

NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State's Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State's Office publishes each Notice in the next available issue of the *Register* according to the schedule of deadlines for *Register* publication. Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

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

Editor's Note: The following Notice of Proposed Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 1003.) The Governor's Office authorized the notice to proceed through the rulemaking process on April 2, 2013.

[R13-62]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action**

R9-22-711	Amend
Article 13	New Section
R9-22-1301	New Section
R9-22-1302	New Section
R9-22-1303	New Section
R9-22-1304	New Section
R9-22-1305	New Section
R9-22-1306	New Section
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. §§ 36-2904 and 36-2903.01
Implementing statute: A.R.S. § 36-261
- 3. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed rule:**

Notice of Proposed Exempt Rulemaking: 18 A.A.R. 1712, July 20, 2012
Notice of Exempt Rulemaking: 18 A.A.R. 2074, August 24, 2012
- 4. The agency's contact person who can answer questions about the rulemaking:**

Name: Mariaelena Ugarte
Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson St.
 Phoenix, AZ 85034

Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSrules@azahcccs.gov
Web site: www.azahcccs.gov
- 5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**

Notices of Proposed Rulemaking

The CRS program was administered by the Arizona Department of Health Services (ADHS) until SB1619 Arizona Laws 2011 Regular Session was enacted directing the Administration to administer the CRS program.

SB1619 specified that the existing CRS program rules adopted by ADHS were left in effect “until superceded by rules adopted by [AHCCCS].” The Legislature enacted this change as part of a larger initiative by ADHS and AHCCCS to better integrate conditions provided to medically eligible with CRS related conditions while at the same time streamlining the administration of the program. Therefore, AHCCCS finalized rules to transition the ADHS requirements under AHCCCS as published in the *Arizona Administrative Register* August 24, 2012, and Arizona Laws 2011, Regular Session, Ch. 31, § 34, exempted AHCCCS from the requirements of A.R.S. Title 41, Ch.6., these rules were promulgated under exemption repealed, then repromulgated.

SB1528 Laws 2012, Ch. 299, § 7 repealed the rulemaking exemption authority and § 8 stipulated that rules adopted through the previous year’s authority would expire December 31, 2013, absent specific statutory authority for those rules.

Under this rulemaking AHCCCS is repromulgating and making a few minor revisions including “club foot” as a medical condition that was always a qualifying condition through DHS policy but not stipulated in rule. In addition, rule has been updated to note that an American Indian or CMDP member is not required to be enrolled with the CRS contractor.

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

None

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

Not applicable

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

No estimated impact is expected due to the transition of existing rules from ADHS to AHCCCS.

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

Name: Mariaelena Ugarte
Address: AHCCCS
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701 E. Jefferson St.
Phoenix, AZ 85034
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Fax: (602) 253-9115
E-mail: AHCCCSrules@azahcccs.gov
Web site: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS web site www.azahcccs.gov the week of April 22, 2013. Please send written or e-mail comments to the above address by the close of the comment period, 5:00 p.m., June 10, 2013.

Date: June 10, 2013
Time: 11:00 a.m.
Location: AHCCCS
701 E. Jefferson St.
Phoenix, AZ 85034
Nature: Public Hearing

Date: June 10, 2013
Time: 11:00 a.m.
Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr, Suite 201

Notices of Proposed Rulemaking

Tucson, AZ 85710
Nature: Public Hearing
Date: June 10, 2013
Time: 11:00 a.m.
Location: 2717 N. 4th St., STE 130
Flagstaff, AZ 86004
Nature: Public Hearing

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

None

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

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

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

ARTICLE 7. STANDARDS FOR PAYMENTS

Section
R9-22-711. Copayments

ARTICLE 13. ~~REPEALED~~ CHILDREN'S REHABILITATIVE SERVICES (CRS)

Section
R9-22-1301. ~~Repealed~~ Children's Rehabilitative Services (CRS) related Definitions
R9-22-1302. ~~Repealed~~ Children's Rehabilitative Services (CRS) Eligibility Requirements
R9-22-1303. ~~Repealed~~ Medical Eligibility
R9-22-1304. ~~Repealed~~ Referral
R9-22-1305. ~~Repealed~~ CRS Redetermination
R9-22-1306. ~~Repealed~~ Transition or Termination

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-711. Copayments

- A. No change
- B. No change
- C. The following individuals are exempt from AHCCCS copayments:
 - 1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
 - 2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
 - 3. An individual eligible for the Arizona ~~Long-term~~ Long-Term Care Program in A.R.S. § 36-2931;
 - 4. An individual eligible for Medicare Cost Sharing in 9 A.A.C. 29;
 - 5. An individual eligible for the Children's Rehabilitative Services program ~~under A.R.S. § 36-2906(E)~~;
 - 6. An institutionalized person under R9-22-216; and
 - 7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o).
 - 8. An American Indian individual enrolled in a health plan and ~~who~~ has received services through an IHS facility, tribal 638 facility or urban Indian health program.
- D. No change
- E. No change
- F. No change
- G. No change
- H. No change

I. No change

ARTICLE 13. ~~REPEALED~~ CHILDREN'S REHABILITATIVE SERVICES (CRS)

R9-22-1301. ~~Repealed~~ Children's Rehabilitative Services (CRS) related Definitions

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

"Active treatment" means there is a current need for treatment or evaluation for continuing treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

"Chronic" means expected to persist over an extended period of time.

