace “those mentioned in subsection (A)” to “abandoned mines” so that it is consistent with the removal of R18-9-1102(A)(1) (Applicability).

COMMENT #14: Proposed R18-9-1102(B)(2): Proposed changes are necessary to be consistent with requested revisions to proposed R18-9-1102(A)(2).

RESPONSE #14: R18-9-1102(B)(2) has been revised to state that the rules do not apply to discharges “solely” from point sources “with no nonpoint source contribution” so that it is consistent with the changes made to R18-9-1102(A).

COMMENT #15: Proposed R18-9-1102(B)(3): ADEQ mentions in the preamble that sites subject to mine reclamation requirements would be ineligible, so the suggested revisions would reflect that intent.

RESPONSE #15: R18-9-1102(B)(3) has been revised to include, “...or the mined land reclamation program established pursuant to A.R.S. Title 27, Chapter 5, Article 1”.

COMMENT #16: Proposed R18-9-1103(A): ADEQ’s language introduces a third variant (i.e., “remedial work”) to the terms “remediation” and “remedial action.” The AMA’s suggested revision avoids that confusion.

RESPONSE #16: The new Article 11 has been revised to remove any mention of “remedial work”. For consistency, the new Article 11 will only use “remediation”, which is defined in R18-9-1101.

COMMENT #17: Proposed R18-9-1103(A)(1): The AMA suggests adding identification of potential sources, in addition to extent and nature, of pollution as part of a site assessment consistent with proposed R18-9-1103(B)(3).

RESPONSE #17: No change has been made to the rule as a result of this comment. If it is relevant to a site, the requested source identification process would be included in the requirement under R18-9-1103(A)(1).

COMMENT #18: Proposed R18-9-1104(B)(1): Because proposed R18-9-1104(B)(2) requires a description of how the remedial action will achieve the remedial objectives, proposed R18-9-1104(B)(1) should be revised to specify that the description of a remedial action plan includes the objectives of the remedial action.

RESPONSE #18: R18-9-1104(B)(1) has been revised to require the remediation plan include “a description of the remediation, including its objectives”.

COMMENT #19: Proposed R18-9-1105(A)(1): “Assure” is too strong of a word in the context of remediation of nonpoint source pollution associated with abandoned hardrock mines and could result in certain remediations, including those conducted by ADEQ, being denied funding under the proposed rule.

RESPONSE #19: R18-9-1105(A)(1) has been revised to “Protect public health and the environment; and”.

COMMENT #20: Proposed R18-9-1105(A)(2): Like the comment on proposed R18-9-1105(A)(1), ADEQ’s proposed language is too limiting and should be revised as suggested by the AMA.

RESPONSE #20: R18-9-1105(A)(2) has been revised to replace, “allow for the restoration and maintenance of..” with “further the goal of restoring and maintaining...”.

COMMENT #21: Proposed R18-9-1105(E): Considering proposed R18-9-1107, this subsection is not necessary and should be removed.

RESPONSE #21: R18-9-1105(E) has been removed. R18-9-1107 already addresses the requirement that any person conducting this type of remediation must have legal access to the property if they are not the property owner. The removed language was duplicative.

COMMENT #22: Proposed R18-9-1106(B): The AMA suggests that changes be made to clarify the scope of this subsection. The reference to a “previous site” is potentially confusing.

Further, ADEQ should clarify in the proposed rule or preamble that the agency cannot order a third party to take further action under this purely voluntary program under R18-9-1106(B). This subsection simply outlines when additional state-lead or voluntary third-party remedial actions may be conducted at a site where remedial action work has previously been performed under the proposed abandoned mine rule.

RESPONSE #22: For clarity, R18-9-1106(D) has been revised to replace “previous site” with “action at a site

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where remediation has previously been performed under this article...”. The rule as proposed is already clear that ADEQ cannot order a third party to take further action, as demonstrated by the use of “may take” in Subsection D. No change has been made to the rule as a result of this comment

COMMENT #23: Proposed R18-9-1106(B)(4): As noted above, the definition of “pollutant” includes hazardous substances. Also, the agency’s ability to determine that additional remedial action is necessary to respond to a release or the threat of a release of a pollutant should be limited to situations that present a significant adverse risk to public health or the environment.

RESPONSE #23: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. There may be instances where a release of a pollutant may necessitate action on the part of the Department or a person that does not present a significant risk to the public health or the environment. Adding this language would be overly restrictive.

COMMENT #24: Proposed R18-9-1107: To be consistent with the table of contents for the proposed rule, the AMA suggests adding “abandoned mine” in the title and text of this section.

RESPONSE #24: The title of R18-9-1107 has been revised to “Access to Abandoned Mines” and the rule language has been revised to clarify that prior to initiating a site assessment or remediation at an abandoned mine, a valid access agreement must be in place.

TETRA TECH [05/01/2026]

AAC R18-9-1101

COMMENT #1: Under the definition of “Abandoned Mine”, suggest the term “deserted” is removed, as it is nonstandard in mining regulations and does not appear elsewhere in the A.A.C. in the context of mining regulation (e.g. Title 27-Mining; Title 11-State Mine Inspector). In addition, the “or” should be changed to “and” in this definition to match the preamble definition, where it states “where operations have ceased and there is no ongoing responsible party or permit.”

RESPONSE #1: ADEQ appreciates this comment. The definition of “abandoned mine” has been updated in R18-9-1101 to incorporate the Arizona State Mine Inspector’s existing definition found in ARS 27-301.

