

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES HEALTH CARE INSTITUTIONS: LICENSING

Editor's Note: The following Notice of Final Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3566.) The Governor's Office authorized the notice to proceed through the rulemaking process on May 29, 2014.

[R14-208]

PREAMBLE

- | <u>1. Article, Part or Sections Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|--------------------------|
| R9-10-101 | Amend |
| R9-10-109 | Amend |
| R9-10-117 | Repeal |
| R9-10-1002 | Amend |
| R9-10-1003 | Amend |
| Article 19 | New Article |
| R9-10-1901 | New Section |
| R9-10-1902 | New Section |
| R9-10-1903 | New Section |
| R9-10-1904 | New Section |
| R9-10-1905 | New Section |
| R9-10-1906 | New Section |
| R9-10-1907 | New Section |
| R9-10-1908 | New Section |
| R9-10-1909 | New Section |
| R9-10-1910 | New Section |
| R9-10-1911 | New Section |
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific) and the statute or session law authorizing the exemption:**
Authorizing statutes: A.R.S. §§ 36-104(3), 36-132(A)(1) and (A)(17), and 36-136 (F)
Implementing statutes: A.R.S. §§ 36-405 through 36-407, 36-425, 36-427 through 36-430, 36-431.01, and 46-454
Statute or session law authorizing the exemption: Laws 2014, Ch. 233, § 5
- 3. The effective date of the rule and the agency's reason it selected the effective date:**
January 1, 2015
- 4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:**
Notice of Public Information: 20 A.A.R. 2896, October 31, 2014
- 5. The agency's contact person who can answer questions about the rulemaking:**
Name: Cara Christ, M.D., Deputy Director
Address: Arizona Department of Health Services
Division of Public Health Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007
Telephone: (602) 364-1007

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Fax: (602) 364-3266
E-mail: Cara.Christ@azdhs.gov
or
Name: Jeff Bloomberg, Manager
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams St., Suite 203
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Jeff.Bloomberg@azdhs.gov

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

Arizona Revised Statutes (A.R.S.) §§ 36-132(A)(17) and 36-405 authorize the Department to license and regulate health care institutions. A.R.S. § 36-405 further authorizes the Department to classify and sub-classify health care institutions. The Department has implemented A.R.S. §§ 36-132(A)(17) and 36-405 in Arizona Administrative Code (A.A.C.) Title 9, Chapter 10. Laws 2014, Ch. 233, § 5 requires the Department to adopt rules to establish minimum standards and licensure for health care institutions that provide behavioral health services. Laws 2014, Ch. 233, § 5 also exempts the Department from rulemaking requirements in A.R.S. Title 41, Chapter 6 until April 30, 2015. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking and has amended the rules for health care institutions in 9 A.A.C. 10, Article 1 and Article 10, and has added new Article 19. The rules conform to current rulemaking format and style requirements of the Office of the Secretary of State.

7. 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:

None

8. A showing of good cause why the rule 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 summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):

Not applicable

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

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

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 health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

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

13. A list of any incorporated by reference material and its location in the rules:

None

14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall

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state where the text changed between the emergency and the exempt rulemaking packages:

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING**

ARTICLE 1. GENERAL

Section

- R9-10-101. Definitions
- R9-10-109. Changes Affecting a License
- R9-10-117. ~~Counseling Facilities~~ Repealed

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

Section

- R9-10-1002. Supplemental Application Requirements
- R9-10-1003. Administration

ARTICLE 19. COUNSELING FACILITIES

Section

- R9-10-1901. Definitions
- R9-10-1902. Supplemental Application Requirements
- R9-10-1903. Administration
- R9-10-1904. Quality Management
- R9-10-1905. Contract Services
- R9-10-1906. Personnel
- R9-10-1907. Patient Rights
- R9-10-1908. Medical Records
- R9-10-1909. Counseling
- R9-10-1910. Physical Plant, Environmental Services, and Equipment Standards
- R9-10-1911. Integrated Information

ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § 36-401(A), the following definitions apply in this Chapter unless otherwise specified:

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change
10. No change
11. No change
12. No change
13. No change
14. No change
15. No change
16. No change

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17. No change
18. No change
19. No change
20. No change
21. No change
22. No change
23. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides ~~only~~ behavioral health services, an adult behavioral health therapeutic home, ~~or~~ a behavioral health respite home, or a counseling facility.
24. No change
25. No change
26. No change
27. "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 and, 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, are provided~~ under supervision by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
 - a. Services that, if provided in a setting other than a health care institution would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
 - b. Health-related services.
28. No change
29. No change
30. No change
31. ~~"Behavioral health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.~~
32. ~~31~~ No change
32. "Behavioral health staff" means a:
 - a. Behavioral health paraprofessional.
 - b. Behavioral health technician, or
 - c. Personnel member in a nursing care institution or assisted living facility who provides behavioral care.
33. "Behavioral health technician" 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~~ with clinical oversight by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
 - a. Services that, if provided in a setting other than a health care institution would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
 - b. Health-related services.
34. No change
35. No change
36. No change
37. No change
38. No change
39. No change
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41. No change
42. No change
43. No change
44. No change
45. No change
46. No change
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48. No change
49. No change
50. No change
51. No change
52. "Counseling facility" means a ~~facility~~ health care institution that only provides counseling, which may include, ~~and was licensed as a behavioral health outpatient clinic before October 1, 2013 to provide, one or more of the following~~

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services:

a. ~~Counseling;~~

b.a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or

e.b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.