"CRS condition" means any of the covered medical condition(s) in R9-22-1303.

"CRS provider" means a person who is authorized by employment or written agreement with the Administration to provide covered CRS medical services to a member or covered support services to a member or a member's family.

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a CRS provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

R9-22-1302. ~~Repealed~~ Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be enrolled with the CRS contractor. An American Indian member shall obtain CRS services through the CRS contractor. A member enrolled in CMDP shall also obtain CRS services through the CRS contractor. Initial enrollment with the CRS contractor is limited to individuals under the age of 21. The CRS contractor shall provide covered services necessary to treat the CRS condition(s) and other services described within the CRS contract. The effective date of enrollment in CRS shall be as specified in contract.

R9-22-1303. ~~Repealed~~ Medical Eligibility

The following lists identify those medical condition(s) that do qualify for the CRS program as well as those that do not qualify for the CRS program. The covered condition(s) list is all inclusive. The list of condition(s) not covered by CRS is not an all-inclusive list:

1. Cardiovascular System
 - a. CRS condition(s):
 - i. Congenital heart defect.
 - ii. Cardiomyopathy.
 - iii. Valvular disorder.
 - iv. Arrhythmia.
 - v. Conduction defect.
 - vi. Rheumatic heart disease.
 - vii. Renal vascular hypertension.
 - viii. Arteriovenous fistula, and
 - ix. Kawasaki disease with coronary artery aneurysm;
 - b. Condition(s) not medically eligible for CRS:
 - i. Essential hypertension;
 - ii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance;
 - iii. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function; and
 - iv. Benign heart murmur;
2. Endocrine system:
 - a. CRS condition(s):
 - i. Hypothyroidism.
 - ii. Hyperthyroidism.
 - iii. Adrenogenital syndrome.
 - iv. Addison's disease.
 - v. Hypoparathyroidism.
 - vi. Hyperparathyroidism.
 - vii. Diabetes insipidus.

- viii. Cystic fibrosis, and
 - ix. Panhypopituitarism;
 - b. Condition(s) not medically eligible for CRS:
 - i. Diabetes mellitus,
 - ii. Isolated growth hormone deficiency,
 - iii. Hypopituitarism encountered in the acute treatment of a malignancy, and
 - iv. Precocious puberty;
- 3. Genitourinary system medical condition(s):
 - a. CRS condition(s):
 - i. Vesicoureteral reflux, with at least mild or moderate dilatation and tortuosity of the ureter and mild or moderate dilatation of renal pelvis;
 - ii. Ectopic ureter;
 - iii. Ambiguous genitalia;
 - iv. Ureteral stricture;
 - v. Complex hypospadias;
 - vi. Hydronephrosis;
 - vii. Deformity and dysfunction of the genitourinary system secondary to trauma after the acute phase of the trauma has passed;
 - viii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required;
 - ix. Multicystic dysplastic kidneys;
 - x. Nephritis associated with lupus erythematosus; and
 - xi. Hydrocele associated with a ventriculo-peritoneal shunt;
 - b. Condition(s) not medically eligible for CRS:
 - i. Nephritis, infectious or noninfectious;
 - ii. Nephrosis;
 - iii. Undescended testicle;
 - iv. Phimosis;
 - v. Hydrocele not associated with a ventriculo-peritoneal shunt;
 - vi. Enuresis;
 - vii. Meatal stenosis; and
 - viii. Hypospadias involving isolated glandular or coronal aberrant location of the urethralmeatus without curvature of the penis;
- 4. Ear, nose, or throat medical condition(s):
 - a. CRS condition(s):
 - i. Cholesteatoma;
 - ii. Chronic mastoiditis;
 - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, after the acute phase of the trauma has passed;
 - iv. Neurosensory hearing loss;
 - v. Congenital malformation;
 - vi. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels, that despite medical treatment, requires a hearing aid;
 - vii. Craniofacial anomaly that requires treatment by more than one CRS provider; and
 - viii. Microtia that requires multiple surgical interventions;
 - b. Condition(s) not medically eligible for CRS
 - i. Tonsillitis,
 - ii. Adenoiditis,
 - iii. Hypertrophic lingual frenum,
 - iv. Nasal polyp,
 - v. Cranial or temporal mandibular joint syndrome,
 - vi. Simple deviated nasal septum,
 - vii. Recurrent otitis media,
 - viii. Obstructive apnea,
 - ix. Acute perforation of the tympanic membrane,
 - x. Sinusitis,
 - xi. Isolated preauricular tag or pit, and
 - xii. Uncontrolled salivation;
- 5. Musculoskeletal system medical condition(s):