COMMENT #2: “Best Management Practices” is defined here then never used again in the proposed Rule.

RESPONSE #2: The definition of “best management practices” has been removed from R18-9-1101.

COMMENT #3: “Director” is defined here then never used again in the proposed Rule.

RESPONSE #3: The definition of “director” has been removed from R18-9-1101.

COMMENT #4: “Discharge” is defined here then never used again in the proposed Rule. If this definition is to remain, should it not also include groundwater since groundwater is addressed in R18-9-1105(B)(7).

RESPONSE #4: ADEQ is retaining the definition of “discharge” because it appears in R18-9-1102(B). In addition, pursuant to A.R.S. 49-203(A)(4), ADEQ is only authorized to control nonpoint source discharges of pollutants into WOTUS. In response to a comment from the AMA, the phrase “or hazardous substance” has been removed from the definition of “discharge” in R18-9-1101.

COMMENT #5: “Institutional Control” is defined here then never used again in the proposed Rule.

RESPONSE #5: The definition of “institutional control” has been removed from R18-9-1101.

COMMENT #6: The use of the term “Nonpoint Source Pollution” immediately following the definition of “Nonpoint Source” is unnecessarily restrictive. It is suggested that ADEQ instead provide a standalone definition of “Pollution” and apply it consistently across applicable definitions and sections of the rule, to improve clarity and flexibility.

RESPONSE #6: The definition of “Nonpoint Source Pollution” has been removed from R18-9-1101 and a definition for “Pollution” has been added.

COMMENT #7: Since the definition of “Remediation” includes the term “contaminated environmental media,” a corresponding definition for this term would be helpful. Additionally, clarification regarding the intended endpoint of remediation might be beneficial here. Specifically, it would be beneficial to clarify what criteria the “contaminated environmental media” must meet to be considered remediated (e.g. state standards, risk-based levels, laboratory nondetect concentrations, etc.)?

RESPONSE #7: The definition of “remediation” has been revised to include “isolation or containment” of contaminated environmental media, including mine features. This definition was also combined with the definition of remedial action so that it states that remediation is being conducted to prevent or reduce the addition of pollutants into surface waters.

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A definition for “contaminated environmental media” has been added to R18-9-1101.

R18-9-1106(C) explains the various criteria by which a site is evaluated to determine if remediation is complete, so no additional criteria are necessary. It is important to note, the goal of projects completed under the nonpoint source program is to reduce the amount of nonpoint source pollution entering WOTUS or a WOTUS protected surface water. Given the diffuse and complicated nature of nonpoint source pollution, it may take several years and numerous projects within a watershed to achieve compliance with surface water quality standards and delisting of a waterbody from EPA’s 303(d) list of impaired waters.

COMMENT #8: Suggest revising the definition of “Remediation” to include the term “containment,” in addition to the existing terms “treatment” and “removal,” to ensure the full range of commonly implemented remedial actions are captured.

RESPONSE #8: The definition has been revised to include “isolation or containment” of contaminated environmental media, including mine features. This definition was also combined with the definition of remedial action so that it states that remediation is being conducted to reduce the addition of pollutants into surface waters.

COMMENT #9: Suggest revising the term “Remediating Person” to “Remediating Entity” or “Remediating Party” for clarity and inclusiveness. With regards to what a “remediating person/entity/party” is under the Rule, perhaps ADEQ should clarify to address whether a remediating entity will be expected to possess any minimum level of education, certification, or state-recognized licensure to conduct remediation activities (e.g. Professional Geologist, Professional Engineer, Certified Environmental Professional, or similar qualifications). Alternatively, or in addition, if hiring a contractor to represent the remediating entity, clarify if the contractor must hold these qualifications and/or if the contractor’s subcontractor’s will be expected to hold any specific credentials (e.g. Arizona Registrar of Contractor’s license for drilling, excavating, installing post-tension piers, asphalt paving, etc.). Perhaps a catch-all phrase could capture this to ensure it’s included in the Rule, such as “The remediating entity shall possess, or retain appropriately qualified professionals who possess all applicable federal, state, and local licenses, certifications, and qualifications required to perform the work.”

RESPONSE #9: The definition of “remediating person” has been removed from R18-9-1101 and replaced with the definition of “person”. The definition of “person” includes all of the same entities/persons as the definition of “remediating person” and also clarifies that it applies to those engaged in remediating an abandoned mine.

State procurement regulations already stipulate minimum qualifications for contractors that ADEQ can use to take on remediation projects, thus no change has been made to the rule as a result of this comment.

COMMENT #10: There is an existing definition for “waters of the state”, under Arizona Revised Statutes (A.R.S.) § 49-201. Since this term is included under the definition for “WOTUS”, suggest it is defined as its own entry.

RESPONSE #10: A definition for “waters of the state” has been added to AAC R18-9-1101.

COMMENT #11: The definition provided for “WOTUS Protected Surface Water” is unclear. WOTUS has already been defined. The difference between a “WOTUS” and “WOTUS Protected Surface Water” needs to be clarified. Suggest that ADEQ instead provide a standalone definition of “Protected” and/or use the definition of “Protected Surface Waters” as defined in A.R.S. § 49-201.

RESPONSE #11: ADEQ is incorporating the definitions that are set out in Title 49, Chapter 1 to maintain consistent definitions throughout Title 49.

