

## NOTICES OF FINAL RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Final Rulemaking. Final rules have been through the regular rulemaking process as defined in the Administrative Procedures Act. These rules were either approved by the Governor's Regulatory Review Council or the Attorney General's Office. Certificates of Approval are on file with the Office.

The final published notice includes a preamble and

text of the rules as filed by the agency. Economic Impact Statements are not published.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the final rules should be addressed to the agency that promulgated them. Refer to Item #5 to contact the person charged with the rulemaking. The codified version of these rules will be published in the *Arizona Administrative Code*.

### NOTICE OF FINAL RULEMAKING

#### TITLE 4. PROFESSIONS AND OCCUPATIONS

#### CHAPTER 18. NATUROPATHIC PHYSICIANS MEDICAL BOARD

[R15-121]

#### PREAMBLE

- | <b><u>1. Article, Part, or Section Affected (as applicable)</u></b> | <b><u>Rulemaking Action</u></b> |
|---|---------------------------------|
| R4-18-101   | Amend                           |
| R4-18-107   | Amend                           |
| R4-18-202   | Amend                           |
| R4-18-203   | Amend                           |
| R4-18-204   | Amend                           |
| R4-18-206   | Amend                           |
| R4-18-207   | New Section                     |
| R4-18-208   | New Section                     |
| R4-18-209   | New Section                     |
| R4-18-501   | Amend                           |
| R4-18-502   | Amend                           |
| R4-18-904   | Amend                           |
- 2. Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statutes (specific):**  
Authorizing statute: A.R.S. §§ 32-1504(A)(1), (B)(3) and (B)(6).  
Implementing statutes: A.R.S. §§ 32-1522 through 32-1529, 32-1551 through 32-1552, 32-1560 through 32-1561.
- 3. The effective date of the rules:**  
September 1, 2015
- a. If the agency selected a date earlier than the 60 day effective date as specified in A.R.S. § 1032(A), include the earlier date and state the reason or reasons the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5).**  
The agency has selected an immediate effective date of the rules. Pursuant to A.R.S. § 41-1032(A)(1), "A rule may only be effective immediately for any of the following reasons: 1. To preserve the public peace, health or safety. Under section 3 (A) of the notice of final rulemaking, the Board states a goal "(t)o prevent toxicity due to excessive intake of a natural substance, drug, or devise to an individual..."  
Further, R4-18-107 is the Board fees, which were amended by an exempt rule making effective September 16, 2013. Pursuant to A.R.S. §41-1008(E), the Board is required to process the exempt rules via the regular rules process within two years. The Board is requesting an immediate effective date of the rules based on A.R.S. 41-1032(A)(2); "To avoid a violation of federal law or regulation or state law, if the need for an immediate effective date is not created due to the agency's delay or inaction." The Board began the rulemaking process upon receipt of the exemption from the rulemaking moratorium. The exemption was approved by the Governor's Office on January 27, 2015.
- b. If the agency selected a date later than the 60 day effective date as specified in A.R.S. § 1032(A), include the later date and state the reason or reasons the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**  
Not applicable



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

Notice of Rulemaking Docket Opening: 21 A.A.R. 215, February 6, 2015

Notice of Proposed Rulemaking: 21 A.A.R. 201, February 6, 2015

Notice of Emergency Rulemaking: 21 A.A.R. 51, January 9, 2015 (Section R4-18-904)

Notice of Emergency Rulemaking (Renewal): 21 A.A.R. 928, June 26, 2015 (Section R4-18-904)

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

Name: Gail Anthony, Executive Director

Address: 1400 W. Washington, Suite 230  
Phoenix, AZ 85007

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

During the 2007 Five-Year Review, it was determined the Board's rules do not include the application requirements that are contained on the Board's website. In 2010, the Board's agenda included submission of rules to the Governor's Regulatory Review Council ("GRRC"). The Board did not submit rules at that time because of the rulemaking moratorium.

The Board is amending its definitions in R4-18-101 for clarification purposes. Under the definition of Approved Specialty College or Program in R4-18-101, the Arizona Naturopathic Medical Association ("AzNMA") and the Council on Naturopathic Medical Education ("CNME") are being removed because they do not approve specialty postdoctoral training programs. The Board is inserting; **"a college or program must be certified by a Specialty Board of Examiners, The American Association of Naturopathic Physicians ("AANP") or another professional association, or, another states licensing agency, recognized by the Board."**

A.R.S. § 32-1524(A) requires each applicant for licensure to submit a verified completed application form. The Board is adding the definition of "verified" to mean; a notarized form dated, and signed by the applicant, affirming the information provided in the application, including any accompanying documents submitted by or on behalf of the applicant, is true and complete.

R4-18-107 is the Board fees, which were amended by an exempt rule making "at 19. A.A.R. 1986" effective September 16, 2013 (Supp. 13-3). Pursuant to 41-1008 (E), the Board is required to process the exempt rules via the regular rules process.

The Board is amending R4-18-202, by including specific information required on an application form for licensure by examination. R4-18-202 (2.) requires an applicant to take Homeopathy as an additional clinical elective examination, administered by the North American Board of Naturopathic Examiners ("NABNE") and to have their examination record, including the Homeopathy elective score, sent directly to the Board. In August of 2007, NABNE began including the subject matter of Homeopathy in Part II of the Clinical Science portion of the examination. The Board is eliminating the need to take Homeopathy as an additional clinical elective examination. A.R.S. § 32-1525(H) requires an applicant for examination to take and complete all of the examinations required by this section within a five year period. The Board is amending its rules to clarify the five-year period means immediately preceding the submission of the application to the Board.

The scope of practice for a Naturopathic Physician licensed in Arizona includes acupuncture and minor surgery. As a requirement for licensure, applicants must take and pass NPLEX examinations in these subjects. The Board is amending R4-18-203 to require applicants applying for licensure by endorsement to supply evidence of passing NPLEX examinations that are required for licensure. A.R.S. § 35-1525(4) requires all persons applying by endorsement who were licensed in another state or a Canadian province before January 1, 2005, to complete an additional 60-hour course and examination in pharmacotherapeutics. The Board is amending its rules to define what are considered approved hours in order to satisfy this requirement.

The Board is amending R4-18-204 to include specific information required on an application form for specialty certification.

The Board is amending R4-18-206 to include specific information required on an application for renewal of a naturopathic medical license.



Currently, there are no rules regarding requirements for reinstatement of an expired license or certificate, reinstatement of a retired license or certificate, reinstatement of a suspended license or certificate, reissuance of a revoked license or certificate or application requirements for a surrendered license or certificate. The Board is adding sections R4-18-207, R4-18-208, and, R4-18-209 to address these requirements.

The Board is amending R4-18-501 to specify requirements for certification, and to include specific information required on an application for certificate to engage in clinical or preceptorship training. The Board is amending R4-18-502 to include specific information required on a renewal application form for clinical training or preceptorship certification.

R4-18-904 was revised via emergency rule effective 12/18/2014. A.R.S. § 32-1504(A)(8) States the Board shall adopt rules for the safe administration of intravenous nutrients and, identify and exclude substances that do not meet the criteria of nutrients suitable for intravenous administration. R4-18-904(B)(1) identifies nutrients not suitable for intravenous administration as any substance not manufactured and supplied for intravenous use by a manufacturer registered with the United States Food and Drug Administration or compounded by a pharmacy licensed in Arizona, another state, or United States territory. Prior to the emergency rulemaking, the rule, however, went further by establishing a list of four excluded nutrients in R4-18-904(B)(2); Silver protein, or any substance that contains silver, Cesium chloride, Hydrazine sulfate, and Lipid replacement as used in total parenteral nutrition. A.R.S. § 32-1501(15)(iii) defines nutrients as a substance that provides nourishment for growth or metabolism and that is manufactured and supplied for intravenous use by a manufacturer registered with the United States Food and Drug Administration or compounded by a pharmacy licensed by the state board of pharmacy. Statute does not require rule to list specific nutrients because both statute and rule already define substances considered not suitable for intravenous administration.

It came to the Board's attention that some of our licensees have used one or more of the substances listed in R4-18-904(B)(2), and state they have had positive results with their use. The American Naturopathic Research Institute/ Naturopathic Oncology Research Institute report, they are currently conducting an IRB (ID # IORG0007953), in which one or more of the excluded nutrients had been used. The current rules have an impact on the data supplied for the IRB. According to the website www.cancer.gov; The Food and Drug Administration (FDA) has approved the study of hydrazine sulfate in clinical trials. According to www.researchednutritionals.com; Lipid Replacement is not just the dietary substitution of certain lipids with proposed health benefits; it is the actual replacement of damaged cellular lipids with undamaged lipids to ensure proper structure and function of cellular structures, mainly cellular and organelle membranes. By removing the use of the 4 excluded substances, the rule may have impacted the health and safety of the public. The Board requested an emergency rule change under A.R.S. §41-1032 (A)(1), and is seeking continuance of the rule via the regular rulemaking process.

**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 Board was made aware of the IRB conducted by The American Naturopathic Research Institute /Naturopathic Oncology Research Institute, by way of a request from the institute, for Board review of R4-18-904. However, the Board did not rely on IRB data when reviewing the rule. The Board queried via the internet, use of the four nutrients excluded in rule, and found information of a hydrazine sulfate clinical trial approved by the FDA. The Board also found information regarding lipid replacement, which defined lipid replacement beyond a dietary substitution of certain lipid cells. The Board did not rely on the printed material when reviewing the rule.

