

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

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- R9-25-910. Operations (Authorized by A.R.S. §§ 36-2232, 36-2241)
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ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

R9-25-901. Definitions (Authorized by A.R.S. § 36-2202 (A))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

- #. “Accounting period” means a 12-month span of time used by an applicant or a certificate holder for purposes of budgeting and annual financial reporting to the Department.
1. **“Adjustment” means a modification, correction, or alteration to a rate or charge. [May review/revise after reviewing Article 11]**
2. “ALS base rate” means the monetary amount ~~assessed to~~ billed for a patient according to A.R.S. § 36-2239(F).
3. **“Ambulance Revenue and Cost Report” means ~~Exhibit A or Exhibit B~~ the information required in R9-25-9XX(X), which records and reports the financial activities of an applicant or a certificate holder. **[Will take out the Exhibits and put the required information into rule after reviewing Article 11 as the last part of the rulemaking.]****
4. “Application packet” means the ~~fee, information, applicable fees, and documents, forms, and additional information~~ required by the Department ~~requires to be submitted by an applicant or on an applicant’s behalf~~ when making a decision for certification, licensure, or approval of a request.
- #. “Arrival time” means the hour and minute that an ambulance attendant enters a health care institution to initiate the interfacility transport of a patient.
- #. “Arrival-time variance” means the difference in minutes between a scheduled arrival time and the actual arrival time for an interfacility transport.
5. “Back-up agreement” means a written arrangement, which may include one of the following, between a certificate holder and a neighboring certificate holder ~~for temporary coverage during limited times when the neighboring certificate holder’s ambulances are not available for~~ to allow one of the certificate holders to provide EMS or transport within the other certificate holder’s service area on a temporary basis when the certificate holder is not able to provide all the service needed in it’s the certificate holder’s service area:
 - a. A mutual aid agreement.
 - b. Automatic aid through dispatch, or
 - c. A Memorandum of Understanding.

6. “BLS base rate” means the monetary amount ~~assessed to~~ billed for a patient according to A.R.S. § 36-2239(G).
7. “Certificate holder” means a person to whom the Department issues a certificate of necessity.
8. “Certificate of registration” means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
9. “Change of ownership” means a transfer of controlling legal or controlling financial interest and authority in a ground ambulance service, as demonstrated according to R9-25-904(A)(1):
- a. ~~In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;~~
 - b. ~~In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or~~
 - c. ~~The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.~~
10. “Charge” means the monetary amount ~~assessed to~~ billed for a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
11. “Chassis” means the part of a ground ambulance vehicle consisting of all base components, including front and rear suspension, exhaust system, brakes, engine, engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
- #. “Controlling person” means an individual who:
- a. Owns at least a 20% interest in the business organization that operates or is applying to operate as a ground ambulance service;
 - b. If an applicant or certificate holder is a partnership, is a general partner or is a limited partner who holds at least 20% of the voting rights of the partnership;
 - c. If an applicant or certificate holder is a corporation, association, or limited liability company, is the president, chief executive officer, or incorporator, or an individual who owns or controls at least 20% of the voting securities; or
 - d. Is responsible for the day-to-day management and operation of the ground ambulance service.
12. ~~“Convalescent transport” means a scheduled transport other than an interfacility~~

~~transport.~~

- #. “Convalescent transport” means a ground ambulance service’s response to a request for EMS or transport that is one of the following:
- a. A follow-up assessment of a patient to whom the ground ambulance service had previously provided EMS and transport for the same illness or injury;
 - b. A response under R9-25-504(B) for which no transport is provided; or
 - c. A transport, other than an interfacility transport, that is pre-arranged to occur at a specific time.
- #. “Critical care rate” means the monetary amount billed for a patient for critical care services.
- #. “Critical care services” means care provided during an interfacility transport to a patient who has an illness or injury acutely impairing one or more organ systems, such that the conditions are life-threatening and require constant monitoring to avoid deterioration of the patient’s condition. [We are just defining what it is. Who can perform critical care services will be specified in Operations under staffing.]
13. “Dispatch” means the direction to a ~~ground ambulance service or vehicle~~ certificate holder or an emergency medical services provider to respond to a call for EMS or transport.
14. “Driver’s compartment” means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
15. “Financial statements” means an applicant’s balance sheet, annual income statement, and annual cash flow statement, or corresponding documents if applicable to the type of business organization, prepared according to financial reporting standards administered by the Financial Accounting Standards Board, the Governmental Accounting Standards Board, or other specialized bodies dealing with accounting and auditing matters.
16. “Frame” means the structural foundation on which a ground ambulance vehicle chassis is constructed.
17. “General public rate” means the monetary amount ~~assessed to billed for~~ a patient by a ~~ground ambulance service~~ certificate holder for critical care services, ALS services, BLS services, response only, mileage, standby waiting, or according to a subscription service contract. **[See A.R.S. § 36-2232(A)(1) and (J)]**
18. “Generally accepted accounting principles” means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the

~~Financial Accounting Standards Board.~~

19. ~~“Goodwill” means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service’s identifiable net assets.~~
20. “Gross revenue” means the total amount of funds billed by a certificate holder during an accounting period, prior to any deductions, for providing EMS or transport.
- a. ~~The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or~~
- b. ~~The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.~~

[There is no definition for “Net revenue”; will likely add when putting ARCR into text.]

21. “Ground ambulance service” means an ambulance service that operates on land.
22. “Ground ambulance service contract” means a written agreement between a certificate holder and a person for the provision of ~~ground ambulance service~~ EMS or transport.
23. “Ground ambulance vehicle” means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to ~~transport~~ carry ambulance attendants and patients on land.
24. ~~“Indirect costs” means the cost of providing ground ambulance service that does not include the costs of equipment.~~
25. “Interfacility transport” means a ~~scheduled~~ transport between two health care institutions that is pre-arranged by a health care institution to occur at a specific time.
26. “Level of service” means critical care services, ALS services, or BLS services ~~ground ambulance service, including based on~~ the type of ambulance attendants used and the services provided by the ground ambulance service.
27. “Major defect” means a condition that exists on a ground ambulance vehicle ~~that requires the Department or the certificate holder to place the ground ambulance vehicle out of service~~ makes the ground ambulance vehicle unsafe to use for providing transport.
28. “Mileage rate” means the monetary amount ~~assessed to~~ billed for a patient for each mile traveled from the point of patient pick-up to the patient’s destination point.
29. “Minor defect” means a condition that exists on a ground ambulance vehicle that ~~is not a major defect~~ may cause the ground ambulance vehicle to become unsafe to use for providing transport if allowed to continue.
30. ~~“Needs assessment” means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into~~

~~account the current or proposed service area's medical, fire, and police services.~~

[Described in place]

31. “Out-of-service” means a ground ambulance vehicle cannot be operated ~~to transport~~ patients for transport.
32. “Patient compartment” means the part of a ground ambulance vehicle ~~body part~~ that ~~holds~~ is intended to hold a patient during transport.
33. “Public necessity” means that a need exists within an identified population ~~needs or~~ requires and service area for all or part of the services of a ground ambulance service proposed by an applicant or determined by the Department.
34. “Response code” means the priority assigned to a request for immediate dispatch by a ~~ground ambulance service on the basis of the information available to the certificate holder or the certificate holder's dispatch authority.~~ **[Described in place]**
- #. “Response only” means arrival of a ground ambulance vehicle at a scene and assessment of a patient by ambulance attendants, with no additional BLS services, ALS services, or transport provided.
35. “Response time” means the difference between the time a certificate holder ~~is notified~~ that a need exists for immediate receives a 9-1-1 or similar system dispatch and the time the certificate holder's first ground ambulance vehicle arrives at the scene. ~~Response time does not include the time required to identify the patient's need, the scene, and the resources necessary to meet the patient's need.~~
36. “Response time tolerance” means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.
[Described in place]
37. “Rural area” means a geographic region, composed of a set of contiguous census block groups with a an average population of less than 40,000 residents, that is not a suburban area.
38. “Scene locality” means an urban area, suburban area, rural area, or wilderness area.
39. ~~“Scheduled transport” means to convey a patient at a prearranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.~~
40. “Service area” means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
41. ~~“Settlement” means the difference between the monetary amount Medicare establishes or~~

~~AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.~~ **[Move to Article 11]**

42. ~~“Standby waiting rate” means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.~~ **[Describe in Article 11]**

43. “Subscription service” means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder’s service area who contacted the certificate holder to provide EMS or transport and the allocation of annual costs among the group of individuals.

44. “Subscription service contract” means a written agreement for subscription service.

45. “Subscription service rate” means the monetary amount ~~assessed~~ billed to a person under a subscription service contract.

46. ~~“Substandard performance” means a certificate holder’s:~~

a. ~~Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder’s certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;~~

b. ~~Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or~~

e. ~~Failure to meet the requirements in 9 A.A.C. 25, Article 10.~~

[This term will be replaced in the places it is used with requirements, including requesting a corrective action plan, if appropriate, and perhaps, if applicable, have the administrative medical director sign off to ensure the corrective action plan is done.]

47. “Suburban area” means a geographic region:

a. ~~within~~ Within a 10-mile radius of an urban area ~~that has, and~~

b. With a population density equal to or greater than 1,000 residents per square mile.

