

## TITLE 6. ECONOMIC SECURITY

## CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY - DEVELOPMENTAL DISABILITIES

(Authority: A.R.S. § 41-1954 et seq.)

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-4).**Editor's Note: Sections R6-6-1004.01 through R6-6-1004.05, R6-6-1104.01 through R6-6-1104.05, and R6-6-1504.01 through R6-6-1504.05 were published with incorrect effective dates in Supp. 97-4. They have been corrected to reflect the effective date as established by the Department (Supp. 98-1).**Sections of this Chapter were amended, adopted, repealed, and renumbered under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 355, § 9 and Laws 1994, Ch. 214, § 7. Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; the Department was not required to hold public hearings; and the Attorney General has not certified these rules. Because these rules are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

## ARTICLE 1. GENERAL PROVISIONS

*Article 1, consisting of Sections R6-6-101 through R6-6-107, adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).**Article 1, consisting of Sections R6-6-101 through R6-6-121, renumbered to Article 2, Sections R6-6-201 through R6-6-221, effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).**Article 1 consisting of Sections R6-6-101 through R6-6-121 adopted as permanent rules effective September 18, 1987.**New Article 1 consisting of Sections R6-6-101 through R6-6-121 adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.**Former Article 1 consisting of Sections R6-6-101 through R6-6-115 repealed effective May 2, 1983.*

Section	
R6-6-101.	Definitions
R6-6-102.	Rights of Individuals with Developmental Disabilities
R6-6-103.	Confidentiality Officer
R6-6-104.	Access to Personally Identifiable Information
R6-6-105.	Consent for Release of Information
R6-6-106.	Violations and Penalties
R6-6-107.	Least Restrictive Environment
R6-6-108.	Safe and Humane Environment
R6-6-109.	Renumbered
R6-6-110.	Renumbered
R6-6-111.	Renumbered
R6-6-112.	Renumbered
R6-6-113.	Renumbered
R6-6-114.	Renumbered
R6-6-115.	Renumbered
R6-6-116.	Renumbered
R6-6-117.	Renumbered
R6-6-118.	Renumbered
R6-6-119.	Renumbered
R6-6-120.	Renumbered
R6-6-121.	Renumbered

## ARTICLE 2. REPEALED

*Article 2, consisting of Sections R6-6-201 through R6-6-221, repealed effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).**Article 2, consisting of Sections R6-6-201 through R6-6-221, renumbered from Article 1, Sections R6-6-101 through R6-6-121,**effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).**Article 2, consisting of Sections R6-6-201 through R6-6-204, repealed effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).**Article 2, consisting of Sections R6-6-201 through R6-6-204, adopted effective May 2, 1983.*

## ARTICLE 3. ELIGIBILITY FOR DEVELOPMENTAL DISABILITIES SERVICES

*New Article 3 consisting of Sections R6-6-301 and R6-6-302 adopted effective March 30, 1983.**Former Article 3 consisting of Sections R6-6-301 through R6-6-303 repealed effective March 30, 1983.*

Section	
R6-6-301.	Eligibility for Services
R6-6-302.	Guidelines for Determining Developmental Disabilities
R6-6-303.	Eligibility Review

## ARTICLE 4. APPLICATION

*Article 4, consisting of Sections R6-6-401 through R6-6-405, adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).**Article 4, consisting of Sections R6-6-401 through R6-6-414 repealed effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).**New Article 4, consisting of Sections R6-6-401 through R6-6-414, adopted effective February 2, 1989.**Former Article 4, consisting of Sections R6-6-401 through R6-6-408, repealed effective March 7, 1983.*

Section	
R6-6-401.	Application for Admission to Services
R6-6-402.	Consent
R6-6-403.	Referrals from Juvenile Court
R6-6-404.	Eligibility under ALTCS
R6-6-405.	Documentation and Verification
R6-6-406.	Repealed
R6-6-407.	Repealed
R6-6-408.	Repealed
R6-6-409.	Repealed
R6-6-410.	Repealed
R6-6-411.	Repealed
R6-6-412.	Repealed
R6-6-413.	Repealed
R6-6-414.	Repealed

**ARTICLE 5. ADMISSION/REDETERMINATION/TERMINATION**

Article 5, consisting of Sections R6-6-501 through R6-6-505, adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).

Former Article 5 consisting of Sections R6-6-501 through R6-6-503 repealed effective February 2, 1989.

Article 5 consisting of Sections R6-6-501 through R6-6-503 adopted effective December 14, 1984.

- Section
- R6-6-501. Admission
- R6-6-502. Emergency Admission to Services
- R6-6-503. Redeterminations
- R6-6-504. Termination of Services
- R6-6-505. Continuation of Services

**ARTICLE 6. PROGRAM SERVICES**

Article 6, consisting of Sections R6-6-601 through R6-6-607, adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).

- Section
- R6-6-601. Case Management
- R6-6-602. Individual Service and Program Plan
- R6-6-603. Assignment to Services
- R6-6-604. Periodic Evaluations
- R6-6-605. Transfer to Another Service or Changes in Service
- R6-6-606. Consent of the Responsible Person
- R6-6-607. Renumbered

**ARTICLE 7. EXPIRED**

Article 7, consisting of Sections R6-6-701 through R6-6-719 expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

Article 7, consisting of Sections R6-6-701 through R6-6-719 adopted effective August 30, 1994, pursuant to an exemption from the procedures of the Arizona Administrative Procedure Act (Supp. 94-3).

Former Article 7 consisting of Sections R6-6-701 and R6-6-702 repealed effective February 2, 1989.

Article 7 consisting of Sections R6-6-701 and R6-6-702 adopted effective August 8, 1978.