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

Not applicable

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

When used in the economic impact statement summary, annual cost/revenue are designated as minimal when less than \$5,000, moderate when between \$5,000 and \$10,000, and substantial when greater than \$10,000.

The Board will incur minimal expense to write the rules and enforce their requirements. The addition of the definition in R4-18-101 should not result in any additional costs to the applicant, as the Board currently requires all initial application forms for naturopathic medical licensure, clinical training, and preceptorship training, to be notarized. The same is true for including the specific application requirements in R4-18-202, R4-18-203, R4-18-204, R4-18-206, R4-18-207, R4-18-208, R4-18-209, R4-18-501, and R4-18-202. A minimal cost could be incurred by an applicant when applying for licensure by endorsement, in the event the applicant has not met the required competency for licensure in Arizona because they have not taken or passed the acupuncture and minor surgery examinations.



- 10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**  
Non-substantive technical changes have been made at the request of GRRC staff.
- 11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:**  
No comments were received by the Board on the rules package.
- 12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**
- a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
The Board issues a license or certificate that is for facilities, activities or practices in a class that are substantially similar in nature. The license or certificate is issued or granted by an agency to a qualified applicant to conduct identified operations or activities if the applicant meets the applicable requirements of the general permit, that requires less information than an individual or traditional permit, license or authorization and that does not require a public hearing, which fall under the definition of General Permit.
- b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**  
Federal law is not applicable to the subject of the rule.
- 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:**  
The Board did not receive such an analysis from any person.
- 13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**  
None
- 14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking package:**  
A portion of the rule was previously made by emergency rulemaking, specifically Section R4-18-904, and published in the *Administrative Register* at 21 A.A.R. 51, January 9, 2015; and became effective, December 18, 2014. The text has not changed between the emergency and the final rulemaking. Following is the original text with changes:
- R4-18-904.           Dispensing; Intravenous Nutrients**
- A.** To prevent toxicity due to the excessive intake of a natural substance, drug, or device, before dispensing the natural substance, drug, or device to an individual, a certified physician shall:
1. Conduct a physical examination of the individual,
  2. Conduct laboratory tests as necessary that determine the potential for toxicity of the individual, and
  3. Document the results of the physical examination and laboratory tests in the individual's medical record.
- B.** For the purposes of A.R.S. § 32-1504(A)(8), a substance is considered a nutrient ~~not~~ suitable for intravenous administration if it is:
1. ~~Not manufactured and supplied for intravenous use by a manufacturer registered with the United States Food and Drug Administration or compounded by a pharmacy licensed in Arizona, another state, or United States territory; or Complies with A.R.S. §32-1501 (15)(iii).~~
  2. ~~One of the following:~~
    - a. ~~Silver protein, or any substance that contains silver;~~
    - b. ~~Cesium chloride;~~
    - e. ~~Hydrazine sulfate; or~~
    - d. ~~Lipid replacement as used in total parenteral nutrition.~~
- 15. The full text of the rules follows:**



TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 18. NATUROPATHIC PHYSICIANS ~~BOARD OF MEDICAL BOARD EXAMINERS~~

ARTICLE 1. GENERAL PROVISIONS

- Section
- R4-18-101. Definitions
- R4-18-107. Fees

ARTICLE 2. LICENSES; SPECIALISTS CERTIFICATES; CONTINUING MEDICAL EDUCATION; RENEWAL

- Section
- R4-18-202. License by Examination
- R4-18-203. License by Endorsement
- R4-18-204. Specialists Certificate
- R4-18-206. Renewal of a License
- R4-18-207. Reinstatement of an Expired License or Certificate
- R4-18-208. Reinstatement of a Retired License
- R4-18-209. Reinstatement of a Suspended, Revoked or Surrendered License or Certificate

ARTICLE 5. NATUROPATHIC CLINICAL TRAINING AND PRECEPTORSHIP TRAINING PROGRAM REQUIREMENTS

- Section
- R4-18-501. Certificate to Engage in Clinical or Preceptorship Training
- R4-18-502. Annual Renewal of a Certificate to Engage in Clinical or Preceptorship Training

ARTICLE 1. GENERAL PROVISIONS

**R4-18-101. Definitions**

In addition to the definitions in A.R.S. §§ 32-1501 through 32-1581, the following definitions apply to this Chapter unless otherwise specified:

1. "Administrative completeness review" means the Board's process for determining that an applicant has provided, or caused to be provided, all of the application packet information and documentation required by statute or rule for an application for a license or a certificate.
2. "Applicant" means a person requesting from the Board an initial, temporary, or renewal license or certificate.
3. "Approved Specialty College or Program" means ~~any~~ a postdoctoral training program that awards a medical specialist certificate, and is certified by a Specialty Board of Examiners, The American Association of Naturopathic Physicians ("AANP") or another professional association or, another state's licensing agency, and which is recognized by the Board, is approved by one of the following:
  - a. ~~The Council on Naturopathic Medical Education,~~
  - b. ~~The American Association of Naturopathic Physicians, or~~
  - e. ~~The Arizona Naturopathic Medical Association.~~
4. "Chief medical officer" means a physician who is responsible for a clinical, preceptorship, internship, or postdoctoral training program's compliance with state and federal laws, rules, and regulations.
5. "Continuing medical education" means courses, seminars, lectures, programs, conferences, and workshops related to subjects listed in A.R.S. § 32-1525(B), that are offered or sanctioned by one of the organizations referenced in R4-18-205(B).
6. "Device" means the same as in A.R.S. § 32-1581(H)(1).
7. "Endorsement" means the procedure for granting a license in this state to an applicant who is currently licensed to practice naturopathic medicine by another state, district, or territory of the United States or by a foreign country that requires a written examination substantially equivalent to the written examination provided for in A.R.S. § 32-1525.
8. "Facility" means a health care institution as defined in A.R.S. § 36-401, office or clinic maintained by a health care institution or by an individual licensed under A.R.S. Title 32, Chapter 13, 14, 17, or 29, office or public health clinic maintained by a state or county, office or clinic operated by a qualifying community health center under A.R.S. § 36-2907.06, or an office or clinic operated by a corporation, association, partnership, or company authorized to do business in Arizona under A.R.S. Title 10.



9. "Informed consent" means a document, signed by a patient or the patient's legal guardian, which contains the information in R4-18-802(A)(1), (A)(2), and (A)(3).
10. "Institutional review board" means a group of persons that is approved according to guidelines of the United States Department of Health and Human Services, Office for Human Research Protection, which reviews investigational or experimental protocols and approves their use on animals or humans for the purposes of protecting the subjects of the investigational or experimental protocol from undue harm and assures that the research and its review is carried out according to guidelines of the United States Department of Health and Human Services, Office for Human Research Protection.
11. "Internship" means clinical and didactic training by a doctor of naturopathic medicine certified by the Board according to A.R.S. § 32-1561.
12. "License" means a document issued by the Board that authorizes the individual to whom it is issued to practice naturopathic medicine.
13. "Medical student" means naturopathic medical student defined in A.R.S. § 32-1501(24).
14. "Medication" means the same as drug defined in A.R.S. § 32-1501(15) or natural substance defined in A.R.S. § 32-1501(23).
15. "National board" means any of the following:
  - a. The Federation of State Medical Licensing Boards,
  - b. The National Board of Chiropractic Examiners,
  - c. The National Board of Medical Examiners,
  - d. The National Board of Osteopathic Examiners, or
  - e. The North American Board of Naturopathic Examiners.
16. "Procedure" means an activity directed at or performed on an individual for improving health, treating disease or injury, or making a diagnosis.
17. "Protocol" means an explicit detailed plan of an experimental medical procedure or test that is approved by an institutional review board.
18. "Resident physician in training" means a person who holds a degree of doctor of naturopathic medicine and is certified by the Board to diagnose and treat patients under supervision in an internship, preceptorship, or a post doctoral training program.
19. "Substantive review" means the Board's process for determining whether an applicant for licensure, certification, or approval meets the requirements of A.R.S. Title 32, Chapter 14 and this Chapter.
20. "Verified" means a notarized form dated, and signed by the applicant, affirming the information provided in the application, including any accompanying documents submitted by or on behalf of the applicant, is true and complete.