- 53. No change
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- 212.No change
- 213.No change
- 214.No change

R9-10-109. Changes Affecting a License

- A.** No change
 - 1. No change
 - a. No change
 - b. No change
 - 2. No change
- B.** No change
 - 1. No change
 - 2. No change
- C.** No change
 - 1. No change

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2. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - c. No change

D. If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:

1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center's initial or renewal license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
 - a. The counseling facility's name.
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, at a time other than during the initial or renewal license application process, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
 - a. The counseling facility's name.
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.

E. If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:

1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's initial or renewal license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
 - a. The affiliated outpatient treatment center's name.
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility will begin receiving administrative support; or
2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, at a time other than during the counseling facility's initial or renewal license application process, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name.
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center.
3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's initial or renewal license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
 - a. The affiliated counseling facility's name.
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility at a time other than during the counseling facility's initial or renewal license application process, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
 - a. The affiliated counseling facility's name.
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.

~~D-F.~~ No change

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1. No change
2. No change
3. No change

~~E.G.~~ No change

1. No change
2. No change
3. No change
4. No change

~~F.H.~~ No change

~~G.I.~~ No change

R9-10-117. ~~Counseling Facilities Repealed~~

~~An administrator of a counseling facility shall ensure that the counseling facility complies with the requirements in this Article and Article 10 of this Chapter.~~

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1002. Supplemental Application Requirements

A. No change

1. No change
2. No change
 - a. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. Counseling.
 - ~~vi.~~ No change
 - ~~vii.~~ No change
 - ~~viii.~~ No change
 - ~~ix.~~ No change
 - ~~x.~~ No change
 - ~~xi.~~ No change
 - ~~xii.~~ No change
 - ~~xiii.~~ No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - i. Sleep disorder services; or
 - j. Urgent care services provided in a freestanding urgent care center setting; ~~or.~~
 - k. Counseling and, if applicable:
 - ~~i. DUI education,~~
 - ~~ii. DUI screening,~~
 - ~~iii. DUI treatment, or~~
 - ~~iv. Misdemeanor domestic violence offender treatment.~~

B. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an affiliated outpatient treatment center, as defined in R9-10-1901, applying for an initial or renewal license for the affiliated outpatient treatment center shall submit, in a format provided by the Department, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:

1. Name, and

2. Either:

- a. The license number assigned to the counseling facility by the Department; or
- b. If the counseling facility is not currently licensed, the:
 - i. Counseling facility's street address, and
 - ii. Date the counseling facility submitted to the Department an initial application for a health care institution license.

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R9-10-1003. Administration

- A. No change
- B. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change
 - a. No change
 - b. No change
 - 7. No change
- C. No change
 - 1. No change
 - 2. No change
 - 3. No change
- D. No change
 - 1. No change
 - a. No change
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 - k. No change
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 - 4. No change
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 - b. No change

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- c. No change
- d. No change
 - i. No change
 - ii. No change
- e. No change
- f. No change
- g. No change
- 6. No change
 - a. No change
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- F. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - 4. No change
 - 5. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - 6. No change
- G. If an outpatient treatment center is an affiliated outpatient treatment center as defined in R9-10-1901, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

ARTICLE 19. COUNSELING FACILITIES

R9-10-1901. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article:

1. “Affiliated counseling facility” means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
2. “Affiliated outpatient treatment center” means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.

R9-10-1902. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for an initial license as a counseling facility shall submit, in a format provided by the Department:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
2. If applicable, a request to provide one of more of the following:
 - a. DUI screening.
 - b. DUI education.
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment;
3. Whether the counseling facility has an affiliated outpatient treatment center;
4. If the counseling facility has an affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name; and
 - b. Either:
 - i. The license number assigned to the affiliated outpatient treatment center by the Department; or
 - ii. If the affiliated outpatient treatment center is not currently licensed, the:
 - (1) Street address of the affiliated outpatient treatment center, and
 - (2) Date the affiliated outpatient treatment center submitted to the Department an initial application for a

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health care institution license:

5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
 - a. The affiliated counseling facility's name; and
 - b. Either:
 - i. The license number assigned to the affiliated counseling facility by the Department; or
 - ii. If the affiliated counseling facility is not currently licensed, the:
 - (1) Street address of the affiliated counseling facility, and
 - (2) Date the affiliated counseling facility submitted to the Department an initial application for a health care institution license.

R9-10-1903. Administration

A. A governing authority shall:

1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
2. Establish, in writing:
 - a. A counseling facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1904;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on the premises for more than 30 calendar days, or
 - b. Not present on the premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
2. Has the authority and responsibility to manage the counseling facility; and
3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.