COMMENT #12: Several terms are used within definitions but are not themselves defined, which can create ambiguity and potential inconsistency in application throughout the proposed rule. The following terms should be provided as standalone definitions:

- a. “Contaminated Environmental Media”
- b. “Hardrock Mine”
- c. “Health and Safety Plan” (not used in definitions but appears under R18-09-1104 (B)(6))
- d. “Protected” and/or “Protected Surface Water”
- e. “Pollution”
- f. “Remedial Objectives” (not used in definitions but appears under R18-09-1104(B)(2))
- g. “Technical Practicability” (not used in definitions but appears under R18-09-1105 (B)(6))
- h. “Waters of the State”

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RESPONSE #12:

ADEQ's intent is to utilize definitions that already exist in Title 49, Article 1. As such,

- a. A definition for "Contaminated Environmental Media" has been added to R18-9-1101.
- b. "Hardrock Mine" has been removed from the new article.
- c. ADEQ prefers not to be too restrictive in rule, but rather provide guidance on what Health and Safety Plans should include. No definition has been added.
- d. A definition for "protected surface water" has been added to R18-9-1101.
- e. A definition for "pollution" has been added to R18-9-1101.
- f. A definition of the term "remedial objectives" is not needed as the plain language is already clear.
- g. A definition of this term "technical practicability" is not needed as the plain language is already clear.
- h. A definition for "Waters of the State" has been added to R18-9-1101.

AAC R18-9-1102

COMMENT #13: 1102 (A) and (B): The preamble repeatedly characterizes the proposed program as voluntary and limited in scope, emphasizing that participation is not mandatory and that no new regulatory burden is intended for the private sector. However, the regulatory text in R18-09-1102 does not clearly or consistently reflect this stated intent. Specifically, R18-09-1102(A)(1) provides that the Article applies to "the remediation of nonpoint source pollution from abandoned hardrock mines," without further defined limitation. This language could reasonably be interpreted to apply to any such remediation activity, regardless of whether it is conducted voluntarily, independently, or with Department-administered funding. The current applicability language creates ambiguity as to whether the Rule is intended to apply only to participants in a voluntary, state-administered program, or more broadly to any party conducting such remediation activities. To improve clarity and ensure consistency with the stated intent in the preamble, it may be beneficial to revise the applicability language to explicitly state that the article applies only to entities that voluntarily elect to participate in the program, such as by accepting Department-administered funding or otherwise enrolling in the program.

RESPONSE #13: To provide greater clarity, the applicability requirements of subsections (A)(1) and (A)(2) have been combined into new Section (A). Also, see response to AMA's Comment #12 for additional rationale.

COMMENT #14: 1102(A)(2): Suggest adding language requiring that a remediating entity meet eligibility or participation requirements established by the Department program administering the funds. These requirements need not be specified in the rule, as they may be addressed through programmatic guidance.

RESPONSE #14: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. Should ADEQ establish eligibility or participation requirements, they will be addressed through programmatic guidance documents.

COMMENT #15: 1102(B)(3): The statement that disallows "[d]ischarges or suspected discharges from sources currently managed under a state or federal permit or any other A.R.S. Title 49 program" is essentially saying that if a discharge is already being handled under another regulatory program, the remediating entity cannot enter the abandoned hardrock mine remediation program too. However, not all Title 49 programs are built to handle remediation requirements. An entity may fall under a Title 49 program that focuses on compliance (e.g. stopping the discharge) but doesn't handle the remediation of impacts related to the discharge. In this case, it may be a programmatic hand-off and there would be no overlap, but in some cases it might be better for both programs to work congruous, such as emergency response actions.

RESPONSE #15: The broad exclusion of all Title 49 programs is intentional, as these rules are narrow in scope. The existence of any Title 49 program assumes a responsible party, which would exclude it from these rules. No change has been made to the rule as a result of this comment.

AAC R18-9-1103

COMMENT #16: 1103: Tetra Tech recommends ADEQ consider amending the proposed rule to include the requirement of a comprehensive scope of work, which could be referred to as a Site Assessment (Work) Plan, to be completed prior to conducting a Site Assessment. Developing such a pre-approval document would provide ADEQ with an instrument to approve proposed work as well as ensure there are no data gaps in the proposed work which could result in an extended timeline, scope creep, or excessive expenditure of funds. This scope of work, once reviewed and approved by ADEQ, would serve as formal scope concurrence. Since every site is different, a work plan affords ADEQ the opportunity to set boundaries and site-specific requirements.

RESPONSE #16: ADEQ has revised R18-9-1103 to add a new subsection that requires the Department or a per-

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son to prepare a Site Assessment Work Plan prior to conducting the site assessment. The section also describes what information the Site Assessment Work Plan should contain.

COMMENT #17: 1103(B)(1) and (B)(2): Recommend changing “extent” to “nature and extent”. The nature of a release and the extent of the impacts are critical to understanding and characterizing a Site.

RESPONSE #17: ADEQ revised “extent” to “nature and extent” within the context of this rule.

COMMENT #18: 1103(B)(4): The definitions in R18-9-1101 do not make clear the difference between a “WOTUS” and “WOTUS protected surface waters”.

RESPONSE #18: ADEQ appreciates this comment, however, ADEQ’s intent is to utilize definitions that already exist in Title 49, Chapter 2, Article 1. As such, no change has been made to the rule as a result of this comment.