- Section
- R6-6-701. Expired
- R6-6-702. Expired
- R6-6-703. Expired
- R6-6-704. Expired
- R6-6-705. Expired
- R6-6-706. Expired
- R6-6-707. Expired
- R6-6-708. Expired
- R6-6-709. Expired
- R6-6-710. Expired
- R6-6-711. Expired
- R6-6-712. Expired
- R6-6-713. Expired
- R6-6-714. Expired
- R6-6-715. Expired
- R6-6-716. Expired
- R6-6-717. Expired
- R6-6-718. Expired
- R6-6-719. Expired

**ARTICLE 8. PROGRAMMATIC STANDARDS AND CONTRACT MONITORING FOR COMMUNITY RESIDENTIAL SETTINGS**

Article 8, consisting of Sections R6-6-801 through R6-6-811, adopted effective August 30, 1994, under an exemption from the provisions of the Arizona Administrative Procedure Act (Supp. 94-3).

- Section
- R6-6-801. Applicability
- R6-6-802. Compliance
- R6-6-803. General Responsibilities of the Licensee
- R6-6-804. Rights of Clients
- R6-6-805. Program Plans
- R6-6-806. Health
- R6-6-807. Records
- R6-6-808. Staff Qualifications, Training, and Responsibilities
- R6-6-809. Policies and Procedures
- R6-6-810. Consent for Release of Personally Identifiable Information
- R6-6-811. Exemption

**ARTICLE 9. MANAGING INAPPROPRIATE BEHAVIORS**

- Section
- R6-6-901. Applicability
- R6-6-902. Prohibitions
- R6-6-903. Program Review Committee (PRC)
- R6-6-904. ISPP Team Responsibilities
- R6-6-905. Monitoring Behavior Treatment Plans
- R6-6-906. Training
- R6-6-907. Sanctions
- R6-6-908. Emergency Measures
- R6-6-909. Behavior-modifying Medications
- R6-6-910. Renumbered

**ARTICLE 10. CHILD DEVELOPMENTAL FOSTER HOME LICENSE**

Article 10, consisting of Sections R6-6-1001 through R6-6-1019, adopted effective August 30, 1994, under an exemption from the provisions of the Arizona Administrative Procedure Act (Supp. 94-3).

- Section
- R6-6-1001. Application for License
- R6-6-1002. Issuing an Initial License
- R6-6-1003. Issuing a Renewal License
- R6-6-1004. Issuing a Provisional License
- R6-6-1004.01. Time-Frame for Granting or Denying a License
- R6-6-1004.02. Administrative Completeness and Substantive Review Process
- R6-6-1004.03. Contents of a Complete Application Package - Initial License
- R6-6-1004.04. Contents of a Complete Application Package - Renewal License
- R6-6-1004.05. Contents of a Complete Request for an Amended License
- R6-6-1005. Training Requirements for Child Developmental Home Foster Parents
- R6-6-1006. Foster Parent Responsibilities in Child Developmental Foster Homes
- R6-6-1007. Behavior Management
- R6-6-1008. Sleeping Arrangements
- R6-6-1009. Notification Requirements
- R6-6-1010. Recordkeeping
- R6-6-1011. Health and Safety Standards in Child Developmental Foster Homes
- R6-6-1012. Transportation

## Department of Economic Security – Developmental Disabilities

- R6-6-1013. Dual Licensure or Certification of Child Developmental Foster Homes
- R6-6-1014. Rights of Children in Child Developmental Foster Homes
- R6-6-1015. Exemption
- R6-6-1016. Home Inspections and Monitoring
- R6-6-1017. Complaints
- R6-6-1018. Denial, Suspension, and Revocation of Child Developmental Foster Home Licenses
- R6-6-1019. Appeals

**ARTICLE 11. ADULT DEVELOPMENTAL HOME LICENSE**

*Article 11, consisting of Sections R6-6-1101 through R6-6-1119, adopted effective August 30, 1994, under an exemption from the provisions of the Arizona Administrative Procedure Act (Supp. 94-3).*

*Former Article 11 consisting of Sections R6-6-1101 through R6-6-1103 repealed effective September 18, 1987.*

*Article 11 consisting of Sections R6-6-1101 through R6-6-1104 repealed as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Section R6-6-1104 repealed effective February 3, 1983.*

*Article 11 consisting of Sections R6-6-1101 through R6-6-1104 adopted effective March 17, 1981.*

## Section

- R6-6-1101. Application for License
- R6-6-1102. Issuing an Initial License
- R6-6-1103. Issuing a Renewal License
- R6-6-1104. Issuing a Provisional License
- R6-6-1104.01. Time-Frame for Granting or Denying a License
- R6-6-1104.02. Administrative Completeness and Substantive Review Process
- R6-6-1104.03. Contents of a Complete Application Package - Initial License
- R6-6-1104.04. Contents of a Complete Application Package - Renewal License
- R6-6-1104.05. Contents of a Complete Request for an Amended License
- R6-6-1105. Training Requirements for Adult Developmental Home Providers
- R6-6-1106. Adult Developmental Home Licensee Responsibility
- R6-6-1107. Behavior Management
- R6-6-1108. Sleeping Arrangements
- R6-6-1109. Notification Requirements
- R6-6-1110. Recordkeeping
- R6-6-1111. Health and Safety Standards in an Adult Developmental Home
- R6-6-1112. Transportation
- R6-6-1113. Dual Licensure of Adult Developmental Homes
- R6-6-1114. Client Rights in Adult Developmental Homes
- R6-6-1115. Exemption
- R6-6-1116. Home Inspections and Monitoring
- R6-6-1117. Complaints
- R6-6-1118. Denial, Suspension, and Revocation of Adult Developmental Home Licenses
- R6-6-1119. Appeals

**ARTICLE 12. COST OF CARE PORTION**

## Section

- R6-6-1201. Cost of Care Portion for Services
- R6-6-1202. Determination of the Cost of Care Portion for Services

- R6-6-1203. Determination of the Cost of Care for Services for a Client who is the Beneficiary of an Estate, Trust, or Annuity
- R6-6-1204. Provisions for Cost of Care Portion from Clients Receiving Residential Services
- R6-6-1205. Billing for the Cost of Care Portion
- R6-6-1206. Review and Appeal
- Appendix A. Cost of Care Portion Table

**ARTICLE 13. COORDINATION OF BENEFITS; THIRD-PARTY PAYMENTS**

*Article 13, consisting of Sections R6-6-1301 through R6-6-1306, adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).*