C. An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:

1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;
2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
3. Include how a personnel member may submit a complaint relating to services provided to a patient;
4. Cover the requirements in Title 36, Chapter 4, Article 11;
5. Cover patient screening, admission, assessment, discharge planning, and discharge;
6. Cover medical records;
7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
8. Include when general consent and informed consent are required;
9. Cover telemedicine, if applicable;
10. Cover specific steps for:
 - a. A patient or a patient's representative to file a complaint, and
 - b. A counseling facility to respond to a complaint; and
11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

D. An administrator shall ensure that:

1. Policies and procedures established according to subsection (C) are documented and implemented;
2. Counseling facility policies and procedures are:
 - a. Reviewed at least once every three years and updated as needed, and
 - b. Available to personnel members and employees;
3. Unless otherwise stated:
 - a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and

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- b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
4. The following are conspicuously posted:
 - a. The current license for the counseling facility issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the counseling facility;
 - d. A list of patient rights;
 - e. A map for evacuating the facility; and
 - f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
5. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's medical record; and
6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.
- E.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

R9-10-1904. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services

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related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-1905. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-1906. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of counseling expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description.
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides counseling, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:
 - a. Provide the counseling in the counseling facility's scope of services.
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;
5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
6. A personnel member only provides counseling the personnel member is qualified to provide;
7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
8. A personnel member completes orientation before providing counseling to a patient;
9. An individual's orientation is documented, to include:
 - a. The individual's name.
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
11. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name.
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;

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- ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;
 - vii. If applicable, cardiopulmonary resuscitation training; and
 - viii. If applicable, first aid training; and
14. The record in subsection (13) is:
- a. Maintained while an individual provides services for or at the counseling facility and for at least 24 months after the last date the individual provided services for or at the counseling facility; and
 - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

R9-10-1907. Patient Rights

A. An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).

B. An administrator shall ensure that:

- 1. A patient is treated with dignity, respect, and consideration;
- 2. A patient as not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
- 3. A patient or the patient's representative:
 - a. Either consents to or refuses counseling;
 - b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
 - c. Is informed of the following:
 - i. The counseling facility's policy on health care directives, and
 - ii. The patient complaint process;
 - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.

C. A patient has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
- 3. To receive privacy during counseling;
- 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
- 5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;
- 6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
- 7. To participate or refuse to participate in research or experimental treatment; and
- 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-1908. Medical Records

A. An administrator shall ensure that:

- 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;

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2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
 1. Patient information that includes:
 - a. The patient's name and address, and
 - b. The patient's date of birth;
 2. A diagnosis or reason for counseling;
 3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 5. Documentation of medical history;
 6. Orders;
 7. Assessment;
 8. Interval notes;
 9. Progress notes;
 10. Documentation of counseling provided to the patient;
 11. The name of each individual providing counseling;
 12. Disposition of the patient upon discharge;
 13. Documentation of the patient's follow-up instructions provided to the patient;
 14. A discharge summary; and
 15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

R9-10-1909. Counseling

- A.** An administrator of a counseling facility shall ensure that:
 1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
 2. A personnel member who provides counseling is:
 - a. At least 21 years of age, or
 - b. At least 18 years of age and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice; and
 3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- B.** An administrator of a counseling facility shall ensure that:

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1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
 - a. Available:
 - i. In the patient's medical record maintained by the counseling facility;
 - ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
 - iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center;
 - b. Completed by a personnel member at the counseling facility; and
 - c. Obtained from a behavioral health provider other than the counseling facility; or
2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;
4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;
5. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
6. A behavioral health assessment:
 - a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance use history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in patient's medical record;
7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;

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13. Counseling is:
 - a. Offered as described in the counseling facility's scope of services;
 - b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
 - c. Provided by a behavioral health professional or a behavioral health technician;
 14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 15. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- C.** An administrator may request authorization to provide any of the following to individuals required to attend by a referring court:
1. DUI screening.
 2. DUI education.
 3. DUI treatment, or
 4. Misdemeanor domestic violence offender treatment.
- D.** An administrator of a counseling facility authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
 2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

R9-10-1910. Physical Plant, Environmental Services, and Equipment Standards

- A.** An administrator shall ensure that a counseling facility has either:
1. Both of the following:
 - a. A smoke detector installed in each hallway of the counseling facility that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the counseling facility;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
 2. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order.
- B.** An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.
- C.** An administrator shall ensure that on a counseling facility's premises:
1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
 2. Corridors and exits are kept clear of any obstructions;
 3. A patient can exit through any exit during hours of clinical operation;
 4. An extension cord is not used instead of permanent electrical wiring; and
 5. Each electrical outlet and electrical switch has a cover plate that is in good repair.
- D.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal.
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.
- E.** An administrator shall ensure that:
1. A counseling facility's premises are:
 - a. Sufficient to provide the counseling facility's scope of services;

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- b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
- c. Free from a condition or situation that may cause an individual to suffer physical injury;
- 2. If a bathroom is on the premises, the bathroom contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation;
- 3. If a bathroom is not on the premises, a bathroom is:
 - a. Available for a patient's use,
 - b. Located in a building in contiguous proximity to the counseling facility, and
 - c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
- 4. A tobacco smoke-free environment is maintained on the premises.

R9-10-1911. Integrated Information

- A.** An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
 - 1. Quality management plan, documented incidents, and reports required in R9-10-1904;
 - 2. Contracted services information in R9-10-1905;
 - 3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
 - 4. Medical records in R9-10-1908.
- B.** An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.
- C.** If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
 - 1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
 - 2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
 - 3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
 - 4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the orientation plan;
 - 5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
 - a. The days and hours the personnel member provides counseling for each facility;
 - b. If the personnel member's job description is different for each facility:
 - i. Each job description for the personnel member; and
 - ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
 - c. If a personnel member is a behavioral health technician, documentation of the clinical oversight provided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and
 - 6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.
- D.** An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:
 - 1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
 - a. In a written or electronic format at the counseling facility's premises; or
 - b. Electronically directly to the Department.
 - 2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

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NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

Editor's Note: The following Notice of Final Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3566.) The Governor's Office authorized the notice to proceed through the rulemaking process on August 16, 2012.

