

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

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

PREAMBLE

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

R9-31-311.

Rulemaking Action:

New Section

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. §§ 36-2986 and 36-2988

Implementing statute: A.R.S. § 36-261

3. The effective date of the rule:

The agency selected an effective date of 60 days from the date of filing with the Secretary of State as specified in A.R.S. § 41-1032(A), but no later than December 31, 2013.

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

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

Notice of Rulemaking Docket Opening: 19 A.A.R. 992, May 10, 2013

Notice of Proposed Rulemaking: 19 A.A.R. 987, May 10, 2013

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

Name: Mariaelena Ugarte

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 An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The rule language in this rule package refers to Title 9, Chapter 22, Article 13 which has been updated to refer the appropriate AHCCCS eligibility populations to the Children's Rehabilitative Services (CRS) program changes that allow the CRS program to continue after December 31, 2013. Children with CRS qualifying conditions have, in the past, received services through multiple managed care contractors depending on the nature of the service required. This rule, like the rules referred to in Title 9, Chapter 22, Article 13, reflect changes to the responsibilities of contractors to achieve greater integration of care; that is, more services will be provided by a single managed care contractor.

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.

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:

Beyond the cost of rulemaking itself, there should be minimal estimated impact expected from the transition of existing rules from ADHS to AHCCCS.

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

No significant changes were made between the proposed rulemaking and the final rulemaking. Technical and grammatical changes have been made as a result of review from the Governor's Regulatory Review Council.

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 as of the close of the comment period of June 10, 2013.

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:

There is no federal law 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:

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 31. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
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ARTICLE 3. ELIGIBILITY AND ENROLLMENT

Section

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

ARTICLE 3. ELIGIBILITY AND ENROLLMENT

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

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