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- a. CRS condition(s):
 - i. Achondroplasia;
 - ii. Hypochondroplasia;
 - iii. Diastrophic dysplasia;
 - iv. Chondrodysplasia;
 - v. Chondroectodermal dysplasia;
 - vi. Spondyloepiphyseal dysplasia;
 - vii. Metaphyseal and epiphyseal dysplasia;
 - viii. Larsen syndrome;
 - ix. Fibrous dysplasia;
 - x. Osteogenesis imperfecta;
 - xi. Rickets;
 - xii. Enchondromatosis;
 - xiii. Juvenile rheumatoid arthritis;
 - xiv. Seronegative spondyloarthropathy;
 - xv. Orthopedic complications of hemophilia;
 - xvi. Myopathy;
 - xvii. Muscular dystrophy;
 - xviii. Myoneural disorder;
 - xix. Arthrogryposis;
 - xx. Spinal muscle atrophy;
 - xxi. Polyneuropathy;
 - xxii. Chronic stage bone infection;
 - xxiii. Chronic stage joint infection;
 - xxiv. Upper limb amputation;
 - xxv. Syndactyly;
 - xxvi. Kyphosis;
 - xxvii. Scoliosis;
 - xxviii. Congenital spinal deformity;
 - xxix. Congenital or developmental cervical spine abnormality;
 - xxx. Hip dysplasia;
 - xxxi. Slipped capital femoral epiphysis;
 - xxxii. Femoral anteversion and tibial torsion;
 - xxxiii. Legg-Calve-Perthes disease;
 - xxxiv. Lower limb amputation, including prosthetic sequelae of cancer;
 - xxxv. Metatarsus adductus;
 - xxxvi. Leg length discrepancy of five centimeters or more;
 - xxxvii. Metatarsus primus varus;
 - xxxviii. Dorsal bunions;
 - xxxix. Collagen vascular disease;
 - xxxx. Benign bone tumor;
 - xxxxi. Deformity and dysfunction secondary to musculoskeletal trauma;
 - xxxxii. Osgood Schlatter's disease that requires surgical intervention;
 - xxxxiii. Complicated flat foot, such as rigid foot, unstable subtalar joint, or significant calcaneus deformity; and
 - xxxxiv. Club foot
 - b. Condition(s) not medically eligible for CRS
 - i. Ingrown toenail;
 - ii. Back pain with no structural abnormality;
 - iii. Ganglion cyst;
 - iv. Flat foot other than complicated flat foot;
 - v. Fracture;
 - vi. Popliteal cyst;
 - vii. Simple bunion; and
 - viii. Carpal tunnel syndrome;
 - ix. Deformity and dysfunction secondary to trauma or injury if:
 - (1) Three months have not passed since the trauma or injury; and
 - (2) Leg length discrepancy of less than five centimeters at skeletal maturity.
6. Gastrointestinal system medical condition(s):
- a. CRS condition(s):

- i. Tracheoesophageal fistula;
 - ii. Anorectal atresia;
 - iii. Hirschsprung's disease;
 - iv. Diaphragmatic hernia;
 - v. Gastroesophageal reflux that has failed treatment with drugs or biologicals and requires surgery;
 - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, after the acute phase of the trauma has passed;
 - vii. Biliary atresia;
 - viii. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract;
 - ix. Cleft lip;
 - x. Cleft palate;
 - xi. Omphalocele; and
 - xii. Gastroschisis;
 - b. Condition(s) not medically eligible for CRS
 - i. Malabsorption syndrome, also known as short bowel syndrome,
 - ii. Crohn's disease,
 - iii. Hernia other than a diaphragmatic hernia,
 - iv. Ulcer disease,
 - v. Ulcerative colitis,
 - vi. Intestinal polyp,
 - vii. Pyloric stenosis, and
 - viii. Celiac disease;
7. Nervous system medical condition(s):
- a. CRS condition(s):
 - i. Uncontrolled seizure disorder, in which there have been more than two seizures with documented adequate blood levels of one or more medications;
 - ii. Cerebral palsy;
 - iii. Muscular dystrophy or other myopathy;
 - iv. Myoneural disorder;
 - v. Neuropathy, hereditary or idiopathic;
 - vi. Central nervous system degenerative disease;
 - vii. Central nervous system malformation or structural abnormality;
 - viii. Hydrocephalus;
 - ix. Craniosynostosis of a sagittal suture, a unilateral coronal suture, or multiple sutures in a child less than 18 months of age;
 - x. Myasthenia gravis, congenital or acquired;
 - xi. Benign intracranial tumor;
 - xii. Benign intraspinal tumor;
 - xiii. Tourette's syndrome;
 - xiv. Residual dysfunction after resolution of an acute phase of vascular accident, inflammatory condition, or infection of the central nervous system;
 - xv. Myelomeningocele, also known as spina bifida;
 - xvi. Neurofibromatosis;
 - xvii. Deformity and dysfunction secondary to trauma in an individual;
 - xviii. Residual dysfunction after acute phase of near drowning; and
 - xix. Residual dysfunction after acute phase of spinal cord injury;
 - b. Condition(s) not medically eligible for CRS
 - i. Headaches;
 - ii. Central apnea secondary to prematurity;
 - iii. Near sudden infant death syndrome;
 - iv. Febrile seizures;
 - v. Occipital plagiocephaly, either positional or secondary to lambdoidal synostosis;
 - vi. Trigonocephaly secondary to isolated metopic synostosis;
 - vii. Spina bifida occulta;
 - viii. Near drowning in the acute phase; and
 - ix. Spinal cord injury in the acute phase;
 - x. Chronic vegetative state;
8. Ophthalmology:
- a. CRS condition(s):