[R14-206]

PREAMBLE

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

Article 5	Amend
Table 5.1	Amend
Table 5.2	Amend
R9-25-504	Amend

- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statutes (specific), and the statute or session law authorizing the exemption:**

Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)(2)
Implementing statute: A.R.S. § 36-2205(A)
Statute or session law authorizing the exemption: A.R.S. § 36-2205(B)

- 3. The effective date of the rules and the agency's reason it selected the effective date:**

January 1, 2015

The effective date provides regulated persons and the Arizona Department of Health Services (Department) with a three-week period after the date the rules are adopted to implement the rules.

- 4. A list of all notices published in the Register as specified in R1-1-409(A) that pertain to the record of the exempt rulemaking:**

Notice of Public Information: 20 A.A.R. 2811, October 17, 2014

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

Name:	Terry Mullins, Bureau Chief
Address:	Department of Health Services Bureau of Emergency Medical Services and Trauma System 150 N. 18th Ave., Suite 540 Phoenix, AZ 85007-3248
Telephone:	(602) 364-3150
Fax:	(602) 364-3568
E-mail:	Terry.Mullins@azdhs.gov
or	
Name:	Jeff Bloomberg, Manager
Address:	Department of Health Services Office of Administrative Counsel and Rules 1740 W. Adams St., Suite 203 Phoenix, AZ 85007
Telephone:	(602) 542-1020
Fax:	(602) 364-1150
Email:	Jeff.Bloomberg@azdhs.gov

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

Arizona Revised Statutes (A.R.S.) § 36-2205(A) requires the Department to establish protocols governing "medical treatments, procedures, medications and techniques which may be administered or performed by each class of emer-

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gency medical care technician.” A.R.S. § 36-2205(B) gives the Arizona Department of Health Services (Department) exempt rulemaking authority to establish these protocols. The Emergency Medical Services Council and the Medical Direction Commission, established by A.R.S. §§ 36-2203 and 36-2203.01, respectively, have reviewed the protocols for medical treatments, procedures, medications, and techniques provided through emergency medical care technicians, which are established in Arizona Administrative Code (A.A.C.) Title 9, Chapter 25, Article 5, and have recommended changes to the protocols. The purpose of this rulemaking is to make changes to the rules in 9 A.A.C. 25, Article 5, Tables 5.1 and 5.2, based on this input and make other changes in R9-25-504 formally requested by stakeholders. The Department received an exception for this rulemaking from the Governor’s rulemaking moratorium, established by Executive Order 2012-03.

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

The Department did not review or rely on any study related to this rulemaking package.

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 summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package (if applicable):

Not applicable

11. An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

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

Not applicable

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

Not applicable

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

Not applicable

13. A list of any incorporated by reference material and its location in the rule:

None

14. Whether the rule was previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE TECHNICIANS

Section

Table 5.1	Arizona Scope of Practice Skills
Table 5.2	Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents
R9-25-504	Protocol for Selection of a Health Care Institution for Transport

Arizona Administrative Register / Secretary of State
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ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE TECHNICIANS

Table 5.1. Arizona Scope of Practice Skills

KEY:

✓ = Arizona Scope of Practice skill

STR = STR skill

* = Already intubated

Airway/Ventilation/Oxygenation	EMT	AEMT	EMT-I(99)	Paramedic
Airway- esophageal	STR	✓	✓	✓
Airway- supraglottic	STR	✓	✓	✓
Airway- nasal	✓	✓	✓	✓
Airway- oral	✓	✓	✓	✓
Automated transport ventilator	STR	STR	✓	✓
Bag-valve-mask (BVM)	✓	✓	✓	✓
BiPAP/CPAP				✓
Chest decompression- needle			✓	✓
Chest tube placement- assist only				STR
Chest tube monitoring and management				STR
Cricoid pressure (Sellick's maneuver)	✓	✓	✓	✓
Cricothyrotomy- needle			STR	✓
Cricothyrotomy- percutaneous			STR	✓
Cricothyrotomy- surgical			STR	STR
Demand valve- manually triggered ventilation	✓	✓	✓	✓
End tidal CO2 monitoring/capnography			✓	✓
Gastric decompression- NG tube			✓	✓
Gastric decompression- OG tube			✓	✓
Head-tilt chin lift	✓	✓	✓	✓
Intubation- nasotracheal			STR	✓
Intubation- orotracheal	STR	STR	✓	✓
Jaw-thrust	✓	✓	✓	✓
Jaw-thrust – modified (trauma)	✓	✓	✓	✓
Medication Assisted Intubation (paralytics)				STR
Mouth-to-barrier	✓	✓	✓	✓
Mouth-to-mask	✓	✓	✓	✓
Mouth-to-mouth	✓	✓	✓	✓
Mouth-to-nose	✓	✓	✓	✓
Mouth-to-stoma	✓	✓	✓	✓
Obstruction- direct laryngoscopy			✓	✓
Obstruction- manual	✓	✓	✓	✓