**R4-18-107. Fees**

- A. Application fees are as follows:
  1. Medical license, \$225
  2. Certificate to dispense, \$225
  3. Medical assistant certificate, \$100
  4. Clinical training certificate, \$100
  5. Preceptorship certificate, \$100
  6. Specialty certificate, \$225
- B. Arizona naturopathic jurisprudence examination, \$60
- C. Annual renewal fees are as follows:
  1. Medical license, \$165
  2. Certificate to Dispense, \$225
  3. Medical assistant certificate, \$150
  4. Clinical training certificate, \$225
  5. Preceptorship certificate, \$225
  6. Renewal of Specialty certificate, \$225
- D. Late renewal fees are as follows:
  1. Medical license, \$83
  2. Certificate to dispense, \$113
  3. Medical assistant certificate, \$75
  4. Clinical training certificate, \$113
  5. Preceptorship certificate, \$113
  6. Specialty certificate, \$113
- E. Other fees are as follows:



1. For a duplicate license or certificate, \$20
2. For photocopying Board records, documents, letters, applications, or files, \$5 or \$0.25 per page, whichever is greater
3. For each audio tape or computer disk containing information requested, \$25
4. For written verification of a license or certificate, \$5
5. For the costs in locating a person who is licensed or certified, actual cost incurred by the Board
6. For each insufficient fund check, \$25

**ARTICLE 2. LICENSES; SPECIALISTS CERTIFICATES; CONTINUING MEDICAL EDUCATION; RENEWAL**

**R4-18-202. License by Examination**

In addition to the requirements of R4-18-201, an applicant for licensure by examination shall meet the requirements of A.R.S. Title 32, Chapter 14 and provide the Board:

1. A completed application form, provided by the Board that is signed and dated; and verified; which shall include the following information:
  - a. Applicant's full name and any former names used by the applicant;
  - b. Place and date of birth;
  - c. Social Security number;
  - d. Home, business, and e-mail addresses;
  - e. Home, business, and cell phone numbers;
  - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
  - g. The name of the approved naturopathic college applicant graduated from, date of graduation, and date of clinical training completion;
  - h. The date applicant took and passed the required NPLEX examinations of Part I: Biomedical examination, Part II: Clinical Science examination, Part II: Core Clinical Science Examination, and the Clinical Elective examinations in acupuncture, and minor surgery. The date applicant took and passed the examination in Arizona naturopathic jurisprudence that is administered by the Board. Applicant must have taken and passed all the required examinations within a five-year period immediately preceding the date of application submission to the Board;
  - i. A list of all license or certificates issued or denied by any agency. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status, and whether or not any disciplinary actions are pending or have ever been taken;
  - j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  - k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency;
  - l. Whether applicant has ever been disciplined by any agency for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - m. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency;
  - n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state or territory of the United States;
  - o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law;
  - p. Whether applicant has ever been found medically incompetent;
  - q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. A copy of the applicant's complete NPLEX examination record, including the basic science examination, the clinical science examination, and the additional test sections of acupuncture, minor surgery, and homeopathy to be sent directly to the Board by the North American Board of Naturopathic Examiners ("NABNE") or its successor;
3. A complete transcript sent directly to the Board from the approved school of naturopathic medicine from which the applicant graduated. The transcript shall include the date of graduation and the date of completion of clinical training;
4. A complete and legible fingerprint card, including the DPS processing fee;
5. The fee specified in R4-18-107. A passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, and;
6. The fees specified in R4-18-107.

**R4-18-203. License by Endorsement**

In addition to the requirements of R4-18-201, an applicant for licensure by endorsement shall meet the requirements of A.R.S. Title 32, Chapter 14, and provide the Board:

1. A completed application form, provided by the Board that is signed ~~and~~, dated~~;~~, and verified, which shall include the following information:
  - a. Applicant's full name and any former names used by the applicant;
  - b. Place and date of birth;
  - c. Social Security number;
  - d. Home, business, and e-mail addresses;
  - e. Home, business, and cell phone numbers;
  - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
  - g. The name of the approved naturopathic college applicant graduated from, date of graduation, and date of clinical training completion;
  - h. The date applicant took and passed the required NPLEX examinations of Part I; Biomedical examination, Part II; Clinical Science examination, Part II; Core Clinical Science Examination, and the Clinical Elective examinations in acupuncture, and minor surgery. The date applicant took and passed the examination in Arizona naturopathic jurisprudence that is administered by the Board;
  - i. A list of all license or certificates issued or denied by any Agency. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status, and whether or not any disciplinary actions are pending or have ever been taken;
  - j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  - k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency;
  - l. Whether applicant has ever been disciplined by any agency for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - m. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency in any state or territory of the United States;
  - n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state or territory of the United States;
  - o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law; in any state or territory of the United States;
  - p. Whether applicant has ever been found medically incompetent;
  - q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. A document submitted directly to the Board by the agency by whom the applicant is licensed as a naturopathic physician that is signed and dated by an official of the agency and that contains:
  - a. The applicant's name~~;~~;
  - b. The date of issuance of the license~~;~~;
  - c. The current status of the license~~;~~;
  - d. A statement of whether the applicant has ever been denied a license by the agency, and;
  - e. A statement of whether any disciplinary action is pending or has ever been taken against the applicant~~;~~;
3. A copy of the applicant's complete NPLEX examination record, to be sent directly to the Board by the North American Board of Naturopathic Examiners "NABNE" or its successor;
4. A complete transcript sent directly to the board from the approved school of naturopathic medicine from which the applicant graduated. The transcript shall include the date of graduation and the date of completion of clinical training.
5. Applicant must provide evidence of being actively engaged, for at least three years immediately preceding the application, in one or more of the following:
  - a. The active practice as a licensed doctor of naturopathic medicine;
  - b. Participation in an approved internship, preceptorship or clinical training program in naturopathic medicine, as defined in A.R.S. § 32-1501(4), (5), (7);
  - c. Participation in an approved postdoctoral training program in naturopathic medicine, as defined in A.R.S. § 32-1501(6);





- d. Active in the resident study of naturopathic medicine at an approved school of naturopathic medicine, as defined in A.R.S. § 32-1501(8)(a) and (b);
- 6. A complete and legible fingerprint card, including the DPS processing fee;
- 7. A passport size photograph taken within 60 days prior to application submission, that is signed on the back by the applicant;
- 8. The fees specified in R4-18-107;
- 9. Applicants who were licensed in another state or a Canadian province before January 1, 2005, shall include evidence of completion of additional 60 hours of continuing medical education (“CME”) in the subject of pharmacotherapeutics. The CME must be offered, sanctioned, or accredited by one of the organizations referenced in R4-18-205(B)(1), (2)(a), (b), (c) or (4)(a), (b), (c), and include an examination. In the event the applicant cannot provide satisfactory evidence of completion of the required pharmacotherapeutics, or the required examinations, pursuant to A.R.S. § 32-1524(E), and (G)(3), the applicant will have an additional 365 days from the date the board notifies the applicant of the deficiency, to supply satisfactory evidence of completion.

**R4-18-204. Specialists Certificate**

To obtain a specialist certificate, a physician shall meet the requirements of A.R.S. Title 32, Chapter 14 and provide the Board:

- 1. A completed application form, provided by the Board that is signed and dated, and verified, which shall include the following information:
  - a. Applicant's full name;
  - b. Current State of Arizona Naturopathic Physicians Medical License number;
  - c. Email address, phone number, and mailing address;
  - d. Name and address of the approved specialty college or program from which applicant completed postdoctoral specialty training;
  - e. The specialty applicant received training in, and a copy of the certificate of completion received in the specialty;
  - f. Who the specialty program was approved by;
  - g. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine;
  - h. Whether applicant has ever been disciplined by any agency in any state or territory of the United States, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - i. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state or territory of the United States, and;
  - j. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
- 2. The name and address of the approved specialty college or program at which the licensee completed postdoctoral specialty training and the date of completion, and The fees specified in R4-18-107 and;
- 3. A letter from the specialty board that conducted the specialty examination verifying that the licensee is certified as a specialists in the specialty for which application is made;
- 4. A certificate issued to a physician pursuant to A.R.S. § 32-1529(C.), shall be concurrently renewed, suspended or revoked, with that physician's license to practice naturopathic medicine.

**R4-18-206. Renewal of a License**

**A.** To renew a license to practice naturopathic medicine, on or before January 1 of each year, a licensee shall submit a complete license application renewal form, that allows the Board to determine whether the applicant continues to meet the requirements of A.R.S. Title 32, Chapter 14. If an applicant makes a timely and complete application for renewal of the applicant's license, the physician may continue to practice until the application is approved or denied by the Board.

- 1. A completed application form, provided by the Board that is signed, dated, and verified, which shall include the following information:
  - a. Applicant's full name;
  - b. Applicant's State of Arizona Naturopathic Physicians Medical License number and initial issuance date of the license;
  - c. Applicant's home, business, and e-mail addresses, and choice of mailing address;
  - d. Applicant's home, business, and cell phone numbers;
  - e. Applicant's attestation of completion of the Continuing Medical Education credit hours required to renew the medical license;
  - f. A statement of whether during the last 12 months applicant was arrested, charged with, convicted of, or entered into a plea of no contest to any criminal act;
  - g. A statement of whether during the last 12 months applicant had any licensing agency or board initiate or take any action against any license or certificate that is or was held;



- h. A statement of whether during the last 12 months applicant entered into a consent agreement or stipulation with any agency in lieu of disciplinary action;
- i. A statement of whether during the last 12 months applicant was named in a malpractice suit;
- j. A statement of whether applicant has a complaint currently pending before any agency, or court of law; in any state or territory of the United States;
- k. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;

2. The fee specified in R4-18-107.

**B.** A licensee shall submit the licensure renewal fee required in R4-18/107 to the Board by mail or in person.

**R4-18-207. Reinstatement of an Expired License or Certificate**

**A.** In order to reinstate an expired license, an applicant must meet the requirements in A.R.S. § 32-1526, and pay a renewal and penalty fee for each year the license has been expired. In addition, the applicant must demonstrate completion of 30 hours of continuing medical education for each year the license has been expired. The CME must cover clinical application of naturopathic medical philosophy, pharmacology, and be accredited by the Accreditation Council on Continuing Medical Education or approved by any of the programs listed in R4-18-201(B)(2).