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- i. Cataracts;
 - ii. Glaucoma;
 - iii. Disorder of the optic nerve;
 - iv. Non-malignant enucleation and post-enucleation reconstruction;
 - v. Retinopathy of prematurity; and
 - vi. Disorder of the iris, ciliary bodies, retina, lens, or cornea;
 - b. Condition(s) not medically eligible for CRS
 - i. Simple refraction error,
 - ii. Astigmatism,
 - iii. Strabismus, and
 - iv. Ptosis;
- 9. Respiratory system medical condition(s):
 - a. CRS condition(s):
 - i. Anomaly of the larynx, trachea, or bronchi that requires surgery; and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi;
 - b. Condition(s) not medically eligible for CRS:
 - i. Respiratory distress syndrome,
 - ii. Asthma,
 - iii. Allergies,
 - iv. Bronchopulmonary dysplasia,
 - v. Emphysema,
 - vi. Chronic obstructive pulmonary disease, and
 - vii. Acute or chronic respiratory condition requiring venting for the neuromuscularly impaired;
- 10. Integumentary system medical condition(s):
 - a. CRS condition(s):
 - i. A craniofacial anomaly that is functionally limiting,
 - ii. A burn scar that is functionally limiting,
 - iii. A hemangioma that is functionally limiting,
 - iv. Cystic hygroma, and
 - v. Complicated nevi requiring multiple procedures;
 - b. Condition(s) not medically eligible for CRS:
 - i. A deformity that is not functionally limiting,
 - ii. A burn other than a burn scar that is functionally limiting;
 - iii. Simple nevi,
 - iv. Skin tag,
 - v. Port wine stain,
 - vi. Sebaceous cyst,
 - vii. Isolated malocclusion that is not functionally limiting,
 - viii. Pilonidal cyst,
 - ix. Ectodermal dysplasia, and
 - x. A craniofacial anomaly that is not functionally limiting;
- 11. Metabolic CRS condition(s):
 - i. Amino acid or organic acidopathy,
 - ii. Inborn error of metabolism,
 - iii. Storage disease,
 - iv. Phenylketonuria,
 - v. Homocystinuria,
 - vi. Maple syrup urine disease,
 - vii. Biotinidase deficiency,
- 12. Hemoglobinopathies CRS condition(s):
 - a. Sickle cell anemia,
 - b. Thalassemia.
- 13. Medical/behavioral condition(s) which are not medically eligible for CRS:
 - a. Allergies;
 - b. Anorexia nervosa or obesity;
 - c. Autism;
 - d. Cancer;
 - e. Depression or other mental illness;
 - f. Developmental delay;

- g. Dyslexia or other learning disabilities;
- h. Failure to thrive;
- i. Hyperactivity;
- j. Attention deficit disorder; and
- k. Immunodeficiency, such as AIDS and HIV.

R9-22-1304. ~~Repealed~~ Referral and Disposition of CRS Medical Eligibility Determination

- A.** To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
- 1. CRS application.
 - 2. Documentation from a provider who evaluated the individual, stating the individual's diagnosis;
 - 3. Diagnostic test results that support the individual's diagnosis, and
 - 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B.** The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

R9-22-1305. ~~Repealed~~ CRS Redetermination

- A.** Continued eligibility for the CRS program shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
- 1. The CRS Contractor is responsible for notifying the AHCCCS Administration of the date when a CRS member is no longer in active treatment for the CRS qualifying condition(s).
 - 2. The Administration may request, at any time, that the CRS contractor submit the medical documentation requested in the CRS medical redetermination form within the specified time-frames in contract.
 - 3. The Administration shall notify the CRS member or authorized representative of the redetermination process.
- B.** If the Administration determines that a CRS member is no longer medically eligible for CRS, the Administration shall provide the CRS member or authorized representative a written notice that informs the CRS member that the Administration is transitioning the CRS member's enrollment according to R9-22-1306. The member may appeal the redetermination under Chapter 34.
- C.** Upon reaching his or her 21st birthday, the CRS member will be enrolled with a non-CRS contractor unless the member requests to continue enrollment with the CRS contractor.