Notices of Exempt Rulemaking

Oxygen therapy - humidifiers	✓	✓	✓	✓
Oxygen therapy - nasal cannula	✓	✓	✓	✓
Oxygen therapy - non-rebreather mask	✓	✓	✓	✓
Oxygen therapy - partial rebreather mask	✓	✓	✓	✓
Oxygen therapy - simple face mask	✓	✓	✓	✓
Oxygen therapy - venturi mask	✓	✓	✓	✓
PEEP - therapeutic			✓	✓
Pulse oximetry	✓	✓	✓	✓
Suctioning - upper airway	✓	✓	✓	✓
Suctioning - tracheobronchial		✓*	✓	✓
Cardiovascular/Circulation	EMT	AEMT	EMT-I (99)	Paramedic
Cardiac monitoring - multiple lead (interpretive)			✓	✓
Cardiac monitoring - single lead (interpretive)			✓	✓
Cardiac - multiple lead acquisition (non-interpretive)	STR	STR	✓	✓
Cardiopulmonary resuscitation	✓	✓	✓	✓
Cardioversion - electrical			✓	✓
Carotid massage – (≤17 years)			STR	STR
Defibrillation - automatic/semi-automatic	✓	✓	✓	✓
Defibrillation - manual			✓	✓
Hemorrhage control - direct pressure	✓	✓	✓	✓
Hemorrhage control - tourniquet	✓	✓	✓	✓
Internal; cardiac pacing - monitoring only			✓	✓
Mechanical CPR device	STR	STR	STR	STR
Transcutaneous pacing - manual			✓	✓
Immobilization	EMT	AEMT	EMT-I (99)	Paramedic
Spinal immobilization - cervical collar	✓	✓	✓	✓
Spinal immobilization - long board	✓	✓	✓	✓
Spinal immobilization - manual	✓	✓	✓	✓
Spinal immobilization - seated patient (KED, etc.)	✓	✓	✓	✓
Spinal immobilization - rapid manual extrication	✓	✓	✓	✓
Extremity stabilization - manual	✓	✓	✓	✓
Extremity splinting	✓	✓	✓	✓
Splint- traction	✓	✓	✓	✓
Mechanical patient restraint	✓	✓	✓	✓
Emergency moves for endangered patients	✓	✓	✓	✓

Notices of Exempt Rulemaking

Medication administration - routes	EMT	AEMT	EMT-I (99)	Paramedic
Aerosolized/nebulized (beta agonist)	STR	✓	✓	✓
Assisting patient with his/her own prescribed medications (aerosolized/nebulized)	✓	✓	✓	✓
Assisting patient with his/her own prescribed medications (ASA/Nitro)	✓	✓	✓	✓
Assisting patient with his/her own prescribed medications (auto-injector)	✓	✓	✓	✓
<u>Assisting patient with his/her own prescribed medications (hydrocortisone sodium succinate)</u>		<u>✓</u>	<u>✓</u>	<u>✓</u>
Auto-injector (self or peer)	✓	✓	✓	✓
Buccal	STR	✓	✓	✓
Endotracheal tube			✓	✓
Inhaled self-administered (nitrous oxide)		✓	✓	✓
Intradermal			STR	STR
Intramuscular		✓	✓	✓
Intranasal		✓	✓	✓
Intravenous push		✓	✓	✓
Intravenous piggyback			✓	✓
Intraosseous		STR	✓	✓
Nasogastric				✓
Oral	✓	✓	✓	✓
Rectal		STR	✓	✓
Small volume nebulizer	STR	✓	✓	✓
Subcutaneous		✓	✓	✓
Sublingual		✓	✓	✓
IV initiation/maintenance fluids	EMT	AEMT	EMT-I (99)	Paramedic
Access indwelling catheters and implanted central IV ports				✓
Central line- monitoring				✓
Intraosseous- initiation		✓	✓	✓
Intravenous access		✓	✓	✓
Intravenous initiation- peripheral	STR	✓	✓	✓
Intravenous- maintenance of non-medicated IV fluids <u>or capped access</u>	✓	✓	✓	✓
Intravenous- maintenance of medicated IV fluids			✓	✓
Umbilical initiation				STR
Miscellaneous	EMT	AEMT	EMT-I (99)	Paramedic
Assisted delivery (childbirth)	✓	✓	✓	✓
Assisted complicated delivery (child-birth)	✓	✓	✓	✓
Blood glucose monitoring	✓	✓	✓	✓

Notices of Exempt Rulemaking

Blood pressure- automated	✓	✓	✓	✓
Blood pressure- manual	✓	✓	✓	✓
Eye irrigation	✓	✓	✓	✓
Eye irrigation (Morgan lens)				STR
Thrombolytic therapy- initiation				STR
Urinary catheterization				STR
Venous blood sampling			✓	✓
Blood chemistry analysis				STR
Use/monitoring of agents specified in Table 5.4 during interfacility transports			STR	STR
Use/monitoring of infusion pump for agent administration during interfacility transports			STR	STR

Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

- A = Authorized to administer the agent
- SVN = Agent shall be administered by small volume nebulizer
- MDI = Agent shall be administered by metered dose inhaler
- * = Authorized to assist in patient self-administration
- [] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	Paramedic
Adenosine	18 mg	-	-	A	A
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	A	A
Amiodarone or Lidocaine	300 mg or 3 prefilled syringes, total of 300 mg and 1 g vials or pre-mixed infusion, total of 2 g	- -	- -	- A	A A
Aspirin	324 mg	A	A	A	A
Atropine Sulfate	3 prefilled syringes, total of 3 mg	-	-	A	A
Atropine Sulfate	Optional [8 mg multidose vial (1)]	-	-	A	A
Atropine Sulfate Auto-Injector	None	A	A	A	A
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector	None	A	A	A	A
Calcium Chloride	1 g	-	-	-	A
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	A	A	A	A
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A
Cyanokit	Optional [5 g]	-	-	-	A
Dexamethasone	Optional [8 mg]	-	-	A	A
Dextrose	50 g	-	A	A	A
Dextrose, 5% in H2O	Optional [250 mL bag (1)]	A	A	A	A