**B.** The applicant must provide the Board with:

1. A completed application form, provided by the Board that is signed, dated, and verified; which shall include the following information;

- a. Applicant's full name and any former names used by the applicant;
- b. Place and date of birth;
- c. Social Security number;
- d. Home, business, and e-mail addresses;
- e. Home, business, and cell phone numbers;
- f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
- g. The name of the approved naturopathic college applicant graduated from, date of graduation, and date of clinical training completion;
- h. A list of all license or certificates issued or denied by any agency. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status and whether or not any disciplinary actions are pending or have ever been taken;
- i. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
- j. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency;
- k. Whether applicant has ever been disciplined by any agency for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
- l. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency;
- m. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state or territory of the United States;
- n. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law;
- o. Whether applicant has ever been found medically incompetent;
- p. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
- q. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
- r. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;

2. A complete and legible fingerprint card, including the DPS processing fee;

3. A passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant;

**C.** An applicant for reinstatement of an expired certificate to dispense must complete the renewal application form and pay the renewal and late fees for each year the certificate has been expired;

**D.** An applicant for reinstatement of a certificate to dispense must complete the initial application form for the certificate. Pursuant to A.R.S. § 32-1526(H), an applicant for reinstatement of an expired certificate shall pay all renewal and penalty fees;

**E.** A applicant who held a specialty certificate that expired with the license, may request reinstatement of the certificate on the application for reinstatement of the medical license.

**R4-18-208. Reinstatement of a Retired License**

**A.** A person may apply to reinstate a retired license to active practice, upon payment of the renewal fee. As a condition of



reinstatement of a retired license, Pursuant to A.R.S. § 32-1528, each applicant shall provide proof of completion of 30 hours of continuing medical education, and provide the board with:

- 1. A completed application form, provided by the Board that is signed, dated, and verified; which shall include the following information:
  - a. Applicant's full name and any former names used by the applicant;
  - b. Place and date of birth;
  - c. Social Security number;
  - d. Home, business, and e-mail addresses;
  - e. Home, business, and cell phone numbers;
  - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
  - g. The name of the approved naturopathic college applicant graduated from, date of graduation, and date of clinical training completion;
  - h. The dates applicant retired the license;
  - i. A list of all license or certificates issued or denied by any agency. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status and whether or not any disciplinary actions are pending or have ever been taken;
  - j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  - k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency;
  - l. Whether applicant has ever been disciplined by any agency for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  - m. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency;
  - n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state or territory of the United States;
  - o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law;
  - p. Whether applicant has ever been found medically incompetent;
  - q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  - r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
  - s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.
- 2. A complete and legible fingerprint card, including the DPS processing fee;
- 3. A passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, and;
- 4. The fees specified in R4-18-107;
- 5. Provide proof of completion of 30 hours of CME taken, within the last 12 months prior to application submission. The CME is in addition to the 30 hours required each year for license renewal, must cover clinical application of naturopathic medical philosophy, pharmacology, and be accredited by the Accreditation Council on Continuing Education, or approved by any of the programs listed in R4-18-201(B)(2)(a), (b) and (c).
- B.** An applicant for reinstatement of a retired certificate to dispense must complete the renewal application form for the certificate, and pay the required fee.
- C.** An applicant who held a specialty certificate that retired with the license, may request reinstatement of the certificate on the application for reinstatement of the medical license.

**R4-18-209. Reinstatement of a Suspended, Revoked, or Surrendered License or Certificate**

- A.** A person may apply to the board for the termination of the suspension or reissuance of a revoked license. Pursuant to A.R.S. § 32-1551, the board shall make its determination on each application as it deems consistent with the public health, safety and just in the circumstances. The applicant must provide the Board with:
  - 1. A completed application form, provided by the Board that is signed, dated, and verified; which shall include the following information:
    - a. Applicant's full name and any former names used by the applicant;
    - b. Place and date of birth;
    - c. Social Security number;
    - d. Home, business, and e-mail addresses;
    - e. Home, business, and cell phone numbers;
    - f. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;



- g. The name of the approved naturopathic college applicant graduated from, date of graduation, and date of clinical training completion;
- h. Documentation showing that the basis for the suspension or revocation has been removed, and that suspension termination or reinstatement of the license or certificate, does not constitute a threat to the public health or safety;
- i. A list of all license or certificates issued or denied by any agency. Applicant must cause to have a document submitted directly to the Board from each agency listed, containing the applicant's name, date of issuance or denial, current status and whether or not any disciplinary actions are pending or have ever been taken;
- j. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
- k. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency;
- l. Whether applicant has ever been disciplined by any agency for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
- m. Whether in lieu of disciplinary action, has applicant ever entered into a consent agreement or stipulation with a licensing agency;
- n. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state or territory of the United States;
- o. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law;
- p. Whether applicant has ever been found medically incompetent;
- q. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
- r. Whether applicant has a medical condition that in any way impairs or limits applicant's ability to practice medicine, and;
- s. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
- 2. A complete and legible fingerprint card, including the DPS processing fee;
- 3. A passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, and;
- 4. The fees specified in R4-18-107;
- 5. Proof of completion of 30 hours of CME for each year the license has been suspended or revoked. The CME is in addition to the 30 hours required each year for license renewal, must cover clinical application of naturopathic medical philosophy and pharmacology, and, be accredited by the Accreditation Council on Continuing Education, or approved by any of the programs listed in R4-18-205(B)(2);
- B.** An applicant for reinstatement of a suspended or revoked certificate to dispense shall submit a complete renewal form, along with the fee specified in R4-18-107;
- C.** An applicant who held a specialty certificate that was suspended or revoked with the license, may request reinstatement of the certificate on the application for reinstatement of the medical license.
- D.** An applicant seeking licensure after the surrendered of a license or certificate must apply and meet the requirements as a new applicant.

#### ARTICLE 5. NATUROPATHIC CLINICAL TRAINING AND PRECEPTORSHIP TRAINING PROGRAM REQUIREMENTS

##### **R4-18-501. Certificate to Engage in Clinical or Preceptorship Training**

- A.** ~~To obtain a certificate to engage in clinical or preceptorship training, an applicant shall submit to the Board an application packet that includes~~ 1. a complete application form provided by the Board, that allows the Board to determine if the applicant meets the requirements of A.R.S. § 32-1524. The application shall be verified, and include signed and dated by the applicant the fee listed in R4-18-107;
- B.** In addition to the requirements in subsection (A.) a naturopathic medical student who applies for a certificate to engage in clinical training shall comply with the requirements of A.R.S. § 32-1560, and, ~~a~~ be attending an approved naturopathic medical school. ~~b~~ Applicant must arrange to have submitted directly to the Board, a letter from the chief medical officer of the medical school verifying that the applicant will be entering clinical training, and the anticipated starting and completion dates. The Board may deny an application for any reason set forth in A.R.S. § 32-1501(31) and A.R.S. § 32-1522(A)(3) - (6);
- C.** Applicant must provide a legible fingerprint card, take and pass the Arizona naturopathic jurisprudence examination the examination in Arizona naturopathic jurisprudence that is administered by the Board, with a minimum score of 75%; ~~include with the application a passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, provide a legible fingerprint card, including the DPS processing fee as specified on the application form;~~
- D.** The application form for clinical training entry shall include:
  - 1. Applicant's full name and any former names used by applicant;



2. Applicant's place and date of birth;
  3. Applicant's Social Security number;
  4. Applicant's home and email address;
  5. Applicant's home and cell phone numbers;
  6. The name and address of the approved naturopathic college applicant is attending; name and address of clinical training program, the date of clinical entry and the date of completion of clinical entry;
  7. The name of the Supervising Physician and the name of the Chief Medical Officer of the Clinical Training program;
  8. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  9. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country;
  10. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  11. Whether applicant, in lieu of disciplinary action, has entered into a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country;
  12. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;
  13. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, in any state, district or territory of the United States or another country;
  14. Whether applicant has ever been found medically incompetent;
  15. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
  16. Whether applicant has a medical condition, that in any way, impairs or limits applicant's ability to practice medicine;
  17. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background, and;
  18. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence;
- C.E.** ~~In addition to the requirements in subsection (A.), an applicant for a certificate to engage in a preceptorship training program shall comply with the requirements of A.R.S. § 32-1561 and arrange to submit or have submitted directly to the Board: 1. an official transcript from the approved naturopathic medical school from which the applicant graduated; 2. A Board approved verification form from the physician who will be responsible for the applicant's supervision and training; 3.~~
- F.** ~~Applicant must provide a legible fingerprint card, take and pass the Arizona naturopathic jurisprudence examination the examination in Arizona naturopathic jurisprudence that is administered by the Board with a minimum score of 75%; include with the application, a passport size photograph taken within 60 days prior to application submission that is signed on the back by the applicant, provide a legible fingerprint card, including the DPS processing fee as specified on the application form;~~
- G.** The application form for preceptorship training shall include:
1. Applicant's full name and any former names used by applicant;
  2. Applicant's place and date of birth;
  3. Applicant's Social Security number;
  4. Applicant's home and email address;
  5. Applicant's home and cell phone numbers;
  6. The name, address, and medical license number of the Supervising Physician, designated Supervising Physician, if any, and Chief Medical Officer;
  7. Attestation signed by the Supervising Physician declaring they have read and understand A.R.S. § 32-1561 and R4-18-108, and agree to be the Supervising physician of record;
  8. Whether applicant has ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor;
  9. Whether applicant has ever had a naturopathic medical license or certification, or any other health profession license or certification denied, suspended, rejected or revoked by any state, district or territory or the United States or another country;
  10. Whether applicant has ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501;
  11. Whether applicant, in lieu of disciplinary action by any agency, in any state, district or territory of the United States or another country, has entered into a consent agreement or stipulation with a licensing agency;
  12. Whether applicant currently has an open complaint or is involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country;



- 13. Whether applicant has ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, in any state, district or territory of the United States, or another country;
- 14. Whether applicant has ever been found medically incompetent;
- 15. Whether applicant has ever been a defendant in any malpractice matter that resulted in a settlement or judgment;
- 16. Whether applicant has a medical condition, that in any way, impairs or limits applicant's ability to practice medicine;
- 17. A detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and
- 18. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence.