R9-22-1306. ~~Repealed~~ Transition or termination

- A.** The Administration shall transition a CRS member from the CRS contractor when the Administration determines the CRS member does not meet the medical eligibility requirements under this Article.
- B.** The Administration shall terminate a CRS member from the CRS contractor and the AHCCCS program when the Administration determines the CRS member does not meet the AHCCCS eligibility requirements. The member may appeal the termination under Chapter 34.
- C.** If the Administration transitions a CRS member from the CRS contractor, the Administration shall provide the CRS member, or authorized representative a written notice of transition. The member may appeal the transition under Chapter 34.

R9-22-1307. ~~Repealed~~ Covered Services

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

Editor's Note: The following Notice of Proposed Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 1003.) The Governor's Office authorized the notice to proceed through the rulemaking process on April 2, 2013.

[R13-64]

PREAMBLE

1. Article, Part, or Section Affected (as applicable) Rulemaking Action

Notices of Proposed Rulemaking

R9-28-203

New Section

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

Authorizing statute: A.R.S. §§ 36-2932, 36-2939

Implementing statute: A.R.S. § 36-261

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

Notice of Proposed Exempt Rulemaking: 18 A.A.R. 1712, July 20, 2012

Notice of Exempt Rulemaking: 18 A.A.R. 2074, August 24, 2012

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

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E-mail: AHCCCSrules@azahcccs.gov

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

The CRS program was administered by the Arizona Department of Health Services (ADHS) until SB1619 Arizona Laws 2011 Regular Session was enacted directing the Administration to administer the CRS program.

SB1619 specified that the existing CRS program rules adopted by ADHS were left in effect "until superseded by rules adopted by [AHCCCS]." The Legislature enacted this change as part of a larger initiative by ADHS and AHCCCS to better integrate conditions provided to medically eligible with CRS related conditions while at the same time streamlining the administration of the program. Therefore, AHCCCS finalized rules to transition the ADHS requirements under AHCCCS as published in the *Arizona Administrative Register* August 24, 2012, and Arizona Laws 2011, Regular Session, Ch. 31, § 34, exempted AHCCCS from the requirements of A.R.S. Title 41, Ch.6., these rules were promulgated under exemption repealed, then repromulgated.

SB1528 Laws 2012, Ch. 299, § 7 repealed the rulemaking exemption authority and § 8 stipulated that rules adopted through the previous year's authority would expire December 31, 2013, absent specific statutory authority for those rules.

Under this rulemaking AHCCCS is cross-referencing CRS services provided for an ALTCS member to the acute care CRS rules that apply.

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

None

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

Not applicable

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

No estimated impact is expected due to the transition of existing rules from ADHS to AHCCCS. The CRS expenditures for FFY 2010 were approximately \$310,974,300.

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

Name: Mariaelena Ugarte

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Web site: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS web site www.azahcccs.gov the week of April 22, 2013. Please send written or e-mail comments to the above address by the close of the comment period, 5:00 p.m., June 10, 2013.

Date: June 10, 2013
Time: 11:00 a.m.
Location: AHCCCS
701 East Jefferson
Phoenix, AZ 85034
Nature: Public Hearing

Date: June 10, 2013
Time: 11:00 a.m.
Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr, Suite 201
Tucson, AZ 85710
Nature: Public Hearing

Date: June 10, 2013
Time: 11:00 a.m.
Location: 2717 N. 4th St., STE 130
Flagstaff, AZ 86004
Nature: Public Hearing

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

None

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

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

ARTICLE 2. COVERED SERVICES

Section
R9-28-203. ~~Repeated~~ Coverage for CRS Services

Notices of Proposed Rulemaking

ARTICLE 2. COVERED SERVICES

R9-28-203. Repealed Coverage for CRS Services

- A.** Beginning October 1, 2013, ALTCS DD members who need active treatment for one or more of the qualifying medical condition(s) in A.A.C R9-22-1303 shall receive CRS services through the CRS contractor as described under Chapter 22, Article 13.
- B.** Beginning October 1, 2013, AHCCCS ALTCS EPD members who need active treatment for one or more of the qualifying medical conditions in A.A.C R9-22-1303 shall not receive CRS services through the CRS contractor as described under Chapter 22, Article 13. These members shall receive treatment for those conditions through their assigned ALTCS EPD contractor. However, an American Indian member with a CRS condition(s) who is enrolled with a tribal contractor or Native American Community Health (NACH) shall obtain CRS services through the CRS contractor.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

Editor's Note: The following Notice of Proposed Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 1003.) The Governor's Office authorized the notice to proceed through the rulemaking process on August 16, 2012.