48. “Third-party payor” means a person, other than a patient, who is financially responsible for the payment of a patient’s ~~assessed~~ billed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.

#. ~~“Tiered response” means that an agreement between two emergency medical services~~

providers, at least one of which is a certificate holder, exists that specifies that one of the emergency medical services providers will respond to a request for EMS and be capable of providing ALS services to a patient until a ground ambulance vehicle of a certificate holder arrives at a scene to provide transport.

#. “Time-sensitive condition” means an illness in or injury to a patient for which, in the opinion of a physician, physician assistant, or registered nurse practitioner providing medical services to the patient, a delay in the patient receiving appropriate medical services may result in irreversible harm to the patient.

49. “Transfer” means:

- a. A change of ownership or type of business entity; or
- b. To move a patient from ~~a ground one~~ ambulance ~~vehicle~~ to ~~an air~~ another ambulance.

50. “Transport” means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient’s initial destination.

51. “Type of ~~ground ambulance~~ service” means an interfacility transport, a convalescent transport, or a ~~transport that requires an immediate response~~ results from a 9-1-1 or similar system dispatch, which is provided by a ground ambulance service.

52. “Urban area” means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.

53. “Wilderness area” means a geographic region that has a population density of less than one resident per square mile.

R9-25-902. Application for an Initial Certificate of Necessity; ~~Provision of ALS Services; Transfer of a Certificate of Necessity~~ (Authorized by A.R.S. §§ 36-2201(11)(h), 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)

A. An applicant for an initial certificate of necessity shall submit to the Department an application packet, ~~in a Department provided format~~, that includes:

1. ~~An application form that contains~~ The following information in a Department-provided format:

a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;

b. The names of all other business organizations operated by the applicant related to the ground ambulance service;

- c. If the applicant is a business organization:
 - i. The type of business organization; and
 - ii. Whether the business organization is proprietary, non-profit, or governmental;
- d. A list of all business organizations or governmental entities affiliated with the applicant, if applicable, including for each: **[Currently also required in 1101(A)(6)(a)]**
 - i. The legal name;
 - ii. The type of business organization, if applicable; and
 - iii. Whether the relationship to the applicant is as a:
 - (1) Parent organization,
 - (2) Subordinate organization,
 - (3) Subsidiary organization,
 - (4) Member organization, or
 - (5) Business organization for which a controlling person of the applicant is also a controlling person of the business organization;
- ~~b.e.~~ The name, title, address, e-mail address, and telephone number of the following:
 - i. Each applicant and individual responsible for managing the ground ambulance service;
 - ii. The ~~business representative or designated manager~~ individual acting for the applicant according to R9-25-102;
 - iii. The individual to contact to access the ground ambulance service's records required in ~~R9-25-910~~ R9-25-910(B); and
 - iv. The statutory agent for the ground ambulance service, ~~if applicable~~ or the individual designated by the applicant to accept service of process and subpoenas for the ground ambulance service;
- e. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
- ~~d.f.~~ The name, address, email address, and telephone number of the person providing dispatch for the ground ambulance ~~service's dispatch center~~ service;
- g. Whether the applicant has a proposed deployment plan for the ground ambulance vehicles in subsection (A)(1)(l), including:

- i. Whether suboperation stations will be used or whether ground ambulance vehicles will be deployed based on knowledge of the level of service and types of service provided on calls;
- ii. Where the applicant plans to locate suboperation stations within the applicant's proposed service area; and
- iii. If available, the telephone number of each proposed suboperation station located within the proposed service area;
- e. ~~The address and telephone number of each suboperation station located within the proposed service area;~~
- f. ~~Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;~~
- g. ~~Whether the business entity is proprietary, non-profit, or governmental;~~
- h. Whether the applicant has a plan for participating in the implementation of a political subdivision's emergency preparedness plan;
- i. A list of EMS providers in surrounding service areas with whom the applicant has a back-up agreement or from whom the applicant has a letter of support;
- ~~h.j.~~ A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
- k. If applicable, a description of traffic preemption equipment that the applicant plans to use to facilitate movement of a ground ambulance vehicle through traffic;
- i.l. ~~The make and year of For~~ each ground ambulance vehicle to be used by the ground ambulance service, the manufacturer's name, the year the ground ambulance vehicle was manufactured, and the current mileage;
- j.m. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
- ~~k.n.~~ The proposed hours of operation for the ground ambulance service;
- ~~l.o.~~ The type of ground ambulance service;
- ~~m.p.~~ The level of ground ambulance service;
- q. If the applicant plans to provide ALS, a description of how the applicant plans to provide administrative medical direction according to R9-25-201 and on-line medical direction according to R9-25-202, including, as applicable:
 - i. The name, address, and telephone number of the base hospital or

centralized medical direction communications center for the ground ambulance service;

ii. The name, address, professional license number, and telephone number of the physician providing administrative medical direction; and

iii. The name, address, professional license number, and telephone number of the physician or group of physicians providing on-line medical direction;

n. Acknowledgment that the applicant:

i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;

ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and

iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;

r. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);

s. Attestation that the applicant is familiar with the requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter and will comply with applicable statutes and rules in any matter relating to or affecting the ground ambulance service;

~~o.t.~~ A statement Attestation that any information or documents submitted to the Department are true and correct; and

~~p.u.~~ The signature of the applicant or the applicant's designated representative and the date signed;

2. The following information about the proposed service area:

a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;

b. A statement of the proposed general public rates;

c. A statement of the proposed charges;

d. The applicant's proposed response times, response codes, and response time tolerances for each scene locality in the proposed service area, based on the following:

i. The population demographics within the proposed service area;

ii. The square miles within the proposed service area;

- ~~iii. The medical needs of the population within the proposed service area;~~
- ~~iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;~~
- ~~v. The available routes of travel within the proposed service area;~~
- ~~vi. The geographic features and environmental conditions within the proposed service area; and~~
- ~~vii. The available medical and emergency medical resources within the proposed service area;~~
- a. The square miles within the proposed service area;
- b. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where;
- c. The population demographics within the proposed service area;
- d. Any changes in the population since the last national census;
- e. Any change in the population demographics since the last national census;
- f. The medical needs of the population within the proposed service area;
- g. The number of anticipated requests for each type of service and level of service in the proposed service area;
- h. The available routes of travel within the proposed service area;
- i. The anticipated average mileage per transport within the proposed service area;
- j. The geographic features and environmental conditions within the proposed service area;
- k. The available medical and emergency medical resources within the proposed service area;
- l. The geographic distribution of health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients;
- m. A statement of the proposed general public rates for services provided within the proposed service area; **Documentation about general public rates would still be submitted according to R9-25-1101.**
- n. A statement of the proposed charges; and
- o. If requesting response times, arrival time variances, or a compliance percentage that are different from those in Table 9.1, based on the factors described according to subsections (A)(2)(a) through (l), the applicant's proposed:

- i. Response times and a compliance percentage for each scene locality and the priority that will be assigned by the applicant to a response; and
 - ii. Arrival time variances for each time period;
- e-3. A plan to provide temporary ~~ground ambulance~~ EMS or transport service to the proposed service area for a limited time when the applicant is unable to provide ~~ground ambulance~~ EMS or transport service to the proposed service area, including the criteria for the person providing dispatch to implement the plan; [For initial, can be a back-up agreement or something else. For renewal, must have a written agreement.]
- 4. Copies of the back-up agreements supporting the plan in subsection (A)(3) or letters of support specified according to subsection (A)(1)(i);
- 5. A plan for orientation and on-going training of employees;
- 6. A plan for implementing deployment of ground ambulance vehicles as specified in subsection (A)(1)(g);
- f. ~~Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and~~
- e-7. Whether ~~an~~ the applicant or a designated manager the individual acting for the applicant according to R9-25-102:
 - i-a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
 - ii-b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
 - iii-c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
- 3. ~~The following documents:~~
- a-8. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
- 9. Documentation for the individual specified according to subsection (A)(1)(e)(ii) that complies with A.R.S. § 41-1080;
- 10. A copy of the business organization's articles of incorporation, articles of organization, or partnership documents, if applicable;
- 11. A copy of an organizational chart, illustrating both:
 - a. The relationships in subsection (A)(1)(d) with two levels of supervision, and
 - b. At least three levels of supervision of key individuals operating the ground ambulance service, including the individuals listed in subsection (A)(1)(e)(i)

through (iii):

12. For each ground ambulance vehicle to be operated by the ground ambulance service:
 - a. An application for registration of the ground ambulance vehicle that includes all of the information required according to R9-25-1001(B)(1); and
 - b. A copy of a current and valid motor vehicle registration for the ground ambulance vehicle, issued according to A.R.S. Title 28, Chapter 7, Article 2, or similar statutes in another state;
- ~~b.~~13. A projected Ambulance Revenue and Cost Report; **["May eventually express this as "The information required in R9-25-911(A) or (B), as applicable;"]**
14. A description of the rationale for the applicant requesting an initial certificate of necessity, including:
 - a. Supporting documentation; and
 - b. For response times, arrival time variances, or a compliance percentage that are different from those in Table 9.1:
 - i. Justification for the proposed response times and arrival-time variances, and
 - ii. The financial impact of the proposed response times and arrival-time variances;
15. If available, any study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that:
 - a. Considers the current or proposed service area's medical, fire, and police services; and
 - b. Was created for or adopted by:
 - i. A political subdivision, or
 - ii. A local emergency medical services coordinating system under A.R.S. § 36-2210(1);
16. A summary of the applicant's financial history, including:
 - a. Documentation of capital resources and financial reserves, if applicable; and
 - b. A plan for coverage of expected and unexpected expenses;
17. Information and associated documentation related to the ability of the applicant to bill for services;
- ~~e.~~18. ~~The financing agreement for all capital acquisitions exceeding \$5,000~~ A list of all actual or anticipated purchase agreements or lease agreements for real estate, ground ambulance

vehicles, or equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement:

[Current requirement is for the agreements to be submitted according to R9-25-1101(A)(5); we shouldn't duplicate, but we can include a list here and still include in R9-25-1101(A)(5) a requirement for copies to be submitted if not already submitted according to R9-25-902.]