## Section

- R6-6-1301. Information Required at Initial Application and Redetermination
- R6-6-1302. Assignment of Rights to Benefits
- R6-6-1303. Collections of Health Insurance
- R6-6-1304. Monitoring and Compliance
- R6-6-1305. Notification of Liens
- R6-6-1306. Renumbered

**ARTICLE 14. EXPIRED**

## Section

- R6-6-1401. Expired

**ARTICLE 15. STANDARDS FOR CERTIFICATION OF HOME AND COMMUNITY-BASED SERVICE (HCBS) PROVIDERS**

*Article 15, consisting of Sections R6-6-1501 through R6-6-1533, adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).*

*Article 15, consisting of Sections R6-6-1501 and R6-6-1502, repealed effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2).*

*Article 15, consisting of Sections R6-6-1501 and R6-6-1502, adopted effective May 12, 1982.*

## Section

- R6-6-1501. Definitions
- R6-6-1502. Applicability
- R6-6-1503. Requirement for an HCBS Certificate
- R6-6-1504. Application for an Initial HCBS Certificate
- R6-6-1504.01. Time-Frame for Granting or Denying an HCBS Certificate
- R6-6-1504.02. Administrative Completeness and Substantive Review Process
- R6-6-1504.03. Contents of a Complete Application Package - Initial Certificate
- R6-6-1504.04. Contents of a Complete Application Package - Renewal Certificate
- R6-6-1504.05. Contents of a Complete Request for an Amended Certificate
- R6-6-1505. Setting Requirements for HCBS Service Providers
- R6-6-1506. Fingerprinting Requirements
- R6-6-1507. Application for an HCBS Certificate Renewal
- R6-6-1508. Issuing an HCBS Certificate
- R6-6-1509. Duration of an HCBS Certificate
- R6-6-1510. Amending an HCBS Certificate
- R6-6-1511. Maintenance of an HCBS Certificate
- R6-6-1512. Compliance Audit of HCBS Service Providers
- R6-6-1513. Complaints
- R6-6-1514. Denial, Suspension, or Revocation of an HCBS Certificate

- R6-6-1515. Corrective Action Plan
- R6-6-1516. Right to Administrative Review
- R6-6-1517. Reporting Obligations of HCBS Service Providers
- R6-6-1518. Rights of Clients
- R6-6-1519. Records
- R6-6-1520. Basic Qualifications, Training, and Responsibilities
- R6-6-1521. Additional Qualifications for Attendant Care Services
- R6-6-1522. Additional Qualifications for Day Treatment and Training Services
- R6-6-1523. Additional Qualifications for Habilitation Services
- R6-6-1524. Additional Qualifications for Home Health Aide Services
- R6-6-1525. Additional Qualifications for Home Health Nurse Services
- R6-6-1526. Additional Qualifications for Hospice Services
- R6-6-1527. Additional Qualifications for Housekeeping Services
- R6-6-1528. Additional Qualification for Occupational Therapy Services
- R6-6-1529. Additional Qualifications for Personal Care Service
- R6-6-1530. Additional Qualifications for Physical Therapy Services
- R6-6-1531. Additional Qualifications for Respiratory Therapy Services
- R6-6-1532. Additional Qualifications for Respite Services
- R6-6-1533. Additional Qualifications for Speech/Hearing Therapy Services

**ARTICLE 16. ABUSE AND NEGLECT**

*Article 16 consisting of Sections R6-6-1601 through R6-6-1603 adopted effective June 23, 1981.*

Section

- R6-6-1601. Reporting Procedures
- R6-6-1602. Investigation
- R6-6-1603. Medical Evaluation

**ARTICLE 17. EXPIRED**

*Article 17, consisting of Sections R6-6-1701 through R6-6-1706 expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).*

*Article 17 consisting of Sections R6-6-1701 through R6-6-1706 adopted effective April 30, 1981.*

Section

- R6-6-1701. Expired
- R6-6-1702. Expired
- R6-6-1703. Expired
- R6-6-1704. Expired
- R6-6-1705. Expired
- R6-6-1706. Expired

**ARTICLE 18. ADMINISTRATIVE REVIEW**

*Article 18 consisting of Sections R6-6-1801 through R6-6-1804 adopted effective March 8, 1983.*

*Article 18, consisting of Sections R6-6-1801 through R6-6-1804 repealed effective August 29, 1991 (Supp. 91-3).*

*Article 18, consisting of Sections R6-6-1801 through R6-6-1806 adopted effective August 29, 1991 (Supp. 91-3).*

Section

- R6-6-1801. Right to Review: Notice
- R6-6-1802. General Procedures
- R6-6-1803. Procedures for Grievances Related to Licenses

- R6-6-1804. Procedures for Grievances by DD/ALTCS Clients and ALTCS Service Providers
- R6-6-1805. Appeals and Hearings
- R6-6-1806. Renumbered

**ARTICLE 19. RECODIFIED**

*Article 19, consisting of Sections R6-6-1901 through R6-6-1911, recodified to Article 20 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).*

*Article 19, consisting of Sections R6-6-1901 through R6-6-1912, adopted effective April 17, 1996 (Supp. 96-2).*

*Article 19, consisting of Sections R6-6-1901 through R6-6-1911, adopted again as emergency rules effective March 12, 1996 (Supp. 96-1).*

*Article 19, consisting of Sections R6-6-1901 through R6-6-1911, adopted as emergency rules effective September 13, 1995 (Supp. 95-3).*

*Article 19, consisting of Sections R6-6-1901 and R6-6-1902 repealed effective August 29, 1991 (Supp. 91-3).*

*Article 19 consisting of Sections R6-6-1901 and R6-6-1902 adopted effective October 16, 1981.*

Section

- R6-6-1901. Recodified
- R6-6-1902. Recodified
- R6-6-1903. Recodified
- R6-6-1904. Recodified
- R6-6-1905. Recodified
- R6-6-1906. Recodified
- R6-6-1907. Recodified
- R6-6-1908. Recodified
- R6-6-1909. Recodified
- R6-6-1910. Recodified
- R6-6-1911. Recodified
- R6-6-1912. Repealed