[R13-70]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action**

R9-28-702	Amend
R9-28-703	Amend
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. §§ 36-2903.01, 36-2903, 36-2932
Implementing statute: A.R.S. §§ 36-2999.52, 36-2999.54
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**

Notice of Final Rulemaking: 19 A.A.R. 137, February 1, 2013
Notice of Rulemaking Docket Opening: 19 A.A.R. 992, May 10, 2013 (*in this issue*)
- 4. The agency's contact person who can answer questions about the rulemaking:**

Name:	Mariaelena Ugarte
Address:	AHCCCS Office of Administrative Legal Services 701 E. Jefferson St. Phoenix, AZ 85034
Telephone:	(602) 417-4693
Fax:	(602) 253-9115
E-mail:	AHCCCSRules@azahcccs.gov
Web site:	www.azahcccs.gov
- 5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

A.R.S. § 36-2999.52 authorizes the Administration to administer a provider assessment on health care items and services provided by nursing facilities and to make supplemental payments to nursing facilities for covered Medicaid expenditures. The Administration is proposing an amendment to rule to describe the process for estimating and distributing supplemental payments to contractors for enhanced payments to eligible nursing facilities based on bed days paid for through managed care. The rule amendments also describe the process for calculating and distributing the enhanced payments to eligible nursing facilities by the Administration for bed days paid by the Administration. In

Notices of Proposed Rulemaking

addition, the rules clarify general requirements applicable to nursing facilities in order for them to qualify for the supplemental payments.

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

A study was not referenced or relied upon when revising the regulations for the SDAC services.

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

Not applicable.

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

The Administration anticipates no economic impact on the implementing agency, small businesses and consumers. The clarification to rule does not change the estimated impact described under the previous rulemaking made effective January 8, 2013.

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

Name: Mariaelena Ugarte
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson St.
Phoenix, AZ 85034
Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Web site: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS web site www.azahcccs.gov the week of April 29, 2013. Please send written or e-mail comments to the above address by the close of the comment period, 5:00 p.m., June 18, 2013.

Date: June 18, 2013
Time: 10:00 a.m.
Location: AHCCCS
701 East Jefferson
Phoenix, AZ 85034
Nature: Public Hearing

Date: June 18, 2013
Time: 10:00 a.m.
Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr., Suite 201
Tucson, AZ 85710
Nature: Public Hearing

Date: June 18, 2013
Time: 10:00 a.m.
Location: 2717 N. 4th St., STE 130
Flagstaff, AZ 86004
Nature: Public Hearing

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or

Notices of Proposed Rulemaking

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:

No other matters have been prescribed.

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

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

R9-28-702. Nursing Facility Assessment

R9-28-703. Nursing Facility Supplemental Payments

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-28-702. Nursing Facility Assessment

A. For purposes of this Section, in addition to the definitions under A.R.S. 36-2999.51, the following terms have the following meaning unless the context specifically requires another meaning:

“Assessment year” means the 12 month period beginning October 1st each year

“Nursing Facility Assessment” means a tax paid by a qualifying nursing facility to the Department of Revenue on a quarterly basis established under A.R.S. § 36-2999.52.

“Medicaid days” means days of nursing facility services paid for by the Administration or its contractors as the primary payor and as reported in AHCCCS’ claim and encounter data.

“Medicare days” means resident days where the Medicare program, a Medicare advantage or special needs plan, or the Medicare hospice program is the primary payor.

“Payment year” means the 12-month period beginning October 1st each year.

B. Subject to Centers for Medicare and Medicaid Services (CMS) approval, effective October 1, 2012, nursing facilities shall be subject to a provider assessment payable on a quarterly basis.

C. All nursing facilities licensed in the state of Arizona shall be subject to the provider assessment except for:

1. A continuing care retirement community,
2. A facility with 58 or fewer beds,
3. A facility designated by the Arizona Department of Health Services as an Intermediate Care Facility for the Mentally Retarded, or
4. A tribally owned or operated facility located on a reservation.

D. The Administration shall calculate the prospective nursing facility provider assessment for qualifying nursing facilities as follows:

1. ~~AHCCCS~~ The Administration shall utilize each nursing facility’s Universal Accounting Report (UAR) submitted to the Arizona Department of Health Services as of August 1st immediately preceding the assessment year. In addition, by August 1st each year, each nursing facility shall provide ~~AHCCCS~~ the Administration with any additional information necessary to determine the assessment. For any nursing facility that does not provide by August 1st the additional information requested by ~~AHCCCS~~ the Administration, ~~AHCCCS~~ the Administration shall determine the assessment based on the information available.
2. For each nursing facility, other than a nursing facility noted in subsection (D)(3), the provider assessment is calculated by multiplying the nursing facility’s non-Medicare resident day data for each assessment year by \$7.50.
3. For a nursing facility with the number of annual Medicaid days greater than or equal to the number required to achieve a slope of at least 1 applying the uniformity tax waiver test described in 42 CFR 433.68(e)(2), the provider assessment is calculated by multiplying the nursing facility’s non-Medicare resident day data for each assessment year by \$1.00.
4. The number of annual Medicaid days used in subsection (D)(3) shall be recalculated each August 1, to achieve a slope of at least 1 applying the uniformity tax waiver test described in 42 CFR 433.68(e)(2).
5. The assessment calculated under subsections (D)(2), (D)(3) and (D)(4), shall not exceed 3.5 percent of aggregate net

Notices of Proposed Rulemaking

patient service revenue of all assessed providers.