COMMENT #19: 1103(C): Recommend enhancing and clarifying the verbiage in this section. The language “[u]sing the data developed during the site assessment and information collected a site-specific risk evaluation may be conducted to characterize the current risks to public health and the environment from the pollution” could be perceived as ambiguous. Recommend something that clarifies the characterization data must be vetted through ADEQ first, before moving to a risk evaluation, to ensure the Department concurs that characterization is complete and that enough data has been collected to properly represent this Site in a risk evaluation. Language such as “[u]sing the data collected, evaluated, and vetted through the Department...” could provide assurance that the remediating entity understands the phased process detailed in R18-9-1103(B) requires ADEQ buy-in every step of the way. A pre-approved Work Plan that discusses how a risk assessment will be conducted would help solidify this understanding.

RESPONSE #19: Section R18-9-1103(C) has been revised to “Using the data collected, evaluated, and vetted through the Department...”.

COMMENT #20: 1103(D): “The site assessment may consist of a summary...” is lenient language. Tetra Tech recommends ADEQ strengthen this provision by using “shall” instead of “may” to ensure sufficient information is provided to ADEQ for review and concurrence.

RESPONSE #20: ADEQ appreciates this comment, however, ADEQ has intentionally drafted these rules to be flexible. Rather than developing rigid rules, ADEQ is looking to formalize a process for remediating nonpoint source pollution from abandoned mine lands and then build up that process over time. No change has been made to the rule as a result of this comment. ADEQ has moved this language to subsection E in the final rule.

AAC R18-9-1104

COMMENT #21: 1104(A): Suggest adding in the language “Unless otherwise pre-approved by the Department” in front of “[p]rior to engaging in remedial action pursuant to A.A.C. R18-9-1105, the Department or a remediating person shall prepare a remedial action plan.” By adding in the additional language, it allows the program to move forward with site-specific instances such as emergency response actions, actions deemed sensible to complete during characterization, or other actions which make sense to complete prior to preparing a RAP and awaiting full RAP approval.

RESPONSE #21: Section R18-9-1104(A) was revised to add “Unless otherwise pre-approved by the Department” in front of “[p]rior to engaging in remediation...”.

COMMENT #22: 1104(B): Suggest adding in the language “shall include, but is not limited to...” because there could be site-specific items that may not be called out here in Rule but would be fundamental to preparing an administratively complete remedial action plan (RAP). For instance, an RAP requiring earthmoving and repository building might require an Erosion Control Plan or an Air Quality Monitoring Plan, but a RAP to lay down limestone to install a passive surface water treatment system might require neither of these things. The “but is not limited to” clause gives ADEQ flexibility to consider site-specific requirements as they arise without locking all remediating parties into the same requirements.

RESPONSE #22: Section R18-9-1104(B) has been revised to “The remediation plan shall include, but is not limited to the following:”.

COMMENT #23: 1104(B): Since there is no required Site Assessment Report, suggest adding a bullet that indicates the Remedial Action Plan needs to summarize findings of the assessment and specifically sources of NPS impacts to WOTUS and establish the remedial objectives. This ties back to our comment in R18-9-1103(D), above, where we indicated the site assessment summary requirements are not explicitly requiring all the information necessary to move into a Remedial Action Plan. If this is addressed under R18-9-1103(D), it may not need to be readdressed here.

RESPONSE #23: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. ADEQ has intentionally drafted these rules to be flexible. Rather than developing rigid rules, ADEQ is looking to formalize a process for remediating nonpoint source pollution from abandoned mines and

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then build up that process over time. Additionally, ADEQ has revised R18-9-1103 to add a new subsection that requires the Department or a person to prepare a Site Assessment Work Plan prior to conducting the site assessment as noted in the response to Comment 16.

COMMENT #24: 1104(B)(6): If including the requirement for a Health and Safety Plan (HASP), suggest adding a definition for a HASP in Section 1101, which at a minimum explains what the document is and potentially provides the basic requirements for the document.

RESPONSE #24: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. If necessary, ADEQ will address this through programmatic guidance documents.

AAC R18-9-1105

COMMENT #25: 1105(A): In reviewing existing A.R.S. and A.A.C. authorities, the term “assure” appears most frequently in permitting contexts, including RCRA-based programs, and is not commonly used in ADEQ’s existing remedial action frameworks. For example, Title 18, Chapter 7 relies on standards that are “protective of human health and the environment” rather than assurance-based phrasing. This difference in terminology may create inconsistency with existing Arizona remediation standards.

RESPONSE #25: For clarity, R18-9-1105(A)(1) has been revised to “Protect public health and the environment; and”.

COMMENT #26: 1105(B)(4): The proposed rule for remedial actions requires consideration of the effects of “pollution on the aquatic and terrestrial biota”. However, the preceding assessment requirements (R18-9-1103) do not explicitly require evaluation of impacts to aquatic or terrestrial biota. If such effects are intended to inform remedial action decisions, these receptors should be identified as required assessment endpoints in the characterization/assessment section. Absent of this, the requirement under remedial action lacks a defined analytical basis and may result in inconsistent or unsupported evaluations.

RESPONSE #26: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. Aquatic and terrestrial biota would be covered under “environment” in R18-9-1103(A)(2) which requires a person “Identify current and potential impacts to public health and the environment” as part of the site assessment.

COMMENT #27: 1105(B)(6): Does ADEQ have metrics in place to support what the program will use to determine technical practicability, or impracticability? Recommend cross-referencing an existing program’s statutes or rules that establish the definition for what may be deemed impracticable, or at a minimum, define the term in the R18-9-1101. Furthermore, who or what will determine what is cost-effective? Is a feasibility study going to be required as the basis for this determination?

RESPONSE #27: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. Issues of technical practicability, cost effectiveness, etc. will be addressed through programmatic guidance documents.