**ARTICLE 20. CONTRACTS**

*Former Article 20, consisting of Sections R6-6-2001 through R6-6-2016, recodified to Article 22; new Article 20, consisting of Sections R6-6-2001 through R6-6-2011, recodified from Article 19 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).*

*Article 20 consisting of Sections R6-6-2001 through R6-6-2010 adopted effective March 7, 1983.*

*Article 20, consisting of Sections R6-6-2001 through R6-6-2010, repealed effective August 29, 1991 (Supp. 91-3).*

*Article 20, consisting of Sections R6-6-2001 through R6-6-2017, adopted effective August 29, 1991 (Supp. 91-3).*

Section

- R6-6-2001. Definitions
- R6-6-2002. Contracting Process
- R6-6-2003. Solicitation for Offerors
- R6-6-2004. Immediate or Emergency Need for Services
- R6-6-2005. Acute Care - Solicitation of Service from Health Plans
- R6-6-2006. Acute Care - Evaluation of Proposals; Cancellation
- R6-6-2007. Acute Care - Award of Contracts
- R6-6-2008. Acute Care - Protests
- R6-6-2009. Acute Care Providers in a Geographic Area With No Health Plan
- R6-6-2010. Statute, Regulation, Rule, or Program Change
- R6-6-2011. Procurement Records
- R6-6-2012. Recodified
- R6-6-2013. Recodified

R6-6-2014.	Recodified
R6-6-2015.	Recodified
R6-6-2016.	Recodified
R6-6-2017.	Renumbered

#### ARTICLE 21. DIVISION PROCUREMENT AND RATE SETTING – QUALIFIED VENDORS

*Article 21, consisting of Sections R6-6-2101 through R6-6-2115, made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1).*

##### Section

R6-6-2101.	Definitions
R6-6-2102.	Applicability
R6-6-2103.	Qualified Vendor Application Process
R6-6-2104.	Criteria for Qualified Vendor Agreements
R6-6-2105.	Qualified Vendor Agreement
R6-6-2106.	List Serv
R6-6-2107.	Selecting a Provider – Individual Consumers
R6-6-2108.	Emergency Procurement
R6-6-2109.	Consumer Choice
R6-6-2110.	Authorization to Provide Services
R6-6-2111.	Termination of the Qualified Vendor Agreement
R6-6-2112.	Cancellation of Requests and Notices
R6-6-2113.	Repealed
R6-6-2114.	Rate Setting
R6-6-2115.	Legal and Contractual Remedies
R6-6-2116.	Resolution of Agreement Claims and Controversies
R6-6-2117.	Controversies Involving State Claims Against a Qualified Vendor
R6-6-2118.	Hearing
R6-6-2119.	Appeals to Superior Court

#### ARTICLE 22. APPEALS AND HEARINGS

*Article 22, consisting of Sections R6-6-2201 through R6-6-2216, recodified from Article 20 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).*

##### Section

R6-6-2201.	Right to Appeal
R6-6-2202.	Filing an Appeal
R6-6-2203.	Service on Parties
R6-6-2204.	Time
R6-6-2205.	Representation of Parties
R6-6-2206.	Continuation of Services
R6-6-2207.	Scheduling and Notice of Hearing
R6-6-2208.	Change of Hearing Officer
R6-6-2209.	Failure of a Party to Appear
R6-6-2210.	Prehearing Summary
R6-6-2211.	Subpoena of Witnesses and Documents
R6-6-2212.	Conduct of Hearing
R6-6-2213.	Hearing Decision
R6-6-2214.	Termination of Appeal
R6-6-2215.	Review by the Appeals Board
R6-6-2216.	Review by AHCCCS of ALTCS-related Matters

#### ARTICLE 23. DEEMED STATUS

*Article 23, consisting of R6-6-2301 through R6-6-2311, made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).*

##### Section

R6-6-2301.	Definitions
R6-6-2302.	Deemed Status: Eligibility, Application, and Limitations
R6-6-2303.	Time-frame for Department Review of Application
R6-6-2304.	Responsibilities of a Provider with Deemed Status

R6-6-2305.	Expiration and Renewal of Deemed Status
R6-6-2306.	Notice of Change in Accreditation
R6-6-2307.	Non-assignability of Deemed Status
R6-6-2308.	Programmatic and Contractual Monitoring of Provider with Deemed Status
R6-6-2309.	Revocation of Deemed Status
R6-6-2310.	Administrative Review, Appeal, and Hearing
R6-6-2311.	Judicial Review

#### ARTICLE 1. GENERAL PROVISIONS

##### R6-6-101. Definitions

In addition to the definitions found in A.R.S. §§ 36-551 and 36-596.51, the following definitions apply to this Chapter, unless otherwise provided in a specific Article of this Chapter:

1. “Administrative Review” means a mechanism of informal review for decisions made by the Division of Developmental Disabilities.
2. “Adult” means a person aged 18 years or above.
3. “Agency” means any organization, funded by the Division, which provides services to individuals with developmental disabilities.
4. “Agency administrator” means the Chief Executive Officer or designee of an agency.
5. “AHCCCS” means the Arizona Health Care Cost Containment System.
6. “ALTCS” means the Arizona Long-term Care System.
7. “ALTCS service provider” means those service providers through whom health care services are delivered to DD/ALTCS clients.
8. “Appeals Board” means the Department of Economic Security Appeals Board.
9. “Appellant” means any person or the Department who appeals an action under R6-6-1801 et seq.
10. “Appellate Services Administration/Long-term Care” means the Appellate Services Administration/Long-term Care within the Department of Economic Security.
11. “Applicant” means the responsible person as defined in A.R.S. § 36-551 who has applied for Division services.
12. “Assignment of benefits” means the insurer is entitled to deal with the assignee as the owner or pledgee of the policy in accordance with the terms of the assignment.
13. “Behavior management” means procedures designed to increase a client’s appropriate behaviors and decrease inappropriate behaviors which are a problem to the client or others.
14. “Behavior-modifying medications” means drugs which are prescribed, administered, and directed for the purpose of reducing or eliminating certain behaviors.
15. “Benefits” means, for the purpose of determining cost of care portion under Article 12, monies received from SSI, SSA, or other governmental funds which may be subject to a cost of care portion for residential and other services provided by the Division.
16. “Case plan” means a written document used by child welfare staff which is a separate and distinct part of the case record. It identifies the case plan goal and target date, objectives, tasks, time-frames, responsible parties, consequences, and barriers. The child welfare care manager is responsible for the development and implementation of the case plan in consultation with the family and service team.
17. “Child” means a person under the age of 18 years.
18. “Community residential setting resident” or “resident” means any person placed for care in a community residential setting whether or not the person is a client of the Department.