- ~~19.~~ The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses, including supporting documentation;
- ~~e.~~20. Any Documentation supporting the estimate of the number of transports to be provided, as shown in the Ambulance Revenue and Cost Report, including any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)(1) and 36-2234(K);
- ~~f.~~21. The information and documents specified in R9-25-1101, if ~~If~~ the applicant is requesting to establish general public rates, the information and documents specified in R9-25-1101(A);
22. If the applicant is proposing charges to patients under R9-25-1109, the information required in R9-25-1109(A);
- ~~g.~~23. Any subscription service contract under A.R.S. ~~§§~~ § 36-2232(A)(1) and ~~36-2237(B)~~ R9-25-1105;
24. If using a contracted person to provide dispatch, a copy of the contract;
25. If the applicant is planning to provide ALS services:
- a. A copy of each current written contract for providing:
 - i. Administrative medical direction, or
 - ii. On-line medical direction; and
 - b. Proof of professional liability insurance for ALS personnel required in R9-25-910(A)(1)(a)(iii);
- ~~h.~~26. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and ~~R9-25-909~~ R9-25-910(A)(1)(a)(i) and (ii);
- ~~i.~~27. A surety bond if required under A.R.S. § 36-2237(B); ~~and~~
- ~~j.~~28. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service of the individuals specified according to subsection (A)(11)(b);
29. A copy of the applicant's plan for participating in the implementation of a political subdivision's emergency preparedness plan according to subsection (A)(1)(h), including

as applicable:

a. Mass casualty protocols;

b. The provision of EMS and transport in the event of a local, state-wide, or national emergency;

c. Description of the applicant's experience in disaster response command and control structure; and

d. Special situations in the proposed service area that need to be taken into consideration; and

4.30. Any other documents, exhibits, or statements that the applicant believes may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents, such as:

a. The quality improvement process, as required in R9-25-910(J)(2);

b. A plan to collect and submit electronic patient care reports consistent with R9-25-910(J)(2)(a)(i);

c. A plan to adopt clinical guidelines and operating procedures for time-sensitive conditions, consistent with national guidelines;

d. If applicable, a plan to initiate guideline-based pre-arrival instructions for all callers accessing 9-1-1 or similar system for assistance;

e. Evidence of regular attendance and participation in meetings of the emergency medical services council, established according to A.R.S. § 36-2203, or a regional emergency medical and trauma services system, established according to A.R.S. § 36-2210; or

f. Documentation demonstrating that the service model will be cost effective and not result in higher ambulance rates.

B. Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following: **[Moved above]**

1. A current written contract for ALS medical direction; and

2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

C. When requesting a transfer of a certificate of necessity:

1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains: **[Moved into new R9-25-904]**

a. A request that the certificate of necessity be transferred, and

~~b. The name of the person to whom the certificate of necessity is to be transferred;~~
~~and~~

~~2. The person identified in subsection (C)(1)(b) shall submit:~~

~~a. The application packet in subsection (A); and~~

~~b. The information in subsection (B), if ALS is provided.~~

D.B. ~~An~~ In addition to the information and documents specified in subsection (A), applicant for an initial certificate of necessity shall submit the following fees:

~~1. \$100 application filing fee for an initial certificate of necessity, ~~or~~ and~~

~~2. \$50 application filing fee for a transfer of a certificate of necessity.~~

2. Unless the applicant intends to operate the ground ambulance vehicles identified in subsection (A)(1)(l) only as a volunteer not-for-profit service, the following fees for each ground ambulance vehicle to be registered:

a. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and

b. A \$200 ambulance operation fee, as required under A.R.S. § 36-2240(3).

E.C. The Department shall approve or deny an application under this Section according to ~~9-A.A.C. 25, Article 12~~ A.R.S. 36-2233 and Article 12 of this Chapter.

D. The Department may approve an application with special limitations, conditions, or expansion of service area.

[Special conditions/limitations are not now included in Article 12. We will need to add there.]

E. The Department may deny an application if an applicant:

1. Fails to comply with any provision in A.R.S. Title 36, Chapter 21.1;

2. Fails to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;

3. Knowingly or negligently provides false documentation or false or misleading information to the Department; or

4. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3) and requests a denial as permitted under R9-25-1201(E).

R9-25-904, R9-25-903. **Application for Renewal of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2233, 36-2235, 36-2240)**

A. An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than 60 days before the expiration date of the certificate of necessity, an application packet that includes:

1. An application form that contains the information in R9-25-902(A)(1)(a) through

~~(A)(1)(m) and the signature of the applicant;~~ The following information in a Department-provided format:

- a. The number on the applicant's current certificate of necessity;
 - b. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - c. The names of all other business organizations operated by the applicant related to the ground ambulance service;
 - d. The name, title, address, e-mail address, and telephone number of the following:
 - i. Each applicant and individual responsible for managing the ground ambulance service;
 - ii. The individual acting for the applicant according to R9-25-102;
 - iii. The individual to contact to access the ground ambulance service's records required in R9-25-910(I); and
 - iv. The statutory agent for the ground ambulance service or the individual designated by the applicant to accept service of process and subpoenas for the ground ambulance service;
 - e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - f. Attestation that the applicant has analyzed response times according to R9-25-910(G)(2);
 - g. Attestation that the applicant is familiar with the requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter and will comply with applicable statutes and rules in any matter relating to or affecting the ground ambulance service;
 - h. Attestation that the certificate holder, except as provided in R9-25-910(J)(1)(b), has and is continuing to meet the conditions of the certificate of necessity;
 - i. Attestation that any information or documents submitted to the Department are true and correct; and
 - j. The signature of the applicant or the applicant's designated representative and the date signed;
2. Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in ~~R9-25-909~~ R9-25-910(A);
 3. Proof of continued coverage by a surety bond if required under A.R.S. ~~§§ §~~ § 36-2237(B);

4. A copy of the list of current charges required in R9-25-1109;
 5. For the applicant's ground ambulance vehicles:
 - a. The number of ground ambulance vehicles registered by the Department to the applicant under Article 10 of this Chapter,
 - b. The average number of registered ground ambulance vehicles staffed by the applicant and in service during a month, and
 - c. The average number of registered ground ambulance vehicles in reserve;
 6. A copy of each of the certificate holder's back-up agreements;
 7. If available, letters of support from:
 - a. EMS providers in surrounding service areas; or
 - b. Local political subdivisions, elected officials, or health care institutions in the service area;
 8. If applicable, a corrective action plan addressing how the certificate holder plans to come back into compliance, including a timeline for coming into compliance:
 - a. If an analysis of response times according to R9-25-910(G)(2) indicates that the actual response times for 90% compliance are slower or the compliance percentage is less than the response times on the certificate of necessity, or
 - b. The applicant has identified, according to R9-25-910(J)(1)(b), any other instances of noncompliance with the requirements in A.R.S. Title 36, Chapter 21.1 or this Chapter: **[If associated with medical direction, EMCT skills or performance, or other clinical issues, have the administrative medical director sign off to ensure the corrective action plan is done?]**
 - ~~5.~~ An affirmation that the certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director; and **[This is becoming an attestation and part of the Department-provided application – see subsection (A)(1)(h) above]**
 - ~~6.9.~~ \$50 application filing fee.
- B.** A certificate holder who fails to file a timely application for renewal of the certificate of necessity according to A.R.S. § 36-2235 and this Section, shall:
1. ~~cease~~ Cease operations at 12:01 a.m. on the date the certificate of necessity expires;
 - ~~C. 2.~~ 2. To commence operations after failing to file a timely renewal application, a person shall file File an initial certificate of necessity application according to R9-25-902, and meet all the requirements for an initial certificate of necessity

3. Not resume operations without receiving a new certificate of necessity from the Department.

D.C. The Department shall ~~approve or deny~~ review an application ~~packet~~ under this Section according to ~~9 A.A.C. 25, Article 12~~ A.R.S. 36-2233 and Article 12 of this Chapter, and

1. Approve the application;

2. Approve the application with a corrective action plan, as specified in subsection (A)(8);

3. Approve the application with special limitations, conditions, or expansion of service area;
or

4. Deny the application.

[Special conditions/limitations are not now included in Article 12. We will need to add there.]