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Diazepam or Lorazepam or Midazolam	20 mg 8 mg 10 mg	- - -	- - -	A A A	A A A
Diazepam Rectal Delivery Gel	Optional [20 mg]	-	-	A	A
Diltiazem or Verapamil HCl	25 mg 10 mg	- -	- -	- -	A A
Diphenhydramine HCl	50 mg	-	-	A	A
Dopamine HCl	400 mg	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A
Epinephrine HCl, 1:1,000	2 mg	-	A	A	A
Epinephrine HCl, 1:1,000	Optional [30 mg multidose vial (1)]	-	A	A	A
Epinephrine HCl, 1:10,000	5 mg	-	-	A	A
Etomidate	Optional [40 mg]	-	-	-	A
Furosemide or Bumetanide	Optional [100 mg] Optional [4 mg]	- -	- -	A A	A A
Glucagon	2 mg	-	A	A	A
Glucose, oral	Optional [30 gm]	A	A	A	A
<u>Hemostatic Agents</u>	<u>Optional</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Hydrocortisone Sodium Succinate</u>	<u>Optional</u>	<u>=</u>	<u>*</u>	<u>*</u>	<u>*</u>
Immunizing Agent	Optional	-	-	A	A
Ipratropium Bromide 0.02% SVN or MDI	5 mL	-	-	A	A
<u>Ketamine</u>	<u>Optional [200 mg]</u>	<u>=</u>	<u>=</u>	<u>=</u>	<u>A</u>
Lactated Ringers	1 L bag (2)	A	A	A	A
Magnesium Sulfate	5 g	-	-	-	A
Methylprednisolone Sodium Succinate	250 mg	-	-	A	A
Morphine Sulfate or Fentanyl	20 mg 200 mcg	- -	A -	A A	A A
Nalmefene HCl	Optional [4 mg]	-	A	A	A
Naloxone HCl	10 mg	-	A	A	A
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	* *	A A	A A	A A
Normal Saline	1 L bag (2) Optional [250 mL bag (1)] Optional [50 mL bag (2)]	A	A	A	A
Ondansetron HCl	Optional [4 mg]	-	-	A	A
Oxygen	13 cubic feet	A	A	A	A
Oxytocin	Optional [10 units]	-	-	A	A
Phenylephrine Nasal Spray 0.5%	Optional 1 bottle	-	-	A	A
Pralidoxime Chloride Auto-Injector	None	A	A	A	A
<u>Proparacaine Ophthalmic</u>	<u>Optional [1 bottle]</u>	<u>=</u>	<u>=</u>	<u>A</u>	<u>A</u>
Rocuronium	Optional [100 mg]	-	-	-	A
Sodium Bicarbonate 8.4%	Optional [100 mEq]	-	-	A	A
Succinylcholine	Optional [400 mg]	-	-	-	A
Thiamine HCl	100 mg	-	-	A	A
Tuberculin PPD	Optional [5 mL]	-	-	A	A
Vasopressin	Optional [40 units]	-	-	-	A

R9-25-504. Protocol for Selection of a Health Care Institution for Transport

- A. Except as provided in subsection (B), an EMCT shall transport a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:
 - 1. An emergency receiving facility, or
 - 2. A special hospital that is physically connected to an emergency receiving facility.
- B. Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:
 - 1. The patient’s condition does not pose an immediate threat to life or limb, based on ~~on-line~~ medical direction; and
 - 2. The health care institution is the most appropriate for the patient, based on the following:
 - a. The patient’s:
 - i. Medical condition,
 - ii. Choice of health care institution, and
 - iii. Health care provider;
 - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
 - c. A determination by the administrative medical director that the health care institution is able to accept and capable of treating the patient.
- C. Before initiating transport of a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number, an EMCT, emergency medical services provider, or ambulance service shall:
 - 1. Notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMCT’s intent to transport the patient to the health care institution; and
 - 2. Receive confirmation of the willingness of the health care institution to accept the patient.
- D. An EMCT transporting a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to a health care institution that is not an emergency receiving facility shall transfer care of the patient to a designee authorized by:
 - 1. A physician,
 - 2. A registered nurse practitioner,
 - 3. A physician assistant, or
 - 4. A registered nurse.
- E. An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of a patient under subsections (B), (C), and (D).

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 12. NATURAL RESOURCES

CHAPTER 8. ARIZONA STATE PARKS BOARD

Editor’s Note: The following Notice of Final Exempt Rulemaking was exempt from Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3566.)