19. “Cost of care” means the dollar value of services listed in R6-6-1201(B) provided to a client through the Division.
20. “Cost of care portion” means the percentage of a client’s cost of care that a parent, client, or responsible person may be required to pay to the Division to help offset the cost of the client’s care.
21. “DD/ALTCS client” means an individual with developmental disabilities who has met the eligibility criteria of both the Division of Developmental Disabilities and the Arizona Long-term Care System (ALTCS).
22. “DD/non-ALTCS client” means an individual who has met the eligibility criteria of the Division but who does not meet the eligibility criteria of ALTCS.
23. “Direct care staff” means a person who is employed or contracted to provide direct services to clients by either a community residential setting licensee or license applicant, or by an agency applying for or certified to provide Home and Community-based Services.
24. “District Program Manager” or “DPM” means the Division of Developmental Disabilities’ administrator or designee in each of the Department’s six planning districts.
25. “Emergency measures” means physical management techniques used in an emergency to manage a sudden, intense, or out-of-control behavior.
26. “Evacuation device” means equipment used to facilitate the evacuation of a community residential setting in the event of an emergency.
27. “Exclusion time-out” means a time-out procedure in which an individual is removed from a reinforcing environment to an environment which is less reinforcing or in which there is less opportunity to earn reinforcement.
28. “Family support services” means those services and supports provided by the division and are designed to strengthen the family’s role as a primary care giver, prevent inappropriate out-of-home placement, maintain family unity, and reunite families with members who have been placed out of the home.”
29. “Family support voucher” means a written authorization provided to a client or responsible person to purchase family support services.
30. “Fee for service” means the costs that are assessed pursuant to R6-6-1201 *et seq.* for services received from or through the Division.
31. “Fire Risk Profile” means an instrument prescribed by the Division that yields a score for a facility based on the ability of the resident to evacuate the community residential setting.
32. “Forced Compliance” means a procedure in which an individual is physically forced to follow a direction or command.
33. “Grievant” means any person who is aggrieved by a decision of the Department.
34. “Health insurance payments” means the assignment of rights to medical support or other third-party payments for medical care.
35. “Health Plan” means a service provider of health-related services.
36. “Hearing Officer” means any person selected to hear and render a decision in an appeal under Article 22 of this Chapter.
37. “Human Rights Committee” or “HRC” means a committee established by the Director to provide independent oversight and review as described in R6-6-1701 *et seq.*
38. “IEP” or “Individualized Education Plan” means a written statement for providing special education services to a child with a disability that includes the pupil’s present levels of educational performance, the annual goals, and the short-term measurable objectives for evaluating progress toward those goals and the specific special education and related services to be provided.
39. “Income” means, as used in Article 12, net taxable income as reported on the person’s last tax return.
40. “Individual service and program plan” or “ISPP” means a written statement of services to be provided to an individual with developmental disabilities including habilitation goals and objectives and determinations as to which services, if any, the client may be assigned. The ISPP incorporates and replaces the Individual Program Plan and the placement evaluation, both as defined in A.R.S. § 36-551, and the service plan as defined in A.R.S. § 36-2938.
41. “Individual service and program plan team” or “ISPP team” means a group of persons assembled by the Division and coordinated by the client’s case manager in compliance with A.R.S. §§ 36-551 and 36-560 to develop an ISPP for each client.
42. “Insured” means the party to an insurance arrangement to whom, or on behalf of whom, the insurance company agrees to indemnify for losses, provide benefits, or render services.
43. “Insurer” means the insurance company assuming risk and agreeing to pay claims or provide services.
44. “Least intrusive” or “least obtrusive” means the level of intervention necessary, reasonable, and humanely appropriate to the client’s needs, which is provided in the least disruptive or invasive manner possible.
45. “License applicant” means a person or business entity which submits an application to the Division for an initial or a renewal license to operate a community residential setting.
46. “Licensee” means a person or entity licensed as a community residential setting, or a person designated by such person or entity to be responsible for carrying out the requirements under these rules.
47. “Lives independently” means a client who lives in a primary residence in which the Division does not fund, in whole or in part, daily habilitation or room and board and for which the client secures the residence and is the principle signatory on the lease or rental agreement; makes decisions regarding roommates, furnishings, and arrangements for on-site services; makes the payments relating to the residence; and makes decisions to terminate such arrangements or lease or rental agreement.
48. “Main provider record” means a record maintained by a service provider which contains all pertinent information concerning the evaluations of, and the services provided to, a client, and which is located in a designated place.
49. “Mechanical restraint” means any mechanical device used to restrict the movement or normal function of a portion of the client’s body, excluding only those devices necessary to provide support for the achievement of functional body position or proper balance.
50. “Medically necessary services” means those covered services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law to prevent disease, disability, and other adverse health conditions or their progression or to prolong life.
51. “Medication error” means that one or more of the following has occurred: a client is given the wrong medication or the wrong dosage, the medication is given at the wrong time or not given at all, or the medication is given via the wrong route or to the wrong person.