D. The Department may deny an application if an applicant:

1. Fails to comply with any provision in A.R.S. Title 36, Chapter 21.1;

2. Fails to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;

3. Knowingly or negligently provides false documentation or false or misleading information to the Department; or

4. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3) and requests a denial as permitted under R9-25-1201(E).

R9-25-904. Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2232, 36-2233, 36-2236(A) and (B), 36-2238)

A. A certificate holder shall request that a certificate of necessity be transferred if there is:

1. An anticipated change of ownership, which is considered to occur when: **[From definition of change of ownership and SP-052]**

a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;

b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or

c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered, as determined according to subsection (B); or

2. A change in the type of business organization. **[included in definition of transfer]**

B. The Department shall consider the following when determining whether a controlling influence in the ground ambulance service is changing to the extent that the management and control of the

ground ambulance service has altered significantly: [From SP-052]

1. Whether there has been or will be a change in who manages or controls the day-to-day operations of one or more ground ambulance vehicles operated by the ground ambulance service, including whether the certificate holder has entered into or intends to enter into a contract or an agreement with another person or entity to supervise or manage all or a part of the ground ambulance service;
2. Whether there has been or will be a change in who manages or controls staffing and personnel decisions for one or more ground ambulance vehicles operated by the ground ambulance service;
3. Whether there has been or will be a change in the operating policies and procedures for one or more ground ambulance vehicles operated by the ground ambulance service;
4. Whether there has been or will be a change in who pays the operating expenses or who receives the operating revenue;
5. Whether there has been or will be a change in the policy holder on the insurance coverage of one or more ground ambulance vehicles operated by the ground ambulance service;
6. Whether there has been or will be a change in ownership, management, or control of the supplies, equipment, and materials for one or more ground ambulance vehicles operated by the ground ambulance service;
7. Whether there has been or will be a change in the risk or liability attendant to the operation of one or more ground ambulance vehicles operated by the ground ambulance service;
8. Whether there has been or will be a change in who manages or controls the strategic or long-term planning of the ground ambulance service;
9. Whether the certificate holder has changed or intends to change affiliations, such as a parent company or a subsidiary owned or operated by the certificate holder, from that specified according to R9-25-902(A)(1)(d); and
10. Other information related to the management and control of the ground ambulance service that the Department deems relevant.

C. When requesting a transfer of a certificate of necessity: [Moved requirements from R9-25-902(C) to here]

1. A certificate holder wanting to transfer the certificate of necessity shall submit the following information to the Department in a written format: [allows for electronic submission]

- a. The name and certificate of necessity number of the certificate holder;
 - b. A request that the certificate of necessity be transferred;
 - c. Whether the transfer is due to a change of ownership or to a change in the type of business organization; and **[See definition of “transfer”]**
 - d. If the transfer is due to a change of ownership, the name of the person to whom the certificate of necessity is to be transferred; and
2. The person identified in subsection (C)(1)(d) or the individual acting according to R9-25-102 for the new type of business organization shall submit to the Department:
- a. The application packet in R9-25-902(A);
 - b. The \$50 application filing fee for a transfer of a certificate of necessity, as required under A.R.S. § 36-2240(3);
 - c. Unless the applicant intends to operate the ground ambulance vehicles identified in R9-25-902(A)(1)(l) only as a volunteer not-for-profit service, the following fees for each ground ambulance vehicle to be registered:
 - i. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
 - ii. A \$200 fee, as required under A.R.S. § 36-2240(3); and
 - d. A description of any planned amendments to the certificate of necessity during the next 12 months.
- D.** The Department shall approve or deny an application under this Section according to ~~9 A.A.C. 25, Article 12~~ A.R.S. § 36-2233 and Article 12 of this Chapter.
- E.** The Department may deny an application under this Section if an applicant:
1. Fails to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 2. Fails to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;
 3. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 4. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3) and requests a denial as permitted under R9-25-1201(E).
- F.** If the Department denies the transfer of a certificate of necessity, the Department may:
1. Under A.R.S. § 36-2238, require the certificate holder requesting the transfer under subsection (A) not to discontinue services until receiving an order from the Department; or
 2. Issue temporary authority to another certificate holder to operate in the service area of the certificate holder requesting the transfer under subsection (A).

R9-25-905. Application for Amendment of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2232(A)(4), 36-2240)

- A.** ~~A certificate holder that wants to amend its certificate of necessity shall submit to the Department the application form in R9-25-902(A)(1) and an application filing fee of \$50 for changes in:~~
- ~~1. The legal name of the ground ambulance service;~~
 - ~~2. The legal address of the ground ambulance service;~~
 - ~~3. The level of ground ambulance service;~~
 - ~~4. The type of ground ambulance service;~~
 - ~~5. The service area; or~~
 - ~~6. The response times, response codes, or response time tolerances.~~
- B.** ~~In addition to the application form in subsection (A), an amending certificate holder shall submit:~~
- ~~1. For the addition of ALS ground ambulance service, the information required in R9-25-902(B)(1) and (B)(2);~~
 - ~~2. For a change in the service area, the information required in R9-25-902(A)(3)(a);~~
 - ~~3. For a change in response times, the information required in subsection R9-25-902(A)(2)(d);~~
 - ~~4. A statement explaining the financial impact and impact on patient care anticipated by the proposed amendment;~~
 - ~~5. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents; and~~
 - ~~6. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment.~~
- A.** A certificate holder requesting to amend the certificate of necessity due to a change in the legal name of the ground ambulance service shall submit to the Department:
1. The certificate of necessity number for the ground ambulance service;
 2. The name and address of the ground ambulance services on the certificate of necessity;
 3. The new legal name of the ground ambulance service;
 4. Documentation demonstrating that the change in the name of the ground ambulance service does not constitute a change of ownership; and
 5. If applicable, documentation showing the new legal name of the ground ambulance service on:
 - a. Documentation of insurance coverage required according to R9-25-910(A), and

b. Coverage by a surety bond if required under A.R.S. § 36-2237(B).

B. A certificate holder requesting to amend the certificate of necessity for a reason other than a change in legal name shall submit to the Department:

1. The following information in a Department-provided format:

a. The certificate of necessity number for the ground ambulance service;

b. The name and address of the ground ambulance services on the certificate of necessity;

c. A description of the requested change and the rationale for the change;

d. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);

e. Attestation that the applicant is familiar with the requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter and will comply with applicable statutes and rules in any matter relating to or affecting the ground ambulance service;

f. Attestation that the certificate holder will meet the conditions of a modified certificate of necessity, including billing only those rates and charges approved and set by the Director;

g. Attestation that any information or documents submitted to the Department are true and correct; and

h. The signature of the applicant or the applicant's designated representative and the date signed;

2. For a change in the legal address of the ground ambulance service:

a. The new legal address of the ground ambulance service; and

b. If applicable, documentation showing the new legal address of the ground ambulance service on documentation of insurance coverage required according to R9-25-910(A); **[Anything else?]**

3. For a change in the level of service to be provided:

a. If planning to begin providing critical care services or ALS services:

i. A description of how the certificate holder plans to provide administrative medical direction according to R9-25-201 and on-line medical direction according to R9-25-202.

ii. A copy of a current written contract for providing administrative medical direction.

iii. A copy of a current written contract for providing on-line medical

- direction, and
- iv. Proof of professional liability insurance for ALS personnel required in R9-25-910(A)(1)(a)(iii);
- b. If planning to begin providing only BLS services:
- i. A description of the rationale for stopping the provision of ALS services;
- ii. An acknowledgement that another emergency medical services provider may be granted a certificate of necessity to provide ALS services in the service area to meet the needs of patients, and
- iii. A plan for rendezvousing with another ground ambulance service providing ALS services, if applicable, for patients requiring more than BLS services; [Anything else?]
- c. Information about the effect the requested change is expected to have on patients;
- d. Information about the effect the requested change is expected to have on other EMS providers or ground ambulance services in or around the service area; and
- e. Information about the financial effect the requested change is expected to have on the ground ambulance service; [Anything else?]
4. For a change in the type of service to be provided:
- a. If planning to begin providing interfacility transports or convalescent transports:
- i. An estimate of the number of transports to be provided;
- ii. The names of the health care institutions anticipated to be the source or destination of the transports;
- iii. The proposed arrival time variances if different from those in Table 9.1;
- iv. If the proposed arrival time variances are different from those in Table 9.1, a justification for the arrival time variances; and
- v. Whether another ground ambulance service is currently providing interfacility transports or convalescent transports in the service area and, if so, the name of the other ground ambulance service and the anticipated financial impact on the other ground ambulance service if the change is approved;
- b. If planning to begin providing EMS and transport requested through 9-1-1 or a similar system:
- i. An estimate of the number of transports to be provided;
- ii. The names of the health care institutions anticipated to be the destination

of the transports;

iii. The proposed response times or compliance percentage if different from those in Table 9.1;

iv. If the proposed response times or compliance percentage are different from those in Table 9.1, a justification for the response times or compliance percentage;

iv. Whether another ground ambulance service is currently providing EMS and transport requested through 9-1-1 or a similar system in the service area and, if so, the name of the other ground ambulance service and the anticipated financial impact on the other ground ambulance service if the change is approved;

c. Information about the effect the requested change is expected to have on patients;

d. Information about the effect the requested change is expected to have on health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients;

e. Information about the effect the requested change is expected to have on other EMS providers or ground ambulance service in or around the service area;

f. Information about the financial effect the requested change is expected to have on the ground ambulance service; and

g. If the planned change will result in new or revised back-up agreements, a copy of the new or revised back-up agreement; **Anything else?**