**R4-18-502. Annual Renewal of a Certificate to Engage in Clinical or Preceptorship Training**

A holder of a certificate to engage in a clinical ~~or preceptorship~~ training shall renew the certification by submitting before the ~~anniversary~~ expiration date of the certificate ~~the appropriate fee and;~~ a completed clinical training renewal form. A holder of a certificate to engage in preceptorship training shall renew the certification on or before July 1, by submitting a completed preceptorship renewal form.

- 1. ~~A completed form provided by the Board that allows the Board to determine whether the holder of the certificate continues to meet the requirements of A.R.S. Title 32 Chapter 14 and R4-18-501; and~~ Applicant must submit a completed application form provided by the Board for renewal of certification that allows the Board to determine whether the holder of the certificate continues to meet the requirements of A.R.S. Title 32 Chapter 14. The form must be signed, dated, and shall include:
  - a. Applicant's full name and any former names used by applicant;
  - b. Applicant's certificate number, and original issue date;
- 2. ~~A letter from the chief medical officer stating that the applicant is in good standing in the training program. The fees specified in R4-18-107.~~

**ARTICLE 9. CERTIFICATE TO DISPENSE**

**R4-18-904. Dispensing; Intravenous Nutrients**

- A. To prevent toxicity due to the excessive intake of a natural substance, drug, or device, before dispensing the natural substance, drug, or device to an individual, a certified physician shall:
  - 1. Conduct a physical examination of the individual,
  - 2. Conduct laboratory tests as necessary that determine the potential for toxicity of the individual, and
  - 3. Document the results of the physical examination and laboratory tests in the individual's medical record.
- B. For the purposes of A.R.S. § 32-1504(A)(8), a substance is considered a nutrient suitable for intravenous administration if it complies with A.R.S. § 32-1501(15)(iii).

**NOTICE OF FINAL RULEMAKING**

**TITLE 9. HEALTH SERVICES**

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

[R15-122]

**PREAMBLE**

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

R9-22-1301	Amend
R9-22-1303	Amend
R9-22-1304	Amend
- 2. **Citations to the agency's statutory rulemaking authority to include both 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. § 36-2912
- 3. **The effective date of the rule:**  
 October 1, 2015
  - a. **If the agency selected a date earlier than the 60 day effective date as specified in A.R.S. § 1032(A), include the earlier date and state the reason or reasons the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5).**



The agency selected an effective date of October 1, 2015. The date requested is less than 60 days which meets the immediate effective date requirements of A.R.S. § 41-1032(A)(1), to preserve the public health with the clarification of the medical conditions that qualify for the CRS program.

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

Not applicable

**4. Citations to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**

Notice of Rulemaking Docket Opening: 21 A.A.R. 839, June 12, 2015  
Notice of Proposed Rulemaking: 21 A.A.R. 823, June 12, 2015

**5. 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

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

The AHCCCS Administration is proposing to amend the current CRS rules to more precisely delineate those conditions which qualify for CRS medical eligibility as well as those conditions which do not qualify for CRS medical eligibility. It is expected that the rules will specify additional conditions that qualify for CRS medical eligibility due to the complexity of the medical condition and the need for active treatment by multiple medical specialists. Additionally, the proposed rules will clarify those medical conditions that do not qualify for CRS eligibility due to their acute nature. In those situations, members will have choice of available acute Contractors where the primary care physician can refer the member to a specialist to effectively manage the member’s condition whenever necessary.

**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:**

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

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

Not applicable

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

The Administration anticipates no economic impact on the implementing agency, small businesses and consumers. The medical condition changes made that remove conditions from CRS coverage will continue to be covered under the acute services rather than by CRS. Clarifying the CRS rules will reduce ambiguity and coverage disputes by members and providers, thus reducing the regulatory burden while achieving the objective of implementing a CRS Program for those conditions that benefit from specialized expertise. The public will also benefit from a greater understanding of coverage responsibility of the CRS Program through the CRS Contractor and the coverage requirements provided by non CRS Contractors.

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

The changes made between the proposed rulemaking and the final rulemaking were resulting from the public comments received. These changes are for clarifying purposes, such as, “Varus and valgus deformities” have been added as a non qualifying CRS condition under item 5 to clarify that they do not qualify for CRS medical eligibility as part of the limb amputation or limb malformation qualifying condition or revert to existing language in Code. The definition of “CRS condition” has been clarified to avoid confusion with the terminology of “covered services”.

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

The following comments were received as of the close of the comment period of July 13, 2015.



Item #	Rule Cite Line #	Comment From and Date rec'd.	Comment	Analysis/ Recommendation
1.	R9-22-1301	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Add definition "Condition(s) not medically eligible for CRS" means when no other CRS condition is causing listed condition. We recommend clarification of what AHCCCS expectation that conditions related to the CRS condition should be covered by CRS if Partially Integrated Behavioral Health or CRS only plan coverage types.	The Rule specifies the medical conditions that qualify an AHCCCS member for the CRS Program. AHCCCS is unable to include in Rule all possible conditions that may be related to a CRS condition as they are dependent on the health status of the member, the treatment provided, outcomes from the treatment, etc. The CRS Program is responsible for providing care and services for treating the CRS condition(s) and all conditions that are related to the CRS condition.  Clarification is provided under R9-22-1303.
2.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 825 1. Cardiovascular System a. i. Congenital heart defect other than small VSD, PDA, ASD  Insert word "isolated" to read the following: 1. a. i. Congenital heart defect other than isolated small VSD,PDA,ASD, helps differentiate from when there are multiple congenital heart defects when then the usually not eligible small VSD, PDA or ASD would then be part of covered congenital heart defects.	Agreed, change made.
3.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 825 Cardiovascular System ADD x. Aortic aneurysm  Recommend to ADD aortic aneurysm to covered conditions as many are grandfathered in but not truly congenital heart defect	The Administration agrees with the recommended change to add aortic aneurysm.
4.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System i. Hypothyroidism Recommend to KEEP hypothyroidism as a covered CRS condition. As this effects rural Arizona per provider input, Robert Cannel, MD, in that they do not feel local pediatricians can manage appropriately and shortage of endocrinologist in area, unless work with CRS. Also changes the mix for CRS makes much higher acuity would need rate adjustment	The Administration does not support this recommendation. CRS is only located in four locations statewide so the argument regarding limited specialty availability is a universal issue for many pediatric sub-specialties. Pediatricians are trained in managing most pediatric conditions and are able to refer out for consults or patient management of conditions that they are unable to provide care for.
5.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System viii. Panhypopituitarism Panhypopituitarism (as defined by 3 pituitary hormones showing deficiency or 2 deficient with known n septum optic dysplasia)  Recommend adding criteria: with a hormone deficiency	The Administration recommends retaining the condition of panhypopituitarism, without further defining the condition, for purposes of CRS medical eligibility based on the diagnosis of the specialist. The recommended language suggested by the commenter is restrictive.





6.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System: ix. Type I Diabetes Mellitus  Recommend to ADD Diabetes Mellitus to covered conditions as this requires multispecialty, interdisciplinary approach, some CRS conditions predispose to this condition as well such as cystic fibrosis, some of mitochondrial myopathies, secondary to treat.	The Administration considers the addition of Diabetes Mellitus to be a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
7.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 3. Genitourinary system medical conditions: b. ix. Isolated hydronephrosis that is resolved with antibiotics  Recommend REMOVING from b. ix. Isolated hydronephrosis that is resolved with antibiotics Condition(s) not medically eligible for CRS as this is duplicated above in description of what is covered.	Agreed, change made.
8.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827 Ear, nose, or throat medical condition(s): vii. Microtia that requires multiple surgical interventions  Recommend ADD wording: Microtia that requires multiple surgical interventions and is functionally limiting. This will prevent surgery for only cosmetic reasons	The addition of the term "functionally limiting" adds an additional and unnecessary requirement for a member to qualify for CRS eligibility. The Administration does not support the change.
9.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827- Musculoskeletal system medical condition(s): xiii. Juvenile rheumatoid arthritis  Recommend to KEEP JAS as a covered CRS condition. Juvenile rheumatoid arthritis or Juvenile idiopathic arthritis are autoimmune collagen vascular disease and it has significant multispecialty interdisciplinary care needed, fits within model of CRS as do other collagen vascular diseases	The Administration agrees to retain Juvenile rheumatoid arthritis.
10.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827- Musculoskeletal system medical condition(s): xix. Limb amputation and malformation (excluding polydactyly without bone involvement) xxxiv.  b.x polydactyly without bone involvement) Recommend REMOVING from description, (excluding polydactyly without bone involvement) and list under b. Condition(s) not medically eligible for CRS and separating out limb malformation to a stand alone condition	The Administration agrees with the change of polydactyly to move the exclusion to section (b).  The Administration has clarified the limb malformation separate from limb amputation.