COMMENT #28: 1105(B)(7): The phrase “impact on groundwater quality” is not defined relative to a standard. Impact relative to what benchmark? Suggest cross-referencing A.A.C. Title 18, Chapter 11, specifically A.A.C. R18-11-406, to establish the applicable aquifer water quality standards. If a rule cross-reference is not intended, at a minimum the relevant statutory authority for groundwater protection should be cited (e.g., A.R.S. §§ 49-203, 49-221, and/or 49-225).

RESPONSE #28: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. ADEQ has intentionally drafted these rules to be flexible. Rather than developing rigid rules, ADEQ is looking to formalize a process for remediating nonpoint source pollution from abandoned mines and then build up that process over time.

COMMENT #29: 1105(C): If leaving this requirement here, Tetra Tech recommends changing the language slightly, to state that “[t]he work performed under this Section shall comply with any otherwise applicable laws and rules.” This broadens the original intent of this statement to not only cover the physical, in-field remedial action, but also any work leading up to conducting the field work. This broader language captures everything, including work to be completed prior to, and after, going in the field. For instance, if a town has an ordinance that public notice must be posted on the town website prior to initiating field work, this broader language captures the requirement, an otherwise applicable municipal law, without any question.

That said, ADEQ might consider moving 1105(C) out from under remedial action specifically and move it to an overarching requirement in A.A.C. R 18-9-1102. Otherwise, where is the requirement to follow all other laws and rules when completing site assessments under A.A.C. R 18-9-1103? As it is written now, the requirement is specific only to R18-9-1105. It could be worded under A.A.C. R18-9-1102 in a new paragraph to say something akin to “[a]ll work performed

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under Article 11-Remediation of Nonpoint Source Pollution from Abandoned Mines, shall comply with any otherwise applicable laws and rules.”

RESPONSE #29: ADEQ agrees this should be an overarching requirement that applies in every phase of these remediation projects. As such, R18-9-1105(C) has been removed from this section and placed in the Applicability section (R18-9-1102(C)) to ensure it is clear that the provision applies to all sections of the article.

AAC R18-9-1106

COMMENT #30: 1106: It is unclear whether a remedial action completion report will be required. If not required, what mechanism will be used for the remediating entity to document that all work has been completed in accordance with the approved plan and that all applicable permits and requirements have been obtained and satisfied?

RESPONSE #30: R18-9-1106 has been revised to require a remediation completion report that shall be approved by ADEQ. In addition, the section has been revised to list out the required contents of the report.

COMMENT #31: 1106(A): Only the Department should have authority in making a determination of whether remedial objectives have been met. The remediating entity can propose the work is complete and objectives are met, and present this argument at the conclusion of the work, but only the Department should have the authority to make a determination regarding the proposal.

RESPONSE #31: R18-9-1106(A) has been revised to remove “or remediating person”.

COMMENT #32: 1106(B): The term “previous site” is not defined. As written, it is unclear whether this refers to a separate site or to a site where prior characterization and/or remedial actions have already occurred. It may be clearer to revise the provision to state: “[t]he Department or a remediating entity may take additional remedial action at a site where prior characterization and/or remedial actions have occurred under this rule, for any of the following reasons:”.

RESPONSE #32: For clarity, R18-9-1106(B) has been revised to replace “previous site” with “action at a site where a remediation has previously been performed under this article...”.

AAC R18-9-1107

COMMENT #33: 1107(A): Limiting the terminology to “access agreements” may create confusion in application, particularly in a state where surface entry rights and mineral rights (and the associated rights of access) may be bifurcated. As written, the provision could be interpreted too narrowly, implying that a single agreement may be sufficient in some cases, when in practice multiple permissions or legal instruments may be required to establish lawful access.

It may be beneficial to broaden the language so that it functions as a clearer gatekeeping requirement, without prescribing specific mechanisms. For example, stating “[p]rior to initiating a site assessment or remedial action, the Department or a remediating entity shall ensure that all necessary and legally valid access rights have been obtained” would better reflect the range of potential access considerations while maintaining flexibility.

RESPONSE #33: R18-9-1107(A) has been revised to make sure valid access rights have been obtained.

Misc.

COMMENT #34: Tetra Tech suggests there should be some type of a close-out determination or documentation for the remediating entity to receive to demonstrate that work has been completed to the state's satisfaction. Many other similar mechanisms exist under Title 49 and provide formal documentation of completion under applicable regulatory standards. This type of documentation, and the associated authority to modify or rescind such determinations if warranted, should be addressed in the proposed rule.

RESPONSE #34: ADEQ appreciates this comment. Given the voluntary nature of the program, consistent with the national CWA Section 319 program, a formal close-out determination is not necessary. Further, the nature of remediated abandoned mines does not necessitate a formal close-out considering future monitoring and enhancements of the remediation may be needed to address site degradation or achieve additional reductions in contamination. To reflect the process concern of the commenter, ADEQ has added an informal, remediation closeout report to R18-9-1106 that is addressed in comment #37.

COMMENT #35: It does not appear stakeholder outreach is fully considered under this proposed rule, neither under site assessment nor remedial action. There is no clear language indicating a remediating entity would need to conduct adequate outreach to ensure relevant parties are engaged, as appropriate, prior to initiation of a remedial action. At a minimum, recommend cross-referencing other applicable statutes or rules where such outreach requirements are already clearly defined.