5. For a change in the service area:

a. A description of the current service area and the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the current service area and the proposed service area;

b. The following information about the proposed service area to be used by the Director in assessing the need for the proposed change:

i. The square miles within the proposed service area;

ii. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where;

iii. The population demographics within the proposed service area;

iv. The change in the population demographics since the last national census;

- v. The medical needs of the population within the proposed service area;
- vi. The number of anticipated requests for each type of service and level of service in the proposed service area;
- vii. The available routes of travel within the proposed service area;
- viii. The geographic features and environmental conditions within the proposed service area;
- ix. The available medical and emergency medical resources within the proposed service area;
- x. The geographic distribution of health care institutions within and surrounding the proposed service area to which and from which the ground ambulance service would be transporting patients; and
- xi. If requesting response times, arrival time variances, or a compliance percentage that are different from those in Table 9.1, based on the factors described according to subsections (B)(5)(b)(i) through (x), the applicant's proposed response times for each scene locality, the priority that will be assigned by the applicant to a response, and the arrival time variances for each time period;
- c. Information about the effect the requested change is expected to have on patients;
- d. Information about the effect the requested change is expected to have on health care institutions within and surrounding the proposed service area to which and from which the ground ambulance service would be transporting patients;
- e. Information about the effect the requested change is expected to have on EMS providers in the proposed service area that do not provide transport;
- f. Information about the financial effect the requested change is expected to have on the ground ambulance service;
- g. Whether the applicant has a proposed deployment plan for the ground ambulance vehicles registered under Article 10 of this Chapter to the applicant, including:
 - i. Whether suboperation stations will be used or whether ground ambulance vehicles will be deployed based on experience with the level and types of calls; and
 - ii. Where the applicant plans to locate suboperation stations within the applicant's proposed service area;
- h. Whether the applicant has a plan for participating in the implementation of a

political subdivision's emergency preparedness plan;

- i. A list of EMS providers in surrounding service areas with whom the applicant has a back-up agreement or from whom the applicant has a letter of support; and
- j. Any other information specified in R9-25-906 that the applicant believes relevant to a determination of the public necessity for the change in the service area;

[Anything else?]

6. For a change in the ground ambulance service's response times:

- a. A description of the ground ambulance service's current response times and compliance percentage;
- b. The results of the analysis of response times required in R9-25-910(G)(2);
- c. The requested response times or compliance percentage if different from those in Table 9.1, including a justification for each response time;
- d. Information about the effect the requested change is expected to have on patients, including applicable information in subsection (B)(5)(b);
- e. Information about the effect the requested change is expected to have on health care institutions within and surrounding the proposed service area to which and from which the ground ambulance service would be transporting patients;
- f. Information about the effect the requested change is expected to have on EMS providers or ground ambulance service in the proposed service area that do not provide transport;
- g. Information about the financial effect the requested change is expected to have on the ground ambulance service; **[Anything else?]**

7. For a change in the special limitations or conditions on the ground ambulance service's certificate of necessity:

- a. A description of the special limitations or conditions on the ground ambulance service's certificate of necessity;
- b. The requested change to the special limitations or conditions on the ground ambulance service's certificate of necessity, including a justification for each change;
- c. Information about the effect the requested change is expected to have on patients;
- d. Information about the effect the requested change is expected to have on health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients;

- e. Information about the effect the requested change is expected to have on EMS providers in the service area that do not provide transport; and
- f. Information about the financial effect the requested change is expected to have on the ground ambulance service; **[Anything else?]**
- 8. Information required in **R9-25-11XX(X)(X)** related to the change, including any change in:
 - a. The proposed general public rates for services provided, or
 - b. The proposed charges;
- 9. If applicable, letters of support for the change;
- 10. Any other information or documentation demonstrating the public necessity for the change or otherwise justifying the change;
- 11. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents;
- 12. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment; and
- 13. The \$50 application filing fee.
- C.** A certificate holder subject to special limitations or conditions that are not displayed on the certificate holder's certificate of necessity may request, according to subsections (B)(1) and (7), to have the special limitations or conditions modified if the special limitations or conditions were the result of a final decision of the Director, established according to A.R.S. 41-1092.08(F), issued before the effective date of these rules.
- C.D.** The Department shall approve or deny an application under ~~this Section~~ subsection (B) or (C) according to ~~9 A.A.C. 25, Article 12~~ A.R.S. 36-2233 and Article 12 of this Chapter. **[We will add special provisions to Article 12 so we can approve a CON with them if necessary.]**

~~R9-25-903, R9-25-906.~~ Determining Public Necessity (Authorized by A.R.S. § 36-2233(B)(2))

- A. In determining public necessity for an initial, a transferred, or an amended certificate of necessity, the Director shall consider the following:
 - 1. The following information, as ~~response times, response codes, and response time tolerances~~ proposed by the applicant for the service area:
 - a. Proposed response times or compliance percentage if different than those specified in Table 9.1,
 - b. The priority assigned by an applicant or a certificate holder to a response, and

- c. The percentage of time the actual response time for a run is or is anticipated to be compliant with the proposed response times during a six-month period if greater than the percentage specified in Table 9.1;
- 2. ~~The population demographics within the proposed service area;~~ **[Not needed with subsection (A)(3)]**
- 3. ~~The geographic distribution of health care institutions within and surrounding the service area;~~ **[Part of 902(A)(2), so not needed – see subsection (A)(3)]**
- 2. Whether issuing the certificate of necessity is in the public’s best interest;
- 4. ~~Whether issuing a certificate of necessity to more than one ambulance service within the same service area is in the public’s best interest, based on:~~
 - a. ~~The existence of ground ambulance service to all or part of the service area;~~
 - b. ~~The response times of and response time tolerances for ground ambulance service to all or part of the service area;~~
 - e. ~~The availability of certificate holders in all or part of the service area; and~~
 - d. ~~The availability of emergency medical services in all or part of the service area;~~
- 5.3. The information in R9-25-902(A)(1) ~~and (A)(2)~~ through (5);
- 4. If applicable, the information in subsection (B); and
- 6.5. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.

B. In deciding whether ~~to issue~~ issuing a certificate of necessity to more than one ground ambulance service ~~for convalescent or interfacility transport~~ for the same service area or overlapping service areas is in the public’s best interest, the Director shall consider the following in addition to the information in subsections (A)(1) through (3):

- 1. ~~The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);~~
- 1. The existence of another ground ambulance service providing EMS or transport to all or part of the service area;
- 2. The current response times for 90% compliance in all or part of the service area;
- 3. The percentage of time the actual response time for a run is compliant with the current response times for another ground ambulance service;
- 4. In available, information or data that demonstrates the inability of the other certificate holder to provide services in all or part of the service area;
- 5. The availability of emergency medical services in all or part of the service area;

- ~~2.6.~~ The financial impact on certificate holders whose service area includes all or part of the service area in the requested certificate of necessity;
- ~~3.7.~~ The demonstrated need for additional 9-1-1 or similarly dispatched transport, convalescent transport, or interfacility transport, as applicable, including:
 - a. Whether a study or statistical analysis demonstrating need has been created for or adopted by the applicant, a political subdivision within the current or proposed service area, or a local emergency medical services coordinating system under A.R.S. § 36-2210 that:
 - i. Examines whether another ground ambulance service is necessary within the service area or proposed service area to provide EMS or transport;
and
 - ii. Takes into account the current or proposed service area’s medical, fire, and police services and the other ground ambulance service;
 - b. If a study or statistical analysis in subsection (B)(7)(a) exists, the content of the study or statistical analysis demonstrating need; and
 - c. Information received by the Department from a political subdivision, a health care institution, or an elected official indicating a need;
- 8. For an application for additional 9-1-1 or similarly dispatched transport, the difference between the current response times in the service area for 90% compliance and the response times for 90% compliance proposed by the applicant; and
- ~~4.5.~~ Whether a certificate holder for the service area has demonstrated substandard performance noncompliance with requirements in this Article, Articles 2, 10, or 11 of this Chapter, or A.R.S. Title 36, Chapter 21.1.
- C.** ~~In deciding whether to issue a certificate of necessity to more than one ground ambulance service for a 9-1-1 or similarly dispatched transport within the same service area or overlapping service areas, the Director shall consider the following:~~
 - ~~1. The factors in subsections (A), (B)(2), and (B)(4);~~
 - ~~2. The difference between the response times in the service area and proposed response times by the applicant;~~
 - ~~3. A needs assessment adopted by a political subdivision, if any; and~~
 - ~~4. A needs assessment, referenced in A.R.S. § 36-2210, adopted by a local emergency medical services coordinating system, if any.~~

R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232) [Moved into Operations]

A certificate holder shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:

1. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene; or
2. According to a back-up agreement.