[R14-200]

PREAMBLE

- 1. **Article, Part, or Section Affected (as applicable)** **Rulemaking Action**
 Exhibit A Amend
- 2. **Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific), and the statute or session law authorizing the exemption:**
 Authorizing statute: A.R.S. § 41-511.05(8)
 Implementing statute: A.R.S. § 41-511.05(8)
- 3. **The effective date of the rule and the agency’s reason it selected the effective date:**
 February 1, 2015
- 4. **A list of all notices published in the Register as specified in R1-1409(A) that pertain to the record of the exempt rulemaking:**
 Notice of Final Exempt Rulemaking: 19 A.A.R. 4222, December 27, 2013
- 5. **The agency’s contact person who can answer questions about the rulemaking:**

Notices of Exempt Rulemaking

Name: Rich Evans
Address: 1300 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 542-7151
Fax: (602) 542-4180
E-mail: revans@azstateparks.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:

R12-8-109, Fees and Permits, sets the fees for visitor use and commercial use at Arizona State Parks. Each year, the Arizona State Parks Board reviews its fee structure and approves adjustments for the ensuing calendar year. In its analysis, Arizona State Parks reviews fee structures of surrounding states; reviews operating and development costs of the State Park System; reviews the public demand for park services and subsequent impacts of visitor use on park resources. State Parks actively pursues public input into the fee structure through regional meetings throughout the state.

At the November 19, 2014, Board meeting, the Agency's 2014 Fee Schedule with the proposed fee changes was presented to the Board for consideration. The Board approved the changes as recommended, effective February 1, 2015.

7. 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 analysis of each study and other supporting material:

Not applicable

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

Not applicable

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

Not applicable

10. A description of any changes between the rulemaking, including any supplemental proposed rulemaking, and the final rulemaking package (if Applicable):

Reservations Fee

Effective February 1, 2015, Arizona State Parks will charge a reservation fee, selected from a range between \$5 and \$25, proportionately corresponding to the reserved facility, service and type of use, and group size.

Lodge Rental Fee

Tonto Natural Bridge State Park:

Beginning January 1, 2015, the Lodge at Tonto Natural Bridge will be made available for group use, rented as a single facility rental unit, available for both day use and overnight stays, according to the terms, conditions, and operating standards included in the park's approved annual operating plan.

As the Lodge will be made available year round, during various periods of peak and off-peak visitation demand, for varying numbers of visitors during a given period of use, including activities of varying impact to park resources, a use fee will be charged, selected from within a range between \$400 and \$1,500 per day/night.

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

None

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

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

Not applicable

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the 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

Notices of Exempt Rulemaking

13. A list of any incorporated by reference material and its location in the rule:

Not applicable

14. Whether the rule was previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changes between the emergency and the exempt rulemaking packages:

No

15. The full text of the rules follows:

TITLE 12. NATURAL RESOURCES

CHAPTER 8. ARIZONA STATE PARKS BOARD

ARTICLE 1. GENERAL PROVISIONS

Section

Exhibit A. ~~January 1, 2014~~ February 1, 2015 Regular Fee Schedule

ARTICLE 1. GENERAL PROVISIONS

Exhibit A. ~~January 1, 2014~~ February 1, 2015 Regular Fee Schedule

ARIZONA STATE PARKS FEE SCHEDULE EFFECTIVE January 1, 2014 February 1, 2015											
1: Adult is defined as an individual 14 years of age and older. 2: Camping fees reflect a "Range" dependent upon specific site location and seasonality. Call individual Park facility for current information. 4: Over-sized Parking is an additional fee for those vehicles or vehicle/trailer units that exceed 55' in total length. 5: Additional Program Fees may apply, see "OTHER FEES." 6: For <u>Lodge</u> , Cabins & Yurts an additional overnight fee of \$5.00 per pet per night will be assessed. 7: Camping by Reservation only. Contact the Park Facility directly for availability and details.											
<i>These fees are charged on a "per vehicle" basis that includes up to 4 Adults per vehicle. Additional fees for vehicles containing more than 4 Adults will be assessed.</i>											
50% discount off regular entrance fee for Active Duty, National Guard or Reserve members of the United States Military, Arizona residents who are United States Military Retired or Service Disabled Veterans and their families.											
100% discount off regular entrance fee for Arizona residents who are 100% Service Disabled Veterans and their families. Does not apply to Kartchner Caverns State Park tour tickets, special use fees, special event fees, special event admission fees, reservation fees, camping or overnight parking.											
PARK NAME	DAILY ENTRANCE			NIGHTLY CAMPING ²					Lodge		
	Per Vehicle 1-4 Adults ¹	Individual/ Bicycle	Over-Size Parking ⁴	Non-Electric Campsite	Electric Site	Cabana or Boat Site	Cabin ⁶	Yurt ⁶			
ALAMO	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00		50 - 75.00				
BOYCE THOMPSON	(Separate Fee Schedule)										
BUCKSKIN MOUNTAIN	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00	20 - 50.00					
BUCKSKIN RIVER ISLAND	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00						
CATALINA	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00						
CATTAIL COVE	5 - 30.00	2 - 5.00	10.00	15 - 25.00	20 - 50.00	15 - 30.00					
Boat-In sites Day Use only	10.00										
DEAD HORSE RANCH	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00		50 - 75.00				
FOOL HOLLOW	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00						
HOMOLOVI	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00						
KARTCHNER (Daily Entrance Fee is waived for reserved tour ticket holders)	5 - 30.00	2 - 5.00		15 - 25.00							
LAKE HAVASU	5 - 30.00	2 - 5.00	10.00	15 - 25.00	20 - 50.00						
LOST DUTCHMAN	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00						
LYMAN LAKE	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00		50 - 75.00	35 - 50.00			
ORACLE ⁵	5 - 30.00	2 - 5.00									
PATAGONIA LAKE	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00	15 - 30.00					
PICACHO PEAK ⁵	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00						
RED ROCK ⁵				(educational groups only: 15 - 25.00/group of 1-6 persons)							
ROPER LAKE	5 - 30.00	2 - 5.00		15 - 25.00	20 - 50.00		50 - 75.00				
SLIDE ROCK ⁵	5 - 30.00	2 - 5.00									
SONOITA CREEK ⁷				15 - 25.00							
<u>TONTO NATURAL BRIDGE</u>								400 - 1500.00			