RESPONSE #35: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. The federal CWA Section 319, nor applicable EPA grant guidance require formal stakeholder outreach when implementing these projects. So long as ADEQ and/or a person remediating a mine site have

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obtained proper access to a site, stakeholder outreach would be considered adequate.

COMMENT #36: It does not appear that consultation with the State Historic Preservation Office (SHPO) is considered under this proposed rule. Consultation with SHPO is required in many instances prior to initiation of a remedial action. Pursuant to A.R.S. § 41-861 et seq., SHPO consultation is required when a state agency is carrying out, funding, and/or approving an undertaking that may affect historic properties listed in, or eligible for, the National Register of Historic Places. This may include instances where a state agency is acting as the lead, providing funding, issuing approvals or authorizations, and/or when the action is occurring on Arizona State Land Department (ASLD) owned or leased land. Furthermore, aside from the funding source, SHPO review may also be triggered by components of a remedial action occurring on state land, even if the primary project is located on private property. For example, if access to a private property requires construction or improvement of a road across adjacent ASLD land, that activity may constitute a state undertaking and require SHPO consultation.

RESPONSE #36: ADEQ appreciates this comment, however, no change has been made to the rule as a result of this comment. SHPO consultation and compliance with its rules and regulations would be covered under R18-9-1102(C), which states that “Remediation and all associated remediation activities being performed under this article shall comply with any and all applicable laws and rules”.

COMMENT #37: It does not appear there is a provision planned for post remediation monitoring or a hand-off to a program with such rules already in place. Recommend post remediation monitoring is touched upon in this proposed rule.

RESPONSE #37: Section R18-9-1106 has been revised to require a remediation completion report. In addition, the section has been revised to state the requirements for a remediation completion report, which includes a description of post remediation monitoring activities.

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

Not applicable

- 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 application of these rules do not require issuance of a permit or a license.

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

There is no federal law that is directly applicable to the subject of the rule. This rule outlines a process in which ADEQ will use grant funds issued under CWA Section 319. This rule does not lay out any requirements for the receipt of those funds. Those requirements are laid out in EPA’s “NPS Program and Grants Guidelines for States and Territories” (2024) as well as in the pass-thru Terms and Conditions section in the Grant Agreement between ADEQ and the sub-recipient.

- 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

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

Not applicable

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

Not applicable

16. The full text of the rules follows:

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER POLLUTION CONTROL

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ARTICLE 11. REMEDIATION OF NONPOINT SOURCE POLLUTION FROM ABANDONED MINES

Section

<u>R18-9-1101.</u>	<u>Definitions</u>
<u>R18-9-1102.</u>	<u>Applicability</u>
<u>R18-9-1103.</u>	<u>Site Assessments</u>
<u>R18-9-1104.</u>	<u>Remediation Plans</u>
<u>R18-9-1105.</u>	<u>Remediation</u>
<u>R18-9-1106.</u>	<u>Remediation Completion</u>
<u>R18-9-1107.</u>	<u>Access to Abandoned Mines</u>

ARTICLE 11. REMEDIATION OF NONPOINT SOURCE POLLUTION FROM ABANDONED MINES

R18-9-1101. Definitions

1. "Abandoned Mine" has the same meaning as defined in A.R.S. § 27-301.
2. "Contaminated Environmental Media" means rock, soil, sediment, groundwater, or surface water containing a pollutant or pollutants at a concentration above an applicable standard (where established) or that is defined as a hazardous substance in A.R.S. § 49-201.
3. "Department" means the Department of Environmental Quality.
4. "Discharge" means the direct or indirect addition of any pollutant to a WOTUS or WOTUS protected surface water.
5. "Hazardous Substance" has the same meanings as defined in A.R.S. § 49-201.
6. "Nonpoint Source" has the same meaning as defined in A.R.S. § 49-201.
7. "Owner" means any person or entity, including a Tribal Nation, that holds fee simple title to all or part of a property, a restricted fee interest in tribal or allotted lands, or a beneficial or equitable interest in land held in trust by the United States. For lands held in trust by the United States, the term "Owner" refers to the tribal or individual beneficial interest holder and does not include the United States in its capacity as trustee.
8. "Person" means any individual, corporation, company, partnership, firm, association, society of persons, the federal government and any of its departments or agencies, Arizona or any of its agencies, departments, political subdivisions, counties, towns, municipal corporations, a Tribal Nation, an authorized tribal organization, or a member of a federally recognized Tribal Nation, that is engaged in remediating an abandoned mine.
9. "Point Source" has the same meaning as defined in A.R.S. § 49-201.
10. "Pollutant" has the same meaning as defined in A.R.S. § 49-201.
11. "Pollution" means the spread of a pollutant, as defined in A.R.S. § 49-201, into the air, land, surface water, or groundwater.
12. "Protected surface waters" has the same meaning as defined in A.R.S. § 49-201.
13. "Remediation" means the treatment, removal, isolation, or containment of contaminated environmental media or mine features to prevent or reduce the addition of a pollutant or pollutants into a WOTUS or WOTUS protected surface water.
14. "Site" means the areal extent of contamination suspected or known to be adding pollution into a WOTUS or WOTUS protected surface water.
15. "Waters of the State" has the same meaning as defined in A.R.S. § 49-201.
16. "WOTUS" has the same meaning as defined in A.R.S. § 49-201.
17. "WOTUS Protected Surface Water" has the same meaning as defined in A.R.S. § 49-201.