R9-25-906, R9-25-907. Determining Response Times, Response Codes Priority for Responses, and Response Time Tolerances for Certificates of Necessity and Provision of ALS Services Compliance with Response Times and Arrival Time Variances (Authorized by A.R.S. §§ 36-2232, 36-2233)

In determining response times, response codes the priority assigned by a certificate holder to a response, and response time tolerances the percentage of time the actual response time for a run is compliant with the proposed response times during a six-month period for all or part of a service area that are different from those in Table 9.1, the Director may consider the following:

1. Differences in scene locality, if applicable;
2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;
3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision;
4. Whether an EMS provider in the service area or according to a back-up agreement:
 - a. Share the same 9-1-1 or similar dispatch system;
 - b. Can respond to a call made to the 9-1-1 or similar dispatch system for EMS in the service area; and
 - c. Provide ALS services, if necessary;
5. Whether an EMS provider in the service area that can provide ALS services, if necessary, supports a response time or compliance percentage that is different from those in Table 9.1;
- 4.6. Medical prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority or an emergency medical services provider in subsection (4);
7. Information from a political subdivision, a health care institution, or an elected official in the service area that was received by the Department about the request; and
- 5.8. Other matters determined by the Director to be relevant to the measurement a

determination of response times, ~~response codes~~ priority assigned by a certificate holder to a response, and ~~response time tolerances~~ compliance percentage during a six-month period that are different from those in Table 9.1.

Table 9.1. Response Times and Arrival-Time Variances (Authorized by A.R.S. §§ 36-2204, 36-2232) what times are appropriate

Key: Minutes 90% ≡ Maximum response time in minutes for 90% of runs
Time ≡ Time period during which an interfacility was arranged to begin
Variance minutes 90% ≡ Number of minutes difference for 90% of interfacility transports between when the transport of a patient was arranged to begin and when the transport actually begins.

<u>Call Type</u>		<u>Urban</u>	<u>Suburban</u>	<u>Rural</u>	<u>Wilderness</u>	
9-1-1	<u>Tiered response</u>	<u>Lights and sirens</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>
		<u>No lights or sirens</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>
	<u>No tiered response</u>	<u>Lights and sirens</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>
		<u>No lights or sirens</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>	<u>XX minutes 90%</u>
		<u>Time</u>	<u>Distance < 50 miles</u>	<u>Distance ≥ 50 miles</u>		
<u>Interfacility</u>	<u>Time-sensitive condition</u>	<u>7 a.m.to 7 p.m.</u>	<u>XX variance minutes 90%</u>	<u>XX variance minutes 90%</u>		
		<u>7 p.m.to 7 a.m.</u>	<u>XX variance minutes 90%</u>	<u>XX variance minutes 90%</u>		
	<u>No time-sensitive condition</u>	<u>7 a.m.to 7 p.m.</u>	<u>XX variance minutes 90%</u>	<u>XX variance minutes 90%</u>		
		<u>7 p.m.to 7 a.m.</u>	<u>XX variance minutes 90%</u>	<u>XX variance minutes 90%</u>		

R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232) Repealed [Moved into Operations]

A certificate holder shall transport a patient except:

1. As limited by A.R.S. § 36-2224;
2. If the patient is in a health care institution and the patient’s medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants’ certification;
3. If the transport may result in an immediate threat to the ambulance attendant’s safety, as determined by the ambulance attendant, certificate holder, or medical direction authority;
4. If the patient is more than 17 years old and refuses to be transported; or
5. If the patient is in a health care institution and does not meet the federal requirements for medically necessary ground vehicle ambulance transport as identified in 42 CFR 410.40.

R9-25-908. Inspections and Investigations (Authorized by A.R.S. §§ 36-2204, 36-2212, 36-2232, 36-2241, 36-2245)

- A.** The Department may conduct an inspection of a ground ambulance service, which may include the ground ambulance service’s premises, records, and equipment, and each ground ambulance vehicle operated or to be operated by the ground ambulance service.
- B.** If the Department receives written or verbal information alleging a violation of this Article; Article 2, 10, or 11 of this Chapter; or A.R.S. Title 36, Chapter 21.1, the Department may conduct an investigation.
- 1.** The Department may conduct an inspection as part of an investigation.
 - 2.** A certificate holder shall allow the Department to inspect the ground ambulance service’s premises, records, and equipment, and each ground ambulance vehicle and to interview personnel as part of an investigation.
- C.** When an application for a certificate of necessity for a ground ambulance service is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.
- D.** The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- E.** If the Department determines that a ground ambulance service is not in compliance with the requirements in this Article; Article 2, 10, or 11 of this Chapter; or A.R.S. Title 36, Chapter 21.1, the Department may:
- 1.** Take an enforcement action as described in R9-25-909; or
 - 2.** Require that the ground ambulance service submit to the Department, within 15 days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a patient that:
 - a.** Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and
 - b.** Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.

[If associated with documentation or other issues related to medical direction, EMCT skills or performance, or other clinical matters that do not directly affect health and safety, have the administrative medical director sign off to ensure the corrective action plan is done?]

R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)

Repealed [Moved into Operations]

A. A certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:
 - a. A minimum single-occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; and
 - b. A minimum single-occurrence malpractice or professional liability insurance coverage of \$500,000; or
2. Be self-insured for the amounts in subsection (A)(1).

B. A certificate holder shall submit to the Department: **[Duplicates 902(A)(3)(h) and 904(A)(2)]**

1. A copy of the certificate of insurance; or
2. Documentation of self insurance.

C. A certificate holder shall submit a copy of the certificate of insurance to the Department no later than five days after the date of issuance of:

1. A renewal of the insurance policy; or
2. A change in insurance coverage or insurance company.

R9-25-912.R9-25-909. Disciplinary Enforcement Action (Authorized by A.R.S. §§ 36-2234(L), 36-2244, 36-2245, 41-1092.03, 41-1092.11(B)) [Need to use this term to be consistent with R9-25-207, R9-25-307, R9-25-409, and R9-25-709]

A. After notice and opportunity to be heard is given according to the procedures in A.R.S. Title 41, Chapter 6, Article 10, a certificate of necessity may be suspended, revoked, or other disciplinary action taken for the following reasons:

1. The certificate holder has:
 - a. Demonstrated substandard performance; or
 - b. Been determined not to be fit and proper by the Director;
2. The certificate holder has provided false information or documents:
 - a. On an application for a certificate of necessity;
 - b. Regarding any matter relating to its ground ambulance vehicles or ground ambulance service; or
 - c. To a patient, third party payor, or other person billed for service; or
3. The certificate holder has failed to:
 - a. Comply with the applicable requirements of A.R.S. Title 36, Chapter 21.1,

Articles 1 and 2 or 9 A.A.C. 25; or

- b. Comply with any term of its certificate of necessity or any rates and charges schedule filed by the certificate holder and approved by the Department.

A. The Department may take an action listed in subsection (B) against a ground ambulance service that:

- 1. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
- 2. Fails or has failed to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;
- 3. Does not submit a corrective action plan, as provided in R9-25-903(A)(8) or R9-25-908(E)(2), that is acceptable to the Department;
- 4. Does not complete a corrective action plan submitted according to R9-25-903(A)(8) or R9-25-908(E)(2); or
- 5. Knowingly or negligently provides false documentation or false or misleading information to the Department or to a patient, third-party payor, or other person billed for service.

B. The Department may take the following actions against a ground ambulance service:

- 1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend:
 - a. The ground ambulance service's certificate of necessity, or
 - b. The certificate of registration of a ground ambulance vehicle operated by the ground ambulance service;
- 2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke:
 - a. The ground ambulance service's certificate of necessity, or
 - b. The certificate of registration of a ground ambulance vehicle operated by the ground ambulance service;
- 3. As permitted under A.R.S. §§ 36-2234(L) and 41-1092.11(B), if the Department determines that the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in the Department's order, immediately suspend:
 - a. The ground ambulance service's certificate of necessity pending proceedings for revocation or other action, or
 - b. The certificate of registration of a ground ambulance vehicle operated by the

ground ambulance service pending proceedings for revocation or other action; or

4. Another disciplinary action according to ARS 36-2245(I), (J), or (K).

B.C. In determining the type of disciplinary action to impose under A.R.S. § 36-2245, the Director shall consider:

1. The severity of the violation relative to public health and safety;
2. The number of violations relative to the annual transport volume of the certificate holder;
3. The nature and circumstances of the violation;
4. Whether the violation was corrected, the manner of correction, and the time-frame involved;
5. The duration of each violation;
6. The frequency and nature of complaints received by the Department about a certificate holder; and
- 5-7. The impact of the penalty or assessment on the provision of ~~ground ambulance service~~ EMS or transport in the certificate holder’s service area.

R9-25-910. Operations (Authorized by A.R.S. §§ 36-2232, 36-2241) [For ease of reading, the text is not highlighted because the whole Section is new.]