6. AHCCCS The Administration will forward the provider assessment by facility to the Department of Revenue by September 1st preceding the assessment year.
7. In the event a nursing facility closes during the assessment year, the nursing facility shall cease to be responsible for the portion of the assessment applied to the dates the nursing facility is not operating.
8. In the event a nursing facility begins operation during the assessment year, that facility would have no responsibility for the assessment until such time as the facility has UAR data that falls within the collection period for the assessment calculation.
9. In the event a nursing facility has a change of ownership such that the facility remains open and the ownership of the facility changes, the assessment liability transfers with the change in ownership.

R9-28-703. Nursing Facility Supplemental Payments

- ~~A. On an annual basis, AHCCCS shall determine the total funds available in the nursing facility assessment fund available for supplemental payments by:~~
- ~~1. Estimating the nursing facility assessments to be collected in the upcoming assessment year,~~
 - ~~2. Subtracting one percent of the total estimated assessments, and~~
 - ~~3. Multiplying the appropriate federal matching assistance percentage (FMAP) by the difference of subsections (A)(1) and (A)(2)-~~
- ~~B. AHCCCS shall calculate each year's quarterly supplemental payments to each nursing facility with Medicaid utilization, excluding ICFMRs, by:~~
- ~~1. Determining each facility's proportion of Medicaid resident bed days to total nursing facility Medicaid resident bed days by utilizing adjudicated claims and encounter data for the most recent 12 month period, including appropriate claims lag-~~
 - ~~2. Multiplying subsections (B)(1) and (A)(3).~~
 - ~~3. Dividing the payments determined under subsection (B)(2) by four.~~
- ~~C. AHCCCS and its contractors shall make quarterly supplemental payments to nursing facility providers.-~~
- ~~D. Following the end of each assessment year, AHCCCS shall reconcile the supplemental nursing facility payments made during the assessment year to the annual deposits to the nursing facility assessment fund for the same year less one percent of the actual assessments deposited in the fund plus federal matching funds. The proportion of each nursing facility's Medicaid resident bed days shall be used to calculate the reconciliation amounts. AHCCCS and its contractors shall make additional payments to or recoupments from nursing facilities based on the reconciliation.~~
- ~~E. Aggregate supplemental payments to nursing facilities shall not exceed upper payment limits established under 42 CFR 447.272.~~
- ~~F. A facility must be open on the date the supplemental payment is made in order to receive a payment.-~~
- A. Payment by AHCCCS Contractors.**
- 1. Before each payment year, AHCCCS the Administration shall estimate the Net Nursing Facility Assessment Fund by:**
 - a. Estimating the nursing facility assessments to be collected in the upcoming assessment year,**
 - b. Subtracting one percent of the total estimated assessments, and**
 - c. Multiplying the result of (A)(1)(a) and (A)(1)(b) by the appropriate federal matching assistance percentage (FMAP).**
 - 2. Using Medicaid resident bed day information from the most recent and complete 12 months of adjudicated claims and encounters data, AHCCCS the Administration shall determine:**
 - a. The portion of the fund attributable to Medicaid resident bed days paid by contractors and by the Administration.**
 - b. The proportion of the fund attributable to each facility eligible for a payment from the fund based on the same proportion as each facility's Medicaid resident days to total Medicaid resident days for all facilities.**
 - 3. On a quarterly basis, contractors shall distribute enhanced payments to eligible nursing facilities based on the proportion of Medicaid bed days attributable to the contractor for each nursing facility as provided annually on the AHCCCS web site. Contractors shall compute total revenues for distribution as follows:**

$$\text{Formula} = (C * 0.98) * (F / P)$$

where C = CYE 13 quarterly NF Enhanced Payment by Contractor per 820 file.
F = percentage of total MCO bed days allocated to facility/Contractor
P = percentage of total MCO bed days allocated to Contractor
 - 4. Quarterly payments otherwise required by subsection (A)(3) will not be made until such time that the Administration provides NF enhanced payments to contractors via a retroactive adjustment of capitation rates for the specified quarter.**
 - 5. Quarterly payments will not be made until such time that the funds are available in the nursing facility assessment fund. The available funds must be greater than or equal to the necessary funds for payment as described under subsection (A)(4).**
- B. Each contractor must pay each facility the amount computed within 20 calendar days of receiving the nursing facility enhanced payment from the Administration. The contractors must confirm each payment and payment date to the Admin-**