R18-9-1102. Applicability

- A.** This Article applies to any person who accepts and utilizes state and/or federal funds administered by the Department to conduct a remediation project that includes addressing nonpoint source pollution from an abandoned mine.
- B.** This Article does not apply to:
1. Pollution or suspected pollution from nonpoint sources other than abandoned mines;
 2. Discharges or suspected discharges solely from point sources with no nonpoint source contribution; and
 3. Discharges or suspected discharges from sources currently managed under a state or federal permit, any other A.R.S. Title 49 program, or the mined land reclamation program established pursuant to A.R.S. Title 27, Chapter 5, Article 1.
- C.** Remediation and all associated remediation activities being performed under this Article shall comply with any and all applicable laws and rules.

R18-9-1103. Site Assessments

- A.** The Department or a person shall conduct a site assessment before preparing a remedial plan under R18-9-1104. The purpose of a site assessment is to identify and quantify potential physical hazards, environmental risks, or other site conditions that could potentially affect the scope of remediation activities. The site assessment shall:
1. Establish the nature and extent of the nonpoint source pollution;
 2. Identify current and potential impacts to public health and the environment; and
 3. Obtain and evaluate any other information necessary for identification of remediation options.

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- B.** Prior to performing the site assessment, the Department or a person shall prepare a Site Assessment Work Plan that may include, but is not limited to the following:
1. A description of site assessment activities, including the types of samples to be collected and the analyses to be performed;
 2. A map or figure illustrating the general site location, site features, and the locations where samples are to be collected;
 3. A description of site assessment objectives;
 4. A timeline for site assessment activities; and
 5. A Health and Safety Plan.
- C.** The site assessment, which may be conducted in one or more phases, shall include a field assessment to evaluate the following factors:
1. Physical characteristics of the site;
 2. The nature and extent, and general characteristics of the pollutants on site;
 3. The extent, general characteristics, and degree of the source or sources of the nonpoint source pollution associated with the site; and
 4. Current and reasonably foreseeable impacts to WOTUS or WOTUS protected surface waters.
- D.** Using the data collected, evaluated, and vetted through the Department, a site-specific risk evaluation may be conducted to characterize the current risks to public health and the environment from the pollution.
- E.** The site assessment may consist of a summary of the data and information collected with references to the supporting documentation.

R18-9-1104. Remediation Plans

- A.** Unless otherwise pre-approved by the Department, prior to engaging in remediation pursuant to R18-9-1105, the Department or a person shall prepare a remediation plan.
- B.** The remediation plan shall include, but is not limited to the following:
1. A description of the remediation, including its objectives;
 2. A description of how the remediation will achieve the remedial objectives and how accomplishment of the remedial objectives will be measured;
 3. A timeline for implementation or construction of the remediation;
 4. The total estimated cost of the remediation;
 5. The expected operational life of the remediation; and
 6. A Health and Safety Plan.

R18-9-1105. Remediation

- A.** Remediation shall:
1. Protect public health and the environment; and
 2. To the extent practicable, provide for the control, management, and cleanup of nonpoint source pollutants in order to further the goal of restoring and maintaining the chemical, physical and biological integrity of WOTUS and WOTUS protected surface waters.
- B.** When selecting the type of remediation, the Department or a person may consider the following factors:
1. Population, environmental, and welfare concerns at risk;
 2. Routes of exposure;
 3. Impact of the pollution on the uses of the waterbody;
 4. Impact of the pollution on the aquatic and terrestrial biota;
 5. Amount, concentration, hazardous substances, environmental fate, such as the ability to bioaccumulate, persistence and probability of reaching WOTUS and WOTUS protected surface waters, and the form of the substance present;
 6. The technical practicality and cost-effectiveness of alternative types of remediation applicable to a site;
 7. The impact on groundwater quality; and
 8. The availability of other appropriate federal or state remediation and enforcement mechanisms, including other funding sources, to respond to the pollution.
- C.** The type of remediation shall be selected based upon best engineering, geological, or hydrogeological judgment following engineering, geological, or hydrogeological standards of practice.

R18-9-1106. Remediation Completion

- A.** After project completion, the Department or a person shall prepare a remediation completion report.
- B.** The remediation completion report shall at a minimum contain the following:
1. A description of the remediation and how it was used to meet project objectives;
 2. The final cost of the remediation;
 3. Final figures including, but not limited to, as-builts, technical drawings, and maps;
 4. A description of operating and maintenance requirements to ensure the remediation continues to serve its intended purpose; and
 5. A description of post remediation monitoring activities.

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- C.** When the remediation completion report is prepared by a person, other than the Department, the Department shall review the report to determine whether the objectives in the remediation plan have been met. The determination may be made by the Department based upon, but not limited to any of the following:
1. A reduction in pollutant loading in a waterbody;
 2. A reduction in the mobility or migration of pollutants;
 3. A reduction in pollutants that will positively affect aquatic and terrestrial biota;
 4. Reasonable and foreseeable impacts to WOTUS and WOTUS-protected surface waters;
 5. The remediation has contributed to preserving and protecting the quality of surface waters within the project area for all present and reasonably foreseeable future uses; or
 6. The waterbody is meeting applicable surface water quality standards.
- D.** The Department or a person may take additional action at a site where remediation has previously been performed under this Article for any of the following reasons:
1. On discovery of new information;
 2. That information submitted to the Department under this Article was inaccurate, misleading, or incomplete;
 3. The remediation implemented did not achieve the remedial objectives; or
 4. The Department determines that remediation is necessary to respond to a release or the threat of a release of a pollutant or hazardous substance that may present a risk to the public health or the environment.