52. “Monitoring” means the process of reviewing licensed adult and child developmental homes and community residential settings for compliance with licensing, contractual, or programmatic requirements.
53. “Office of Appeals” means the Office of Appeals of the Department of Economic Security.
54. “Overcorrection” means a group of procedures designed to reduce inappropriate behavior, in specifically:
- Requiring a client to restore the environment to a state vastly improved from that which existed prior to the inappropriate behavior; or
  - Requiring a client to repeatedly practice a behavior.
55. “Party” means any person appealing an action under R6-6-1801 et seq. or the Department.
56. “Physical restraint” means a procedure whereby one or more persons restrict a client’s freedom of movement for the purpose of managing the client’s behavior.
57. “Policy” in Article 13 means the written contract effecting insurance or the certificate thereof by whatever name called, and papers attached thereto and made a part thereof.
58. “Program contractor” means the Division of Developmental Disabilities in its position as program contractor to AHCCCS.
59. “Program Review Committee” or “PRC” means a group of persons designated by the District Program manager to review and approve or disapprove all behavior management programs before such programs may be implemented or sent to the Human Rights Committee.
60. “Program Unit” means a location where services are provided.
61. “Protective device” means an appliance used to prevent a client from engaging in self-injurious behavior, used by a medical practitioner to restrain an individual while a treatment or procedure is being performed, or authorized by a medical practitioner for use in response to a medical condition.
62. “Residential service” means a residential living arrangement operated by the Division or by providers funded by the Division, in which clients live with varied degrees of appropriate supervision.
63. “Reinforcer” means any consequence that maintains or increases the future probability of the response it follows.
64. “Response cost” means a procedure designed to decrease inappropriate behaviors by removing earned reinforcers or possessions as a consequence of an inappropriate behavior.
65. “Responsible party” means a client or a person or entity that is obligated or liable to pay the cost of care for a client, including the parent of a minor client, representative payee, guardian, or conservator, and the personal representative of an estate, or the trustee of a trust of which the client is a beneficiary.
66. “Seclusion” or “locked time-out room” means the placement of a client in a room or other area from which the client cannot leave.
67. “Service provider” means an agency or individual operating under a contract or service agreement with the Department to provide services to Division clients.
68. “Services” means developmental disability programs and activities consistent with family support philosophy and operated by or contracted for the Department directly or indirectly, including residential services, family and child services, family and adult services, and case management and resource services.
69. “Standards” means Arizona Revised Statutes, administrative rules, the Code of Federal Regulations, interagency and intergovernmental agreements, and contract provisions that apply to licensing and monitoring community residential settings.
70. “Tardive Dyskinesia” means a slow, rhythmic, automatic stereotyped movement which occasionally occurs, either generalized or in single muscle groups, as an undesired side effect of therapy with certain psychotropic drugs.
71. “Third-party liability” means the resources available from a person or entity that is or may be, by agreement, circumstances, or otherwise, liable to pay all or part of the medical expenses incurred by a Division client.
72. “Third-party payor” means any individual, entity, or program that is or may be liable to pay all or part of the medical cost of injury, disease, or disability of a Division client.
73. “Time-out device” means a secured room or area used to enforce a “time-out procedure.”
74. “Time-out procedure” means a procedure in which the client’s access to sources of various forms of reinforcement is removed for the purpose of decreasing a client’s inappropriate behavior.
75. “Vulnerable adult” means an individual who is 18 years of age or older and who is unable to protect himself from abuse, neglect, or exploitation by others because of a mental or physical impairment according to A.R.S. § 13-3623.

#### Historical Note

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Amended paragraph (19) and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-101 renumbered to R6-6-201, new Section R6-6-101 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Amended effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Chapter 6, effective December 1, 1996; filed in the Office of the Secretary of State November 22, 1996 (Supp. 96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4). R6-6-101(36) reference to Article 20 corrected to Article 22 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### R6-6-102. Rights of Individuals with Developmental Disabilities

The Division and its service providers shall guarantee the rights of individuals with developmental disabilities in the provision of services in compliance with applicable federal and state laws.

#### Historical Note

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-102 renumbered to R6-6-202, new Section R6-6-102 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-102

renumbered to R6-6-103, new Section R6-6-102 adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). R6-6-102 Section heading corrected at the request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### **R6-6-103. Confidentiality Officer**

- A. Each district shall designate one Division staff person to act as a confidentiality officer.
- B. Confidentiality officers shall completely administer and supervise the maintenance and use of all personally identifiable information in the Division including storage, disclosure, retention, and destruction of this information in accordance with procedures of the Division and applicable state law.
- C. At the time of eligibility determination reviews, confidentiality officers or their designees shall notify responsible persons of their rights pursuant to A.R.S. § 36-568.01 regarding disclosure of personally identifiable information.

##### **Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-103 renumbered to R6-6-203, new Section R6-6-103 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-103 renumbered to R6-6-104, new Section R6-6-103 renumbered from R6-6-102 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### **R6-6-104. Access to Personally Identifiable Information**

- A. The Division and its service providers shall each maintain a list of persons or titles who are authorized to have access to personally identifiable information in their files.
- B. The service provider shall maintain a main provider record for each client; the file shall be available to responsible persons upon request.
- C. Where a service provider uses a centralized recordkeeping system, the service provider shall also make available appropriate records in the program unit.
- D. Where particular professional services require the maintenance of separate records, a summary of the information contained therein shall be entered in the main provider record maintained by the client's service provider.

##### **Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Corrected subsection (B) and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-104 renumbered to R6-6-204, new Section R6-6-104 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-104 renumbered to R6-6-105, new Section R6-6-104 renumbered from R6-6-103 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### **R6-6-105. Consent for Release of Information**

- A. Consent for the release of personally identifiable information shall be:

1. Obtained from the client or responsible person in writing and dated;
  2. Maintained in the main record.
- B. Consents for release of information obtained during intake shall expire within 90 days.
  - C. Subsequent consents shall be obtained as needed and shall be valid for six months from the date of execution.

##### **Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-105 renumbered to R6-6-205, new Section R6-6-105 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-105 renumbered to R6-6-106, new Section R6-6-105 renumbered from R6-6-104 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### **R6-6-106. Violations and Penalties**

- A. An employee of the Division or service provider shall not disclose personally identifiable client information unless a consent to release has been given as provided in this Section.
- B. An employee of the Division who makes an unlawful disclosure of personally identifiable information is subject to disciplinary action or dismissal. Anyone who has knowledge of an employee's violation of R6-6-106 must report the violation to the employee's supervisor.
- C. Violators are subject to penalties pursuant to applicable statute.

##### **Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-106 renumbered to R6-6-206, new Section R6-6-106 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-106 renumbered to R6-6-107, new Section R6-6-106 renumbered from R6-6-105 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### **R6-6-107. Least Restrictive Environment**

- A. Every client has a right to the least restrictive, appropriate alternative in connection with the provision of services or placement in a program.
- B. Every client has the right to a semi-annual review of services or programs funded by the Division and received by the client in order to ensure that the client's needs are met.