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Notices of Exempt Rulemaking

Children ages 0-6, when accompanied by a paying adult age 18 years or older, will be admitted free as long as the child is not part of an organized group. Group discounts may be available where listed. A group is 15 persons or more with prearranged arrival. All persons in a group, regardless of age, apply toward a group's number. Group discounts do not apply to Program Fees.											
PARK NAME	DAILY ENTRANCE FEES			GROUP FEES							
	Ages 0-6	Ages 7-13	Ages 14 & up	Ages 14 & up							
FORT VERDE ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
JEROME ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
MCFARLAND ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
RED ROCK ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
TOMBSTONE ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
TONTO NATURAL BRIDGE	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
TUBAC PRESIDIO ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
YUMA QUARTER MASTER DEPOT ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
YUMA TERRITORIAL PRISON ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate							
Group discounts are available where listed. A group is 15 persons or more with prearranged arrival. All persons in a group, regardless of age, apply toward a group's number.											
PARK NAME	DAILY ENTRANCE FEES			GROUP FEES							
	Ages 0-6	Ages 7-13	Ages 14 & up	Ages 7-13	Ages 14 & up						
RIORDAN MANSION ⁵	free	2.00 – 10.00	2.00 – 10.00	20% off current rate	20% off current rate						
KARTCHNER CAVERNS											
TOURS	Ages	Ages	Ages								
	0 – 6	7 – 13	14 & Up								
Rotunda Tour	free	9 – 15.00	18.00 – 30.00								
Big Room Tour	N/A	9 – 15.00	18.00 – 30.00								
COMMERCIAL GROUP TOURS*	Ages	Ages	Ages								
	0 – 6	7 – 13	14 & Up								
Rotunda Tour	free	20% off current rate	20% off current rate								
Big Room Tour	N/A	20% off current rate	20% off current rate								
*A commercial tour is pre-arranged by a commercial tour operator who organizes tours in a package with transportation and a destination or tour for one price. A group tour for Kartchner Caverns cave tour is defined as 12 persons or more.											

OTHER FEES											
Pet Fee for Cabins & Yurts	5.00	per pet per night.									
Overnight Parking	5.00	Overnight Parking is described as: "A legally parked, unattended and unoccupied vehicle not in a designated campsite, remaining on the park throughout the night." The overnight parking fee is to be charged in addition to the regular Entrance Fee.									
PASSES											
Arizona State Parks Premium Annual Entrance Pass	200.00	"Valid at all State Parks for day-use activities only. Additional Program and Special Event Fees may apply."									

Arizona Administrative Register / Secretary of State

Notices of Exempt Rulemaking

Arizona State Parks Standard Annual Entrance Pass	75.00	"Valid at all Arizona State Parks facilities for day-use activities. Not valid from April 1 st through October 31 st at Buckskin Mountain/River Island, Cattail Cove and Lake Havasu State Parks on Fridays, Saturdays, Sundays, and recognized State Holidays. Additional Program and Special Event Fees may apply."					
PROGRAM FEES (per person or vehicle)		RESERVATIONS			SPECIAL USE FEES		
Students Program:	Variable	Kartchner Tours:	3.00	Non-Commercial:	25.00 (minimum)		
Event / Program Fees:	Variable	Kartchner Tours Rebooking:	6.00 5 – 25.00	Commercial:	25.00 (minimum)		
Instructional:	Variable	Camping, Cabin, Yurt, Ramada, <u>Lodge</u>	6.00 5 – 25.00	Damage Deposit:	25.00 (minimum)		
		<u>Group:</u>	6.00 5 – 25.00				
		FACILITY USE FEES					
		Ramada	15.00 (minimum)				
		Group Day Use	15.00 (minimum)				
		Group Camping	15.00 (minimum)				
Dump Station Use	15 – 20.00	Use of a parks dump station without being a registered camper will be equal to one nights camping (low end of the individual Park's range)					
PERMITS							
Commercial Retail Permit:	300.00	CONDITIONS OF USE					
Commercial Rental Permit:	350.00	<ul style="list-style-type: none"> • Pass is valid only for customers entering the park in the commercial vehicle. • Individual pass must be presented each time the commercial vehicle enters the park with passengers. • Pass does not permit any private vehicle to enter the park. • Pass is valid through the calendar year in which it was purchased. • Pass must be used in conjunction with commercial business pass. • One voucher permits up to 4 adults in the same commercial vehicle. • Violation of Conditions of Use may result in revocation of all commercial privileges. • All Commercial Vehicle Access Permits expire December 31 of the year for which they were issued. • Permittee clientele will be responsible for all applicable daily entrance fees when entering the park in a separate vehicle from the permittee. However, a discounted Clientele Voucher is available for all permittee clientele who enter the park in the permittee's vehicle and do not occupy a parking space. 					
2 nd Commercial Permit:	150.00						
Clientele Voucher:	5.00	Vouchers are sold only to Permit holders. Vouchers can only be used at the time of entry, and are non-transferable.					