A. Insurance: A certificate holder shall:

1. Either:
 - a. Maintain with an insurance company authorized to transact business in this state:
 - i. A minimum single occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; [Sufficient \$?]
 - ii. A minimum single occurrence professional liability insurance coverage for the ground ambulance service of \$500,000; and [Sufficient \$?]
 - iii. If the certificate holder provides ALS service, a minimum single occurrence professional liability insurance coverage for ALS personnel of the ground ambulance service of \$500,000; or [Sufficient \$?]
[Need to clarify that not only the automobile liability insurance and company’s professional liability insurance is required but also the professional liability insurance for ALS personnel, if applicable, as in the current R9-25-902(B)(2)]
 - b. Be self-insured for the amounts in subsection (A)(1)(a); and
2. Submit to the Department within five days after renewal of the insurance coverage in

subsection (A)(1)(a) or a change in how the insurance coverage in subsection (A)(1)(a) or (b) is obtained:

- a. A copy of the certificate of insurance in subsection (A)(1)(a); or
- b. Documentation of self-insurance according to subsection (A)(1)(b).

B. Record Retention: According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection: [From current R9-25-910(B)]

1. The certificate holder's financial statements;
2. All federal and state income tax records;
3. All employee-related expense reports and payroll records;
4. All bank statements and documents used to reconcile accounts;
5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
6. All prehospital history incident reports, as specified in subsection (I)(1);
7. All patient billing and reimbursement records;
8. All dispatch records, as specified in subsection (I)(2);
9. All back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;
10. All written complaints about the ground ambulance service; and
11. Information about destroyed or otherwise irretrievable records in a file including:
 - a. A list of each record destroyed or otherwise irretrievable;
 - b. A description of the circumstances under which each record became destroyed or otherwise irretrievable; and
 - c. The date each record was destroyed or became otherwise irretrievable.

C. Staffing: A certificate holder shall ensure that:

1. If a ground ambulance vehicle is marked with a level of service, the ground ambulance vehicle is staffed to provide the level of service identified;
2. An administrative medical director for the ground ambulance service complies with requirements in R9-25-201(F) and R9-25-502(B);
3. Policies and procedures are established, implemented, and maintained that cover:
 - a. Job descriptions, duties, and qualifications, including required skills and knowledge for EMCTs and other employees; and
 - b. Orientation and in-service education for EMCTs and other employees; and

4. An EMCT employed by the ground ambulance service:
 - a. Is assigned duties consistent with the EMCT's scope of practice and the administrative medical director's evaluation of the EMCT's skills and capabilities.
 - b. Complies with the protocols required in R9-25-201(E)(2).
 - c. Receives training on the policies and procedures required in R9-25-201(E)(3)(b), and
 - d. Receives ongoing education, training, or remediation consistent with the policies and procedures required in R9-25-201(E)(3)(b)(x). **[Anything else?]**
[Who can perform critical care services will need to be specified under staffing.]

D. Communication: A certificate holder shall ensure that the ground ambulance service:

1. Makes a good faith effort to communicate information:
 - a. About its hours of operation to the general public through print media, broadcast media, the Internet, or other means;
 - b. That specifies that the ground ambulance service provides only the type of service and level of service granted in the certificate of necessity; **[From the current R9-25-911]**
 - c. That specifies that the ground ambulance services only operates in the service area granted in the certificate of necessity; and **[From the current R9-25-911]**
 - d. In a manner that does not circumvent the use of 9-1-1 or another similarly designated emergency telephone number; and **[From the current R9-25-911]**
2. Ensures that the protocol for the transfer of information to be communicated to emergency receiving facility staff concurrent with the transfer of care, required in R9-25-201(E)(2)(d)(i), includes:
 - a. The date and time the dispatch was received by the ground ambulance service;
 - b. The unique number used by the ground ambulance service to identify the run;
 - c. The name of the ground ambulance service;
 - d. The number or other identifier of the ground ambulance vehicle used for the run;
 - e. The following information about the patient:
 - i. The patient's name;

- ii. The patient's date of birth or age, as available;
- iii. The reason the ground ambulance service was dispatched to the patient; **[rule language, non-jargon for "chief complaint"]**
- iv. The patient's medical history, including any chronic medical illnesses, known allergies to medications, and medications currently being taken by the patient;
- v. The patient's level of consciousness at initial contact and when reassessed;
- vi. The patient's pulse rate, respiratory rate, oxygen saturation, and systolic blood pressure at initial contact and when reassessed;
- vii. The results of an electrocardiograph, if available;
- viii. The patient's glucose level at initial contact and when reassessed;
- ix. The patient's total Glasgow Coma Score at initial contact and when reassessed;
- x. The results of the patient's neurological assessment; and
- xi. The patient's pain level at initial contact and when reassessed; and
- f. Any procedures or other treatment provided to the patient at the scene or during transport, including any agents administered to the patient.

E. Dispatch and Scheduling: A certificate holder shall ensure that:

- 1. A contract to provide dispatch includes:
 - a. Information about other certificate holders or EMS providers with which the certificate holder has a back-up agreement;
 - b. The process and parameters under which a ground ambulance vehicle of another certificate holder will be dispatched to respond to a call to which a ground ambulance vehicle of the certificate holder cannot respond; and
 - c. For an area within the certificate holder's service area that overlaps with another certificate holder's service area, that the nearest ground ambulance vehicle to the patient's location, under either certificate holder, that can provide the necessary level of service will be directed to respond to a call made through 9-1-1 or a similar dispatch system; and
- 2. For an interfacility transport:
 - a. The entity receiving the request for the interfacility transport provides an accurate estimated arrival time to the person requesting an interfacility transport

at the time that transport is requested; and

- b. If the estimated time of arrival provided according to subsection (E)(2)(a) changes to a later time, the ground ambulance service, either directly or indirectly, does one of the following:
 - i. Contacts another ground ambulance service to respond to the dispatch, based on the ground ambulance service's back-up plan and back-up agreements;
 - ii. Provides to the contact at the sending health care institution the name and telephone number of another ground ambulance service with which the ground ambulance service has a back-up agreement, or
 - iii. Provides an amended estimated time of arrival to the person requesting transport.

F. Transport: A certificate holder: **[From the current R9-25-907 and R9-25-908 and SP-057]**

- 1. Shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:
 - a. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene;
 - b. According to a back-up agreement; or
 - c. If the area is not included in the service area of another certificate holder;
- 2. Except as specified in subsection (F)(3), shall transport a patient in the certificate holder's service area who requests transport; and
- 3. May deny transport to a patient in the certificate holder's service area:
 - a. As limited by A.R.S. § 36-2224;
 - b. If the patient is in a health care institution and the patient's medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants' certification;
 - c. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, the certificate holder, the administrative medical director, or a physician providing on-line medical direction and does not affect the ground ambulance service's hours of operation;
 - d. If the patient is 18 years or age or older and refuses to be transported; or **[Is this an issue? Add emancipated minor?]**
 - e. If the patient is in a health care institution and does not meet the federal

requirements for medically necessary ground vehicle ambulance transport as identified in 42 CFR 410.40.

G. Response Time Performance: A certificate holder shall ensure that:

1. Response times comply with requirements of the certificate holder's certificate of necessity;
2. Response time performance is assessed at least every six months for compliance with requirements of the certificate holder's certificate of necessity;
3. The results of the response time performance assessments in subsection (G)(2) are reported to the Department annually in a Department-provided format, concurrent with the submission of the information required in R9-25-911; and
4. If response time performance does not comply with requirements of the certificate holder's certificate of necessity, a corrective action plan is submitted to the Department with the information required in subsection (G)(3), including a time-frame for coming into compliance.

H. The Department may require that a certificate holder contract for third-party monitoring of response time performance as part of a:

1. Political subdivision contract, unless both parties to the contract waive the requirement; or
2. Corrective action plan. [??CAD-to-CAD data sharing agreement in place??]

I. Records: A certificate holder shall ensure that:

1. A prehospital incident history report, in a Department-provided format, is created for each patient that includes the following information:
 - a. The name and identification number of the ground ambulance service;
 - b. Information about the software for the storage and submission of the prehospital incident history report;
 - c. The unique number assigned to the run;
 - d. The unique number assigned to the patient;
 - e. Information about the response to the dispatch, including:
 - i. The level of service requested;
 - ii. Information obtained by the person providing dispatch about the request;
 - iii. Information about the ground ambulance vehicle assigned to the dispatch; [Would include the unit #, call sign, level of care of the unit, equipment and transport capabilities, etc.]