##### **Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-107 renumbered to R6-6-207, new Section R6-6-107 adopted effective June 7, 1993, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-107 renumbered to R6-6-108, new Section R6-6-107 renumbered from R6-6-106 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-108. Safe and Humane Environment**

- A.** This Section does not apply to community residential settings that are governed by the provisions of Article 7, 8, 10, or 11 of this Chapter.
- B.** Service providers shall have a written and posted plan for meeting potential emergencies and disasters.
- C.** The plan shall be reviewed annually by the Division and shall include, but shall not be limited to:
1. The assignment of staff to specified duties and responsibilities;
  2. A system for notification of appropriate persons;
  3. Specification of evacuation routes and procedures including provisions for clients who are incapable of taking action for self-preservation; and
  4. Provision for at least one rehearsal per year to evaluate the effectiveness of the plan.
- D.** Programs operated by the Division, or by a profit or nonprofit agency supervised or financially supported by the Division, shall have an active safety program, which shall include, but shall not be limited to:
1. Staff training for meeting potential emergencies and disasters such as fire, severe weather, and missing persons;
  2. Staff training in the use of alarm systems and signals, firefighting, and equipment and evacuation devices;
  3. Staff training in administering first aid, including cardiopulmonary resuscitation (CPR) and the Heimlich maneuver, in the presence of accident or illness;
  4. Provisions for the avoidance of hazards such as accessibility to dangerous substances, sharp objects, and unprotected electrical outlets;
  5. Provisions for the use of glass or other glazing material appropriate to the safety of the individuals served;
  6. The use of clean, nonabrasive, slip-resistant, and safe surfaces on floors and stairs;
  7. Provisions for the avoidance of heating apparatus and hot water temperatures that constitute a burn hazard to the individuals served; and
  8. The use of lead-free paint in areas to which clients have access.
- E.** Programs operated by the Division, or by a profit or nonprofit agency supervised or financially supported by the Division, shall conform to local fire safety standards and the fire safety standards as approved and promulgated by the Arizona State Fire Marshal's office or by tribal fire department standards, whichever is appropriate.
- F.** Programs operated by the Division, or by a profit or nonprofit agency supervised or financially supported by the Division, shall provide adequate heating and cooling.
- G.** Service providers shall keep copies of all licenses, certificates, and correspondence in a separate file to document compliance with sanitation, health, and environmental codes of state and local authorities having primary jurisdiction in these matters. The file shall be available for inspection by the Division employees during regular business hours.
- H.** Service provider staff shall:
1. Always give clients the least amount of physical assistance necessary to accomplish a task;
  2. Ensure that clients be accorded privacy during treatment and care of personal needs;
  3. Care for the client's personal needs and, except in cases of emergency, ensure that each client is afforded the right to have care for personal needs provided by a staff member of the gender chosen by the client/responsible person. This choice needs to be specified in the ISPP;
  4. Ensure that clients are afforded privacy with regard to written correspondence, telephone communication, and visitations; and
  5. Uphold respect for the dignity of individuals with developmental disabilities during tours of client residences, work areas, or classrooms.

**Historical Note**

Section R6-6-108 adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-108 renumbered to R6-6-208 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Section R6-6-108 renumbered from Section R6-6-107 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-109. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Deleted subsection (O); corrected subsections (E), (H), and (I); amended subsections (J) and (M); and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-208 renumbered from R6-6-108 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-110. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-210 renumbered from R6-6-110 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-111. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-210 renumbered from R6-6-110 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-112. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-212 renumbered from R6-6-112 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-113. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Amended subsection (C) and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-213 renumbered from R6-6-113 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-114. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-214 renumbered from R6-6-114 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-115. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-215 renumbered from R6-6-115 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-116. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-216 renumbered from R6-6-116 effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-117. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Amended subsections (C), (D), and (F) and adopted as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-217 renumbered from R6-6-117 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-118. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-218 renumbered from R6-6-118 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-119. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-219 renumbered from R6-6-119 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-120. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-220 renumbered from R6-6-120 effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-121. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Adopted without change as a permanent rule effective September 18, 1987 (Supp. 87-3). Section R6-6-213 renumbered from R6-6-113 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**ARTICLE 2. REPEALED****R6-6-201. Repealed****Historical Note**

Former R6-6-201 repealed, new Section R6-6-201 renumbered from R6-6-101 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-201 repealed, new Section R6-6-201 renumbered from R6-6-202 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-202. Repealed****Historical Note**

Former R6-6-202 repealed, new Section R6-6-202 renumbered from R6-6-102 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-202 renumbered to R6-6-201, new Section R6-6-202 renumbered from R6-6-203 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-203. Repealed****Historical Note**

Former R6-6-203 repealed, new Section R6-6-203 renumbered from R6-6-103 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-203 renumbered to R6-6-202, new Section R6-6-203 renumbered from R6-6-204 and amended effective



**Historical Note**

Section R6-6-214 renumbered from R6-6-114 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-214 renumbered to R6-6-213, new Section R6-6-214 renumbered from R6-6-215 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-215. Repealed****Historical Note**

Section R6-6-215 renumbered from R6-6-115 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-215 renumbered to R6-6-214, new Section R6-6-215 renumbered from R6-6-216 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-216. Repealed****Historical Note**

Section R6-6-216 renumbered from R6-6-116 effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-216 renumbered to R6-6-215, new Section R6-6-216 renumbered from R6-6-217 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-217. Repealed****Historical Note**

Section R6-6-217 renumbered from R6-6-117 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-217 renumbered to R6-6-216, new Section R6-6-217 renumbered from R6-6-218 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-218. Repealed****Historical Note**

Section R6-6-218 renumbered from R6-6-118 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-218 renumbered to R6-6-217, new Section R6-6-218 renumbered from R6-6-219 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-219. Repealed****Historical Note**

Section R6-6-219 renumbered from R6-6-119 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former

Section R6-6-219 renumbered to R6-6-218, new Section R6-6-219 renumbered from R6-6-220 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-220. Repealed****Historical Note**