<p>11.</p>	<p>R9-22-1303</p>	<p>Mimi Coomler (Children’s Clinics) Recd 07/10/15 And Dr. Leslie Paulus’ revised comments 07/13/15 (written)</p>	<p>Page 827 Musculoskeletal system medical condition(s): xxix. Metatarsus adductus limb malformation with significant functional limitation (excludes flat foot, bunion and metatarsus primus varu) Recommend REPLACE as a covered condition wit “Lower limb malformation with significant functional/imitation (excludes /flat foot bunion and metatarsus prim us varu)”.</p> <p>Create own criteria to allow conditions needing surgery or bracing with significant functional limitation, valgus or varus abnormalities or recurrent non traumatic dislocation of patella, etc.</p>	<p>The addition of the term “functionally limiting” adds additional and unnecessary requirements for a member to qualify for CRS eligibility. The Administration does not support the change.</p> <p>“Varus and valgus deformities” have been added as a non qualifying CRS condition under item 5 to clarify that they do not qualify for CRS medical eligibility as part of the limb amputation or limb malformation qualifying condition.</p> <p>The Administration considers the suggested criteria to be a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p>
<p>12.</p>	<p>R9-22-1303</p>	<p>Mimi Coomler (Children’s Clinics) Recd 07/10/15 And Dr. Leslie Paulus’ revised comments 07/13/15 (written)</p>	<p>Page 828 Musculoskeletal system medical condition(s) xxxi. Collagen vascular disease, including but not limited to, ankyloses spondylitis, polymyositis, derma myositis, polyarthritis, nodosa, psoriatic arthritis, scleroderma and lupus; but excluding rheumatoid arthritis and Ehlers Danlos</p> <p>Recommend KEEP Rheumatoid arthritis; see comments for Juvenile rheumatoid arthritis recommendation.</p> <p>Recommend not to include exclusion of Ehlers Danlos. This will be identified if genetic condition meets other CRS conditions such as cardiac or extremity malformation and functional limitation.</p>	<p>The Administration agrees to keep Rheumatoid arthritis and has updated the rule accordingly.</p> <p>Ehlers Danlos is not currently a qualifying condition, and, the addition of Ehlers Danlos is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking. However, if the member has other qualifying conditions in addition to the Ehlers Danlos, s/he would otherwise qualify for CRS and the Ehlers Danos will be treated.</p>



13.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	<p>Page 828 6. Gastrointestinal system medical condition(s) b. Condition(s) not medically eligible for CRS ii. Crohn's v. Ulcerative colitis vii. Celiac Disease</p> <p>Recommend ADD as covered conditions: CRS condition(s) that qualify for CRS medical eligibility: Celiac Disease. Crohn's Disease, Ulcerative Colitis if functionally limiting or needs multispecialty care. Necrotizing Entero Colitis (NEC) if functionally limiting after 90 d</p> <p>Necrotizing entero colitis {NEX} if functional/ limitations after 90 days. Frequently seen with other prematurity related disorders such as cerebral palsy, creates more integrated approach for growth issues with cerebral palsy if nutrition issues covered for problems related to NEC.</p> <p>Celiac disease, ulcerative colitis, Crohn's Disease that is functionally limiting Crohn's Disease Ulcerative Colitis The recommendation to add as these conditions as they may cause growth issues, skin issues, arthritis, and behavioral health issues and require multispecialty interdisciplinary approach.</p>	The addition of celiac, Crohns disease, ulcerative colitis and necrotizing enterocolitis are substantive changes to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
14.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	<p>Page 828- Nervous system medical condition(s): a. CRS condition(s) that qualify for CRS medical eligibility: i. Uncontrolled seizure disorder, in which there have been more than two seizures with documented adequate blood levels of one or more medications; or if not blood levels documentation of adequate dose of medications for weight/age were given during time of breakthrough seizures.</p> <p>Nervous System medical condition(s): iv. Myoneural disorder including but not limited to amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamyositis, progressive bulbar palsy, polio</p> <p>Recommend to REMOVE examples and keep general description</p>	<p>The Administration agrees to clarify the patient compliance of seizure medication. The Administration agreed to remove the specific reference to blood levels because certain seizure medications may not allow for measurement of blood level.</p> <p>The Administration has added the suggested examples to allow easier referral decisions for providers.</p>
15.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	<p>Page 828- Nervous System medical condition(s): v. Neuropathy/polyneuropathy hereditary or idiopathic</p> <p>Recommend REMOVE hereditary or idiopathic. This allows neuropathies to be included which are not hereditary or idiopathic but functionally limiting.</p> <p>Recommend ADD wording Neuropathy/polyneuropathy, with functional/imitations.</p>	<p>The removal of the terms hereditary or idiopathic is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p> <p>The addition of the term "functionally limiting" adds additional and unnecessary requirements for a member to qualify for CRS eligibility. The Administration does not support the change.</p>



16.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829-  Nervous System medical condition(s): a.xiii. Tourette's syndrome Recommend KEEP Tourette's syndrome as a Covered condition. The integrated treatment approach between the neurologist and behavioral health providers is now achievable through the integrated CRS model.	The Administration does not support this recommendation. The rationale for the recommendation does not support the need for an integrated clinic approach. Care and services should be coordinated through the Acute Contractor.
17.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829-  7. Nervous System medical condition(s) a. vii. Tuberous Sclerosis Recommend ADD condition as covered: Tuberous sclerosis: Tuberous sclerosis complex (TSC) is a genetic disorder that causes non-malignant tumors to form in many different organs, primarily in the brain, eyes, heart, kidney, skin and lungs. The aspects of TSC that most strongly impact quality of life are generally associated with the brain: seizures, developmental delay, intellectual disability and autism. Treatment requires a multi disciplinary approach that is currently available through the CRS Multi-specialty interdisciplinary clinics. Historically has been covered last 20 + years.	The condition of Tuberous Sclerosis may exist in one or more of the qualifying conditions specified in rule, depending upon which organ(s) is involved,
18.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829-  Ophthalmology CRS conditions that qualify for medical eligibility. ADD Severe Ptosis with functional limitations iv. Ptosis without functional limitations iv. Ptosis Recommend ADD Severe Ptosis with functional/limitations as a covered condition, as this may cause blindness in one eye if not corrected.  Recommend insert wording Ptosis without functional/imitations	The addition of Severe Ptosis with or without functional limitation is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
19.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829- 9. Respiratory system  b. Conditions not medically eligible for CRS: vii. Acute or chronic respiratory Respiratory condition requiring venting for the neuromuscularly impaired  Recommend REMOVING "condition requiring venting for the neuromuscularly impaired." Respiratory conditions requiring venting are associated with multiple CRS conditions and should be covered as related, such as muscular dystrophy or degenerative brain disorders. It makes no sense to have this excluded but then require CRS to cover related conditions. AHC-CCS has had CRS cover ventilation services related to the CRS condition since 10-1-2013	The Administration agrees to remove the condition since it is not a specific condition.
20.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829-  10. Dermatological system medical conditions: a. iv. Cystic hygroma  Recommend ADD wording in description for Cystic hygroma to include "lymphangioma with functional/imitations"	The Administration agrees to add "lymphangioma" for clarification purposes. The term "functional/limitations" is too restrictive.
21.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830-  10. Dermatological system medical conditions: a. vi. ADD Ectodermal Dysplasia with Functional limitations  Recommend ADD as covered condition: Ectodermal Dysplasia with functional/imitations as this requires multispecialty interdisciplinary approach	The addition of Ectodermal Dysplasia at this time would be considered a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.



22.	R9-22-1303	Mimi Coomler (Children's Clinics) Rec'd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830-  12. Hemoglobinopathies CRS condition(s)  Recommend CHANGE category to HEMATOLOGIC  Recommend ADD as a covered condition: HEMATOLOGY ADD HEMACHROMATOSIS Note that the issue with having kept the orthopedic isolated joint bleeds related to hemachromotosis which was removed from section 5 a. above was that without control of the bleeding disorder itself, it made working with the condition challenging. Adding to this area would then allow for whatever complications occur related to the Hemochromatosis. Need to change title of the section to meet move of diagnosis to this area.	The addition of Hemachromatosis is considered a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.
23.	R9-22-1303	Mimi Coomler (Children's Clinics) Rec'd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830  13. Additional Medical/Behavioral condition(s) which are not medical eligible for CRS:  Vegetative state:  Recommend ADD a definition to what AHC-CCS determines "vegetative state". " and ADD the word PERSISTENT, to clarify or use in determinations such as Merck Manual A vegetative state is absence of responsiveness and awareness due to overwhelming dysfunction of the cerebral hemispheres, with sufficient sparing of the diencephalon and brain stem to preserve autonomic and motor reflexes and sleep- wake cycles. Patients may have complex reflexes, including eye movements, yawning, and involuntary movements to noxious stimuli, but show no awareness of self or environment.... Traditionally, a vegetative state that lasts > 1 mo is considered to be a persistent vegetative state For the rare case where member improves then can reapply. <a href="http://www.merckmanuals.com/professional/neurologic-disorders/coma-and-impaired-consciousness/vegetative-state-and-minimally-conscious-state">http://www.merckmanuals.com/professional/neurologic-disorders/coma-and-impaired-consciousness/vegetative-state-and-minimally-conscious-state</a>	The Administration removed "vegetative state" because the term is rarely documented by practitioners.
24.		Dr. Leslie Paulus United health care/ CRS medical director Rec'd 07/13/15 (verbal comment)	Will submit comments in writing.	NA
25.		Mimi Coomler/ CEO Childrens Clinic Rec'd 07/13/15 (verbal comment)	Have submitted written recommendations but will like to call out three significant diagnosis:  Juvenile Rheumatoid Arthritis it is recommended to be removed in the proposed rule, but after conversations with our physicians and patients we recommend that JRA remain a CRS eligible medical condition. These patients require a multidisciplinary approach, particularly collaborating with ophthalmologist, orthopedics, and benefit from social services as well. A letter of support from our Rheumatologist is also available. [To be submitted].	The Administration will retain JRA as a CRS eligible condition. Same response as item 9 and 12.