R18-9-1107. Access to Abandoned Mines

Prior to initiating any activity under this Article, the Department or a person shall ensure that all necessary and legally valid access rights have been obtained from the owner of the site and any other party whose consent is legally required.

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Volume 32, Issue 44, October 30, 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 ENVIRONMENTAL QUALITY
AIR POLLUTION CONTROL**

File Number: R26-201

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

May 26, 2023 and September 8, 2026

2. Title and its heading:

18. Environmental Quality

Chapter and its heading:

2. Department of Environmental Quality – Air Pollution Control

Article and its heading:

10. Motor Vehicles; Inspections and Maintenance

Section number:

R18-2-1001 through R18-2-1003, R18-2-1005, R18-2-1006, R18-2-1008 through R18-2-1012, R18-2-1016, R18-2-1017, R18-2-1019, R18-2-1022, R18-2-1023, R18-2-1025

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

3. The subject matter of the proposed rule:

To update the rules that regulate motor vehicle inspection and maintenance to reflect the current industry standards and practices to ensure ease of use, eliminate ambiguity, respond to stakeholder comments regarding the requirements for vehicle inspections, and to correct minor typographical and technical errors (See A.A.C. Title 18, Chapter 2, Article 10).

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: Samantha Schaffer
Title: Associate Environmental Science Specialist
Division: Air Quality
Address: 1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-2351
Email: schaffer.samantha@azdeq.gov
Website: <https://azdeq.gov/LawsAndRules>

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

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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

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EXEMPT

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X# means Exempt renumbered Section

EXEMPT PROPOSED

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PXM means Proposed Exempt amended Section
PXR means Proposed Exempt repealed Section
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RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states 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
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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
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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

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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
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April 23	effective	June 22
April 24	effective	June 23
April 25	effective	June 24
April 26	effective	June 25
April 27	effective	June 26
April 28	effective	June 27
April 29	effective	June 28
April 30	effective	June 29

May

Date Filed		Effective Date
May 1	effective	June 30
May 2	effective	July 1
May 3	effective	July 2
May 4	effective	July 3
May 5	effective	July 4
May 6	effective	July 5
May 7	effective	July 6
May 8	effective	July 7
May 9	effective	July 8
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May 25	effective	July 24
May 26	effective	July 25
May 27	effective	July 26
May 28	effective	July 27
May 29	effective	July 28
May 30	effective	July 29
May 31	effective	July 30

June

Date Filed		Effective Date
June 1	effective	July 31
June 2	effective	August 1
June 3	effective	August 2
June 4	effective	August 3
June 5	effective	August 4
June 6	effective	August 5
June 7	effective	August 6
June 8	effective	August 7
June 9	effective	August 8
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June 25	effective	August 24
June 26	effective	August 25
June 27	effective	August 26
June 28	effective	August 27
June 29	effective	August 28
June 30	effective	August 29

Arizona Administrative Register
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
July 7	effective	September 5
July 8	effective	September 6
July 9	effective	September 7
July 10	effective	September 8
July 11	effective	September 9
July 12	effective	September 10
July 13	effective	September 11
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July 15	effective	September 13
July 16	effective	September 14
July 17	effective	September 15
July 18	effective	September 16
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July 24	effective	September 22
July 25	effective	September 23
July 26	effective	September 24
July 27	effective	September 25
July 28	effective	September 26
July 29	effective	September 27
July 30	effective	September 28
July 31	effective	September 29

August

Date Filed		Effective Date
August 1	effective	September 30
August 2	effective	October 1
August 3	effective	October 2
August 4	effective	October 3
August 5	effective	October 4
August 6	effective	October 5
August 7	effective	October 6
August 8	effective	October 7
August 9	effective	October 8
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August 26	effective	October 25
August 27	effective	October 26
August 28	effective	October 27
August 29	effective	October 28
August 30	effective	October 29
August 31	effective	October 30

September

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

Arizona Administrative Register
RULES EFFECTIVE DATES CALENDAR

October

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

December

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

Arizona Administrative Register
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.	<i>Register</i> Publication Date	Oral Proceeding may be scheduled on or after
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
October 30, 2026	November 20, 2026	December 21, 2026
November 6, 2026	November 27, 2026	December 28, 2026
November 13, 2026	December 4, 2026	January 4, 2027
November 20, 2026	December 11, 2026	January 11, 2027
November 27, 2026	December 18, 2026	January 19, 2027 Later date due to a holiday
December 4, 2026	December 25, 2026	January 25, 2027
December 11, 2026	January 1, 2027	February 1, 2027
December 18, 2026	January 8, 2027	February 8, 2027
December 24, 2026 Early date due to a holiday	January 15, 2027	February 16, 2027
December 31, 2026 Early date due to a holiday	January 22, 2027	February 22, 2027
January 8, 2027	January 29, 2027	March 1, 2027
January 15, 2027	February 5, 2027	March 8, 2027
January 22, 2027	February 12, 2027	March 15, 2027
January 29, 2027	February 19, 2027	March 22, 2027
February 5, 2027	February 26, 2027	March 29, 2027
February 12, 2027	March 5, 2027	April 5, 2027
February 19, 2027	March 12, 2027	April 12, 2027
February 26, 2027	March 19, 2027	April 19, 2027
March 5, 2027	March 26, 2027	April 26, 2027
March 12, 2027	April 2, 2027	May 3, 2027
March 19, 2027	April 9, 2027	May 10, 2027

GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES

Volume 32, Issue 44, October 30, 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 par- ticular agenda is not guaran- teed.	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