- iv. Information about the EMCTs responding to the dispatch;
 - v. The priority assigned to the dispatch; and
 - v. Response delays, as applicable;
 - f. The date and time that:
 - i. The call requesting service was received through the 9-1-1 or similar dispatch system;
 - ii. The request was received by the person providing dispatch;
 - iii. The ground ambulance service received the dispatch;
 - iv. The ground ambulance vehicle left for the patient's location;
 - v. The ground ambulance vehicle arrived at the patient's location;
 - vi. The EMCTs in the ground ambulance vehicle arrived at the patient's side;
 - vii. Transfer of the patient's care occurred at a location other than the destination;
 - viii. The ground ambulance vehicle departed the patient's location;
 - ix. The ground ambulance vehicle arrived at the destination;
 - x. Transfer of the patient's care occurred at the destination;
 - xi. The ground ambulance vehicle was available to take another call;
 - g. Information about the patient, including:
 - i. The patient's first and last name;
 - ii. The address of the patient's residence;
 - iii. The county of the patient's residence;
 - iv. The country of the patient's residence;
 - v. The patient's gender, race, ethnicity, and age;
 - vi. The patient's estimated weight;
 - vii. The patient's date of birth; and
 - viii. If the patient has an alternate residence, the address of the alternate residence;
 - h. Information about the scene, including:
 - i. Specific information about the location of the scene: **[address, location type, facility code, GPS location, grid coordinates, milepost, etc.]**
 - ii. Whether the ground ambulance vehicle was first on the scene;
 - iii. The number of patients at the scene;

- iv. Whether the scene was the location of a mass casualty incident; and
- v. If the scene was the location of a mass casualty incident, triage information;
- i. The primary method of payment for services and anticipated level of payment;
- j. Information about the reason for requesting service for the patient, including:
 - i. The date and time of onset of symptoms and when the patient was last well;
 - ii. Information about the complaint;
 - iii. The patient's symptoms;
 - iv. The results of the EMCT's initial assessment of the patient;
 - v. If the patient was injured, information about the injury and the cause of the injury;
 - vi. If the patient experienced a cardiac arrest, information about the etiology of the cardiac arrest and subsequent treatment provided; and
 - vii. For an interfacility transport, the reason for the transport;
- k. Information about any specific barriers to providing care to the patient;
- l. Information about the patient's medical history, including:
 - i. Known allergies to medications,
 - ii. Surgical history,
 - iii. Current medications, and
 - iv. Alcohol or drug use;
- m. Information about the patient's current medical condition, including the information in subsections (D)(2)(e)(v) through (xi) and the time and method of assessment;
- n. Information about agents administered to the patient, including the dose and route of administration, time of administration, and the patient's response to the agent;
- o. If not specifically included under subsection (I)(1)(j), (1)(iv), (m), or (n) whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the patient: **There are specific data element requirements related to opioid use, but the information could already be covered by descriptions of other required reporting elements. Is subsection (I)(1)(o) necessary?]**

- i. Before the ground ambulance vehicle arrived at the patient’s location and, if so:
 - (1) The number of doses of naloxone or other opioid antagonist administered to the patient; and
 - (2) An identification of the person administering the naloxone or other opioid antagonist; or
 - ii. By an EMCT from the ground ambulance vehicle and, if so the number of doses of naloxone or other opioid antagonist administered to the patient;
 - p. Information about any procedures performed on the patient and the patient’s response to the procedure; **would include airway management, intubation**
 - q. Information about the destination of the transport, including the reason for choosing the destination;
 - r. Information about whether the destination facility was notified that the patient being transported has a time-sensitive condition and the time of notification;
 - s. Information about the disposition of the patient at the destination;
 - t. Information about the disposition of the run;
 - u. Any other narrative information about the patient, care receive by the patient, or transport; and
 - v. The name and certification level of the EMCT providing the information; and
- 2. Dispatch records for each run include the following:
 - a. The name of the ground ambulance service;
 - b. The date;
 - c. Level of service;
 - d. Type of service;
 - e. Staffing of the run;
 - f. Time of receipt of the dispatch;
 - g. The estimated arrival time, as provided according to subsection (E)(2)(a) if applicable;
 - h. Departure time to the patient’s location;
 - i. Address of the patient’s location;
 - j. Arrival time at the patient’s location;
 - k. Departure time to the destination health care institution;

- l. Name and address of the destination health care institution;
- m. Arrival time at the destination health care institution; and
- n. The unique reference number used by the ground ambulance service to identify the patient, dispatch, or run;
- o. The number assigned to the ground ambulance vehicle by the certificate holder;
- p. The priority assigned by a certificate holder to a response;
- q. The scene locality; and
- r. Whether the dispatch is a scheduled transport.

J. Assuring Consistent, Compliant Performance: A certificate holder shall:

- 1. Adopt, implement, and maintain policies and procedures for:
 - a. Complaint resolution,
 - b. Assessing the ground ambulance service's compliance with requirements in A.R.S. in this Article, Articles 2, 10, or 11 of this Chapter, or A.R.S. Title 36, Chapter 21.1, including the review of:
 - i. The transfer of information to an emergency receiving facility for compliance with the protocol required in R9-25-201(E)(2)(d),
 - ii. Chain of custody for drugs,
 - iii. Compliance with minimum equipment requirements for a ground ambulance vehicle,
 - iv. **[Anything else??]; and [Do we need to put in parameters for analysis and requirement for notifying the Department if not in compliance?]**
 - c. A quality improvement process; and
- 2. Establish, document, and implement a quality improvement process, as specified in policies and procedures, through which:
 - a. Data related to initial patient assessment, patient care, transport services provided, and patient status upon arrival at the destination are:
 - i. Collected continuously; and
 - ii. The information required in subsection (I)(1) is submitted to the Department, in a Department-provided format and within 48 hours after the date of a run, for quality improvement purposes;
 - b. A method is established to identify, document, and evaluate issues related to patient care, the transport services provided, and patient status upon arrival at the destination, including care provided to patients with time-sensitive conditions;

- c. A committee consisting of the administrative medical director, the individual managing the ground ambulance service or designee, and other employees as appropriate review the data in subsection (J)(2)(a) and any issues identified in subsection (J)(2)(b) on at least a quarterly basis;
- d. Continuous quality improvement processes are developed to:
 - i. Evaluate care provided to patients,
 - ii. Assess issues with transport or documentation, and
 - ii. Implement activities to improve performance when deviations in patient care, transport, or documentation are identified; and
- e. The activities in subsection (J)(2)(c) are documented, consistent with A.R.S. §§ 36-2401, 36-2402, and 36-2403.

K. A certificate holder shall submit to the Department, no later than 180 days after the certificate holder’s fiscal year end, the information in the Ambulance Revenue and Cost Report specified in R9-25-911(X)(x) or (X)(x), as appropriate to the certificate holder’s business organization.

~~R9-25-911.~~ **Ground Ambulance Service Advertising (A.R.S. § 36-2232) Repealed** **[Moved into Operations]**

- ~~A.~~ ~~A certificate holder shall not advertise that it provides a type or level of ground ambulance service or operates in a service area different from that granted in the certificate of necessity.~~
- ~~B.~~ ~~When advertising, a certificate holder shall not direct the circumvention of the use of 9-1-1 or another similarly designated emergency telephone number.~~

~~R9-25-910.~~**R9-25-911. Record and Reporting Requirements (Authorized by A.R.S. §§ 36-2232, 36-2241, 36-2246)**

[We will use this Section to list the contents of the ARCR. The requirements in subsection (B) are being moved into Operations]

[Review/revision of subsection (A) and comments will occur as part of the Cost Reports portion of the rulemaking, to begin after the review of Article 11.]

A. A certificate holder shall submit to the Department, no later than 180 days after the certificate holder’s fiscal year end, the appropriate Ambulance Revenue and Cost Report.

[Comments received by the Department related to ARCRs are shown below and will be addressed when reviewing/revising the ARCRs]

- There are two ARCR standards, one for private and one for public.

- Improve the quality of ARCRs.
- ARCR autofill.
- Different ARCR for Govt. systems.
- Require audits of ARCRs.
- Re-evaluate what data is needed for ARCR.
- For ARCR reporting, indirect/shared cost allocations are easily misinterpreted (especially for providers with other lines of business). Consider adding a summary of direct operating revenues and expenses to the income statement to help resolve this.
- All operational expenses should be included on the ARCR. Many CON holders do not include all costs associated with dispatch and other support services. This provides inaccurately low cost reports and makes efficiency bench marking impossible. Standard corporate allocation methodologies should be set by the state.
- Add a summary of direct operating revenues and expenses to the income statement to resolve indirect/shared cost allocations.
- The current structure of the ARCR does not accurately reflect the costs for fire-based ambulance providers. Their direct cost of services should be the primary factor since many of the reported indirect costs are fixed the public provider regardless of providing transportation services.

B. According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection: **[Moved into Operations]**

1. The certificate holder's financial statements;
2. All federal and state income tax records;
3. All employee-related expense reports and payroll records;
4. All bank statements and documents verifying reconciliation;
5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
6. All first care forms required in R9-25-514 and R9-25-615; **[No longer in existence.]**
7. All patient billing and reimbursement records;
8. All dispatch records, including the following:
 - a. The name of the ground ambulance service;
 - b. The month of the record;
 - c. The date of each transport;
 - d. The number assigned to the ground ambulance vehicle by the certificate holder;

- e. ~~Names of the ambulance attendants;~~
- f. ~~The scene;~~
- g. ~~The actual response time;~~
- h. ~~The response code;~~
- i. ~~The scene locality;~~
- j. ~~Whether the scene to which the ground ambulance vehicle is dispatched is outside of the certificate holder's service area; and~~
- k. ~~Whether the dispatch is a scheduled transport;~~
- 9. ~~All ground ambulance service back up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;~~
- 10. ~~All written ground ambulance service complaints; and~~
- 11. ~~Information about destroyed or otherwise irretrievable records in a file including:~~
 - a. ~~A list of each record destroyed or otherwise irretrievable;~~
 - b. ~~A description of the circumstances under which each record became destroyed or otherwise irretrievable; and~~
 - c. ~~The date each record was destroyed or became otherwise irretrievable.~~

R9-25-912. Renumbered