			<p>Down Syndrome, there are a variety of different recommendations in rule to remove flat foot, moderate hypothyroidism and mild congenital cardiac condition, we do not specifically object to the removal of these conditions, but while talking to providers they have identified that children with down syndrome get incorporated into the CRS program with these conditions. It is found these patients become very complex and need the multi disciplinary approach that CRS offers. We strongly recommend incorporating Down Syndrome up through 21 as a CRS eligible condition.</p> <p>The multidisciplinary/multispecialty approach CRS offers has fantastic outcomes for patients. As a parent of Type 1 diabetic, my son does not benefit from the coordinated medical approach for behavioral health, shared electronic health record, and additional social support that the CRS program has. I strongly recommend that Type 1 diabetes and Type 2 diabetes be incorporated as a CRS eligible condition. I am not sure what caused Type 1 or diabetes to be excluded in the past, as this disease has been studied over the years, a percentage of these children have a siliac disease, need to see an ophthalmologist every year, strong need for behavioral health support, see a GI doctor, kidney involvement, need to see a Nephrologist, etc. This population would greatly benefit to be incorporated into the CRS program.</p> <p>[Dr Paulus added] As an auto-immune type of disorder you tend to have auto antibiotics present and you may also have a Rheumatologist visit within the multidisciplinary approach.</p> <p>[Mimi Coomler response] Interestingly the Angelwing clinic, the only pediatric and endocrinology clinic in southern Arizona attempted to incorporate behavioral health services through a grant, the grant ended and they had to sunset. They believed it was important to provide the behavioral health services and were concerned they were no longer able to provide integrated behavioral health services. By adding CRS services this provides a greater opportunity for us to do so and there is greater coordination between the specialists with CRS. That information does not flow automatically electronically and with the CRS program we have a care coordinator that specifically ensure that the information is shared and reviewed by all of the specialists.</p> <p>[Sydney Rice, Medical Director at Childrens Clinics in Tucson] Taking on Diabetes into the system would be challenging but the care coordination for children who have diabetes is so important, we are looking at conditions that we have chosen for this system to be the complex medically fragile children, you cannot have a diagnosis that is more complicated or complex than one with diabetes. We strongly support the comments.</p> <p>[Dr. Paulus stated] CRS conditions are seen along with Type 1 diabetes specifically some of the mitochondrial disorders and cystic fibrosis may be predisposed to that as well. If not a stand alone, definitely would not exclude diabetes when it is associated with the CRS conditions.</p>	<p>The addition of Down Syndrome is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p> <p>The addition of Diabetes is a substantive change to the proposed rules which would require a supplemental rulemaking as well as extensive research and financial analyses. Therefore, the Administration will not consider this change as part of this rulemaking but will consider this comment in a future rulemaking.</p> <p>Contractors are responsible for coordinating care for all children, including those diagnosed with diabetes. All Contractors are required to coordinate care between primary, specialty and behavioral health care.</p>
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26.		Wendy Burkholder Care coordination operator, District Medical group Rec'd 07/13/15 (verbal comment)	We appreciate all the efforts on the Juvenile Rheumatoid Arthritis. As a sibling of a down syndrome child the multi-disciplinary care that is provided in our integrated system is very important to them. Everything from behavioral health services to ophthalmology services, I understand that services can be provided elsewhere but it is certainly not in the nature of an integrated model where there is collaborative efforts from the physicians, team working on the care of the child. I understand there are different levels of down syndrome, and some might need care in the integrated model, but if it cant be considered as a stand alone but if at least has other diagnosis, that it be considered as part of the care, the care the CRS system has will lead to a higher quality of care. It helps the families with the coordination of care as well.  [Troy Nelson, Medical Director] We see many of the down syndrome children at the facility, with accompanying issues such as heart disease. The frustrating thing is that we cannot take care of all of the pieces and families do not understand why. We would support this recommendation.	See response in item 25.
27.		Kim Lonsway Parent Rec'd 07/13/15 (verbal comment)	Parent of type 1 diabetic, the continuity of care is not available. We have to run to different appointments at different offices with physicians that are not speaking to each other. If another specialty is needed, we are finding ourselves in positions to call friends to see who they are seeing; it is not a coordinated effort. It would be very helpful to have the services in one place for the continuity of care and medical records. As an occupational therapist in a public school system and having worked with different teams I find that the teams that work together in multi-disciplinary care provide more positive outcomes for parents, children and teams as a whole if everyone is working together.	See item 6.
28.		Dr. Paulus Rec'd 07/13/15 (verbal comment)	There may be an easy diagnosis to take care of in the metropolitan areas, there are issues in the rural areas. Hypothyroidism is one for example. In Yuma, Dr. Robert Canal, prior CRS medical director and currently a provider has stated that when care is left to primary care managing or attempting to manage on their own because they do not know they need to refer, he has seen less than optimal results. This is a concern.	See comments above #4
29.		Mimi Coomler Rec'd 07/13/15 (verbal comment)	Pg. 828 On the Gastrointestinal system we recommend adding GI Necrotizing enterocolitis with functional limitations greater than 90 days, celiac disease and crones disease is functionally limiting, these conditions need multidisciplinary care, such as nutrition and GI. The care that is provided in an integrated model for these patients and conditions, everything from behavioral health to GI, to integrated, to nutritional issues the patient may have, it is especially beneficial when the condition is greater than 90 days.  [Dr. Paulus added] This condition is frequently associated with prematurity types of disorders, you see it in a usual association with retina, prematurity, cerebral palsy and tricular and hemorrhage of the brain. It also allows better coordination of taken care. It is hard to separate out what is nec bowel disorder versus the disfasia, the inability the bowel is not working because of the CNS effects on the esophagus, stomach and bowel related to the cerebral policy that is developed.	Same response as item 13.



30.		Jacqueline Larson Parent Rec'd 07/13/15 (verbal comment)	Parent of a child with cerebral palsy due to a brain injury. My child receives all his services in one location. The Primary care last week could look up other doctors notes from a year ago where I didn't have to remember what each specialist said to me. I am able to coordinate appointments and have to make less trips to clinics. It is great having that coordination of care.	Thank you for your support of the CRS program.
31		Sydney Rice Medical Director Children's Clinics 07/13/15 (written comment)	1. Children with Down syndrome need the coordinated care of an interdisciplinary setting. 2. Cardiac conditions: Atrial septal defect may be able to come out, since they usually close on their own or can be addressed with a simple intervention. Ventricular septal defects are more complicated and the children who have had surgery have higher risk for cognitive, behavioral and sleep disorder. I would recommend keeping these children in the program. 3. Diabetes: This could be a challenge, but children would greatly benefit from the care coordination supported in the CRS system. While children can receive individual specialty care, they do not usually receive the psychosocial support available through CRS.	see item 25.  The Administration agrees, and a clarification was made in rule that a "small" ASD and VSD are not CRS eligible conditions. However, if the septal defects are moderate or large, they are medically eligible CRS conditions.  see item 6
32.		Scott E. Klewer, M.D., The University of Arizona College of Medicine - Tucson 07/13/15 (written comment)	I feel strongly that the removal of Ventricular Septal Defects (VSD) should be reconsidered.  The Multi-Specialty approach at Children's Clinics is essential to the care provided to the CRS population, and allows families to receive complex coordinated care in one place. This is critical for children with VSDs, as it is becoming better recognized that many affected children have previously unrecognized multi-system syndromes. In addition, many children with VSDs will require open heart surgery/cardiopulmonary bypass with its inherent effects on future learning, behavior and other systems. The complexity of patients with VSDs therefore often involves treatment by additional specialists, and often requires the assistance of an education specialist and social worker, both of which are on site at Children's Clinics and regularly assist with children who have VSD. For these reasons, I cannot support the removal of VSD from eligible CRS diagnoses.	See item 31.
33.		Troy Nelson MD Medical Director CRS at DMG	There is a proposed change to scoliosis care. I received feedback from some of the Orthopedic Surgeons. Their concern is that if there is a longer delay in getting care at CRS that many opportunities are missed for proper recommendations and possibly bracing before surgery is needed. If referral is delayed as well, patients may be seeing surgeons who are not up to date with current recommendations. It obviously becomes more difficult to sever the relationship and establish a new CRS relationship. They feel since it is already difficult enough this new change would only make the situation worse.	The Administration does not support the recommendation. By narrowing the criteria to those members who need specific treatment, delays are expected to be reduced.

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

No other matters are applicable.