Notices of Proposed Rulemaking

- istration within 30 calendar days from receipt of the funds.
- C.** After each assessment year, AHCCCS the Administration shall reconcile the payments made by contractors under subsection (A) and (B) to the portion of the annual collections under R9-28-702 attributable to Medicaid resident bed days paid for by contractors for the same year, less one percent, plus available federal financial participation. The proportion of each nursing facility's Medicaid resident bed days as described in subsection (A)(2)(b) shall be used to calculate the reconciliation amounts. Contractors shall make additional payments to or recoup payments from nursing facilities based on the reconciliation in compliance with the requirements of subsection (B).
- D.** Payment by the Administration.
1. Quarterly, the Administration shall distribute to eligible nursing facilities the amounts collected during the preceding quarter pursuant to R9-28-702, less one percent, multiplied by the percentage calculated in subsection (A)(2) attributable to Medicaid resident days paid by the Administration, plus available federal financial participation the federal assistance percentage.
 2. The Administration shall calculate each facility's payment by multiplying the amount calculated in subsection (D)(1) by the facility's FFS proportion calculated in subsection (A)(2)(b).
 3. The Administration shall distribute the FFS portion of the fund to the nursing facilities within 30 calendar days of the determination of the quarterly fund amount.
- E.** General requirements for all payments.
1. A facility must be open on the date the supplemental payment is made in order to receive a payment. In the event a nursing facility closes during the assessment year, the nursing facility shall cease to be eligible for supplemental payments.
 2. In the event a nursing facility begins operation during the assessment year, that facility shall not receive a supplemental payment until such time as the facility has claims and encounter data that falls within the collection period for the payment calculation.
 3. In the event a nursing facility has a change of ownership, payments shall be made to the owner of the facility as of the date of the supplemental payment.
 4. Subsection (E)(3) shall not be interpreted to prohibit the current and prior owner from agreeing to a transfer of the payment from the current owner to the prior owner.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

**CHAPTER 31. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
CHILDREN'S HEALTH INSURANCE PROGRAM**

Editor's Note: The following Notice of Proposed Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 1003.) The Governor's Office authorized the notice to proceed through the rulemaking process on April 2, 2013.

[R13-66]

PREAMBLE

1. **Article, Part, or Section Affected (as applicable)** **Rulemaking Action**
R9-31-311 New Section
2. **Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**
Authorizing statute: A.R.S. §§ 36-2986
Implementing statute: A.R.S. § 36-261
3. **Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**
Notice of Proposed Exempt Rulemaking: 18 A.A.R. 1712, July 20, 2012
Notice of Exempt Rulemaking: 18 A.A.R. 2074, August 24, 2012
4. **The agency's contact person who can answer questions about the rulemaking:**
Name: Mariaelena Ugarte
Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson St.

Phoenix, AZ 85034

Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Web site: www.azahcccs.gov

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

The CRS program was administered by the Arizona Department of Health Services (ADHS) until SB1619 Arizona Laws 2011 Regular Session was enacted directing the Administration to administer the CRS program.

SB1619 specified that the existing CRS program rules adopted by ADHS were left in effect "until superseded by rules adopted by [AHCCCS]." The Legislature enacted this change as part of a larger initiative by ADHS and AHCCCS to better integrate conditions provided to medically eligible with CRS related conditions while at the same time streamlining the administration of the program. Therefore, AHCCCS finalized rules to transition the ADHS requirements under AHCCCS as published in the *Arizona Administrative Register* August 24, 2012, and Arizona Laws 2011, Regular Session, Ch. 31, § 34, exempted AHCCCS from the requirements of A.R.S. Title 41, Ch.6., these rules were promulgated under exemption repealed, then repromulgated.

SB1528 Laws 2012, Ch. 299, § 7 repealed the rulemaking exemption authority and § 8 stipulated that rules adopted through the previous year's authority would expire December 31, 2013, absent specific statutory authority for those rules.

Under this rulemaking AHCCCS is cross-referencing CRS eligibility requirements, described under Chapter 22 applicable to a KidsCare member.

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

None

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

Not applicable

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

No estimated impact is expected due to the transition of existing rules from ADHS to AHCCCS. The CRS expenditures for FFY 2010 were approximately \$310,974,300.

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

Name: Mariaelena Ugarte
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson St.
Phoenix, AZ 85034
Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Web site: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS web site www.azahcccs.gov the week of April 22, 2013. Please send written or e-mail comments to the above address by the close of the comment period, 5:00 p.m., June 10, 2013.

Date: June 10, 2013
Time: 11:00 a.m.
Location: AHCCCS
701 East Jefferson

Notices of Proposed Rulemaking

Phoenix, AZ 85034

Nature: Public Hearing

Date: June 10, 2013

Time: 11:00 a.m.

Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr, Suite 201
Tucson, AZ 85710

Nature: Public Hearing

Date: June 10, 2013

Time: 11:00 a.m.

Location: 2717 N. 4th St., STE 130
Flagstaff, AZ 86004

Nature: Public Hearing

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

None

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

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 31. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
CHILDREN'S HEALTH INSURANCE PROGRAM

ARTICLE 3. ELIGIBILITY AND ENROLLMENT

Section

R9-31-311. Children's Rehabilitative Services (CRS) Eligibility Requirements

ARTICLE 3. ELIGIBILITY AND ENROLLMENT

R9-31-311. Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an enrolled KidsCare member who is determined to need active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be enrolled with the CRS contractor as described under Chapter 22, Article 13.