- a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
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 as specified in A.R.S. § 41-1028 and its location in the rule:**

None

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

Not applicable

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

**TITLE 9. HEALTH SERVICES**

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

**ARTICLE 13. CHILDREN’S REHABILITATIVE SERVICES (CRS)**

Section

- R9-22-1301. Children’s Rehabilitative Services (CRS) related Definitions
- R9-22-1303. Medical Eligibility
- R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

**ARTICLE 13. CHILDREN’S REHABILITATIVE SERVICES (CRS)**

**R9-22-1301. 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.

**R9-22-1303. 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 list of condition(s) that qualify for CRS medical eligibility list~~ is all inclusive. The list of condition(s) ~~that do not qualify for CRS medical eligibility not covered by CRS~~ is not an all-inclusive list.:

1. Cardiovascular System
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - 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;~~
    - i. Arrhythmia.





- 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;~~
  - i. Ambiguous genitalia.
  - ii. Bladder extrophy.
  - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred.
  - iv. Ectopic ureter.
  - v. Hydronephrosis, that is not resolved with antibiotics.
  - vi. Polycystic and multicystic kidneys.
  - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required.
  - viii. Ureteral stricture, and
  - ix. Vesicoureteral reflux, at a grade 3 or higher.
- 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 urethral meatus without curvature of the penis;~~
    - i. Enuresis.
    - ii. Hydrocele.
    - iii. Hypospadias.
    - iv. Meatal stenosis.
    - v. Nephritis, infectious or noninfectious.
    - vi. Nephrosis.
    - vii. Phimosis, and
    - viii. Undescended testicle.
- 4. Ear, nose, or throat medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - 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;~~
      - i. Cholesteatoma.
      - ii. Congenital/Craniofacial anomaly that is functionally limiting.
      - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred.
      - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition.
      - v. Microtia that requires multiple surgical interventions.
      - vi. Neurosensory hearing loss, and
      - vii. 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.
  - 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;
  - i. A craniofacial anomaly that is not functionally limiting.
  - ii. Adenoiditis.
  - iii. Cranial or temporal mandibular joint syndrome.
  - iv. Hypertrophic lingual frenum.
  - v. Isolated preauricular tag or pit.
  - vi. Nasal polyp.
  - vii. Obstructive apnea.
  - viii. Perforation of the tympanic membrane.
  - ix. Recurrent otitis media.
  - x. Simple deviated nasal septum.
  - xi. Sinusitis.
  - xii. Tonsillitis, and
  - xiii. Uncontrolled salivation.
5. Musculoskeletal system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
    - 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
  - i. Achondroplasia.
  - ii. Arthrogyrosis (multiple joint contractures).
  - iii. Bone infection that continues 90 days or more after the initial diagnosis.
  - iv. Chondrodysplasia.
  - v. Chondroectodermal dysplasia.
  - vi. Clubfoot.
  - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermamyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus.
  - viii. Congenital or developmental cervical spine abnormality.
  - ix. Congenital spinal deformity.
  - x. Diastrophic dysplasia.
  - xi. Enchondromatosis.
  - xii. Femoral anteversion and tibial torsion.
  - xiii. Fibrous dysplasia.
  - xiv. Hip dysplasia.
  - xv. Hypochondroplasia.
  - xvi. Joint infection that continues 90 days or more after the initial diagnosis.
  - xvii. Juvenile rheumatoid arthritis.
  - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over.
  - xix. Larsen syndrome.
  - xx. Leg length discrepancy of two centimeters or more.
  - xxi. Legg-Calve-Perthes disease.
  - xxii. Limb amputation or limb malformation.
  - xxiii. Metaphyseal and epiphyseal dysplasia.
  - xxiv. Metatarsus adductus.
  - xxv. Muscular dystrophy.
  - xxvi. Orthopedic complications of hemophilia.
  - xxvii. Osgood Schlatter's disease that requires surgical intervention.
  - xxviii. Osteogenesis imperfecta.
  - xxix. Rickets.
  - xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery.
  - xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis.
  - xxxii. Slipped capital femoral epiphysis.
  - xxxiii. Spinal muscle atrophy.
  - xxxiv. Spondyloepiphyseal dysplasia, and
  - xxxv. Syndactyly.

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.
    - i. Back pain with no structural abnormality.
    - ii. Benign bone tumor.



- iii. Bunion.
  - iv. Carpal tunnel syndrome.
  - v. Deformity and dysfunction secondary to trauma or injury.
  - vi. Ehlers Danlos.
  - vii. Flat foot.
  - viii. Fracture.
  - ix. Ganglion cyst.
  - x. Ingrown toenail.
  - xi. Kyphosis under 50 degrees.
  - xii. Leg length discrepancy of less than two centimeters at skeletal maturity.
  - xiii. Polydactyly without bone involvement.
  - xiv. Popliteal cyst.
  - xv. Trigger finger, and
  - xvi. Varus and valgus deformities.
6. Gastrointestinal system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
    - 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;
      - i. Anorectal atresia.
      - ii. Biliary atresia.
      - iii. Cleft lip.
      - iv. Cleft palate.
      - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract.
      - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred.
      - vii. Diaphragmatic hernia.
      - viii. Gastroschisis.
      - ix. Hirschsprung's disease.
      - x. Omphalocele, and
      - xi. Tracheoesophageal fistula.
  - 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;
      - i. Celiac disease.
      - ii. Crohn's disease.
      - iii. Hernia other than a diaphragmatic hernia.
      - iv. Intestinal polyp.
      - v. Malabsorption syndrome, also known as short bowel syndrome.
      - vi. Pyloric stenosis.
      - vii. Ulcer disease, and
      - viii. Ulcerative colitis.

7. Nervous system medical condition(s):

- a. CRS condition(s) that qualify for CRS medical eligibility:



- ~~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;~~
  - i. Benign intracranial tumor.
  - ii. Benign intraspinal tumor.
  - iii. Central nervous system degenerative disease.
  - iv. Central nervous system malformation or structural abnormality.
  - v. Cerebral palsy.
  - vi. Craniosynostosis requiring surgery.
  - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident.
  - viii. Hydrocephalus.
  - ix. Muscular dystrophy or other myopathy.
  - x. Myelomeningocele, also known as spina bifida.
  - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamyositis, progressive bulbar palsy, polio.
  - xii. Neurofibromatosis.
  - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic.
  - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system.
  - xv. Residual dysfunction that continues 90 days or more after near drowning.
  - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
  - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
- 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. Trigonoecephaly 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;
  - i. Central apnea secondary to prematurity.
  - ii. Febrile seizures.
  - iii. Headaches.
  - iv. Near sudden infant death syndrome.
  - v. Plagiocephaly, and



- vi. Spina bifida occulta.
- 8. Ophthalmology:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - 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;~~
      - i. Cataracts.
      - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea.
      - iii. Disorder of the optic nerve.
      - iv. Glaucoma.
      - v. Non-malignant enucleation and post-enucleation reconstruction, and
      - vi. Retinopathy of prematurity.
  - b. Condition(s) not medically eligible for CRS
    - i. ~~Simple refraction error;~~
    - ii. ~~Astigmatism;~~
    - iii. ~~Strabismus, and~~
    - iv. ~~Ptosis;~~
      - i. Astigmatism.
      - ii. Ptosis.
      - iii. Simple refraction error, and
      - iv. Strabismus.
- 9. Respiratory system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. ~~Anomaly of the larynx, trachea, or bronchi that requires surgery;~~<sub>a</sub> and
    - ii. ~~Nonmalignant obstructive lesion of the larynx, trachea, or bronchi;~~<sub>a</sub>
  - 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;~~
      - i. Allergies.
      - ii. Asthma.
      - iii. Bronchopulmonary dysplasia.
      - iv. Chronic obstructive pulmonary disease.
      - v. Emphysema, and
      - vi. Respiratory distress syndrome.
- 10. Integumentary Dermatological system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - 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;~~
      - i. A burn scar that is functionally limiting.
      - ii. A hemangioma that is functionally limiting that requires laser or surgery.
      - iii. Complicated nevi requiring multiple procedures.
      - iv. Cystic hygroma such as lymphangioma, and
      - v. Malocclusion that is functionally limiting.
  - 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;~~
    - i. A deformity that is not functionally limiting.
    - ii. Ectodermal dysplasia,
    - iii. Isolated malocclusion that is not functionally limiting.
    - iv. Pilonidal cyst,
    - v. Port wine stain,
    - vi. Sebaceous cyst,
    - vii. Simple nevi, and
    - viii. Skin tag.
11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
- 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,~~
    - i. Amino acid or organic acidopathy.
    - ii. Biotinidase deficiency.
    - iii. Homocystinuria.
    - iv. Inborn error of metabolism.
    - v. Maple syrup urine disease.
    - vi. Phenylketonuria, and
    - vii. Storage disease.
12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
- a. Sickle cell anemia, and
  - b. Thalassemia.
13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
- a. ~~Allergies;~~
  - b. ~~Anorexia nervosa or obesity;~~
  - e. ~~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.~~
    - a. Allergies.
    - b. Anorexia nervosa or obesity.
    - c. Attention deficit disorder.
    - d. Autism.
    - e. Cancer.
    - f. Depression or other mental illness.
    - g. Developmental delay.
    - h. Dyslexia or other learning disabilities.
    - i. Failure to thrive.
    - j. Hyperactivity, and
    - k. Immunodeficiency, such as AIDS and HIV.

**R9-22-1304. 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; Documentation from a specialist who diagnosed 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.