Section R6-6-220 renumbered from R6-6-120 effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-220 renumbered to R6-6-219, new Section R6-6-220 renumbered from R6-6-221 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Repealed effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-221. Renumbered****Historical Note**

Section R6-6-213 renumbered from R6-6-113 and amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-221 renumbered to R6-6-220 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**ARTICLE 3. ELIGIBILITY FOR DEVELOPMENTAL DISABILITIES SERVICES****R6-6-301. Eligibility for Services**

- A. In order to be eligible for Developmental Disabilities services, a person must be a resident of the state of Arizona and must be developmentally disabled as determined in accordance with A.R.S. § 36-551 and within the guidelines stated in R6-6-302.
- B. Notwithstanding the provisions of subsection (A), the requirement of state residency does not apply to federal programs which are not subject to residency rules.
- C. As a condition of eligibility, applicants are required to assign rights to insurance benefits in accordance with R6-6-1303.
- D. Final determination of eligibility will be the decision of the Division.
- E. Even though a person may at one time fully meet the guidelines contained herein, effective services may later reduce functional limitations to the extent that they are no longer substantial. When, in the opinion of the Division, after a review pursuant to R6-6-1801 et seq., it is necessary for a client to receive continued services to maintain skills or to prevent regression, the client will remain eligible for services.
- F. Eligibility for infants is determined as follows:
  1. A child under the age of six years may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests. To be eligible for Division services, a child from age 0-6 shall:
    - a. Have a diagnosis of cerebral palsy, epilepsy, autism, or mental retardation;
    - b. Be at risk for becoming developmentally disabled based on an identified delay in one or more areas of development or if there is a likelihood that without services the child will become developmentally delayed or disabled; or
    - c. Have demonstrated a significant developmental delay as determined in one or more areas of development as measured on a culturally appropriate and

- recognized developmental assessment tool. Eligibility is exclusive of cultural or environmental factors.
2. Developmental delay shall be determined by a physician or person formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools and informed clinical opinion.

**Historical Note**

Adopted effective October 31, 1978 (Supp. 78-5). Former Section R6-6-301 repealed, new Section R6-6-301 adopted effective March 30, 1983 (Supp. 83-2). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-302. Guidelines for Determining Developmental Disabilities**

- A. Autism, cerebral palsy, epilepsy, and mental retardation are determined as follows:
  1. Autism -- by a licensed psychiatrist or psychologist whose expertise in diagnosing autism is determined by the Division.
  2. Cerebral palsy -- by a licensed physician.
  3. Epilepsy -- by a licensed physician.
  4. Mental retardation -- by a qualified person who performs psychological evaluations utilizing tests which are culturally appropriate and valid.
- B. Substantial functional limitations must be determined in three or more areas of the major life activities. These limitations are defined as follows:
  1. Self-care -- when a person requires significant assistance in performing eating, hygiene, grooming, or health care skills or when the time required for a person to perform these skills is so extraordinary as to impair the ability to retain employment or to conduct other activities of daily living.
  2. Receptive and expressive language -- when a person is unable to communicate with others, or is unable to communicate effectively without the aid of a third person, a person with special skills, or without a mechanical device.
  3. Learning -- when a person's cognitive factors, or other factors, related to the acquisition and processing of new information (such as attentional factors, acquisition strategies, storage, and retrieval) are impaired to the extent that the person is unable to participate in age-appropriate learning activities without utilization of additional resources.
  4. Mobility -- when a person's fine or gross motor skills are impaired to the extent that the assistance of another person or mechanical device is required to move from place to place or when the effort required to move from place to place is so extraordinary as to impair ability to retain employment and conduct other activities of daily living.
  5. Self-direction -- when a person requires assistance in managing personal finances, protecting self-interest, or making independent decisions which may affect well-being.
  6. Capacity for independent living -- when, for a person's own safety or well-being, supervision, or assistance is needed at least on a daily basis in the performance of health maintenance and housekeeping.
  7. Economic self-sufficiency -- when a person is unable to perform the tasks necessary for regular employment or is limited in productive capacity to the extent that earned

annual income, after extraordinary expenses occasioned by the disability, is below the poverty level.

**Historical Note**

Adopted effective October 31, 1978 (Supp. 78-5). Former Section R6-6-302 repealed, new Section R6-6-302 adopted effective March 30, 1983 (Supp. 83-2). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-303. Eligibility Review**

Determinations of eligibility are subject to review at any time by the Assistant Director or designee.

**Historical Note**

Adopted effective October 31, 1978 (Supp. 78-5). Repealed effective March 30, 1983 (Supp. 83-2). New Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**ARTICLE 4. APPLICATION**

**R6-6-401. Application for Admission to Services**

- A. To apply for Division services, an applicant shall:
  1. Participate in a face-to-face interview with a designated Department employee; and
  2. File with the Division a written application on a form prescribed by and available from the Division at no charge.
- B. The application form shall contain the following information:
  1. With respect to the person to receive services:
    - a. Name, address, and telephone number;
    - b. Personal information including date of birth, place of birth, age, social security number, sex, primary language, marital status, and citizenship;
    - c. Monthly income;
    - d. Medical insurance coverage;
    - e. Educational background, including current or planned enrollment in a special education program within a school district;
    - f. Information documenting the existence of a developmental disability, including professional assessments and evaluations;
    - g. A description of any other disabling conditions or special considerations;
    - h. If under 18 years of age, total number of persons in the household;
    - i. Identification of any adults who regularly live in the home by name, date of birth, and relationship to the person to receive services;
    - j. Identification of natural parents, regardless of whether living in the home, by name, social security number, and business and home telephone numbers; and
    - k. Identification of two adult persons living outside the home who are familiar with the person to receive services, by name, address, relationship to the person to receive services, and business and home telephone numbers; and
  2. With respect to the responsible person, if other than the person to whom services would be provided:
    - a. Name, business and home addresses, business and home telephone numbers, and social security number;

- b. Relationship to person to whom services would be provided; and
  - c. If a guardianship or conservatorship has been established, a copy of the court order shall accompany the application;
- C. The applicant shall provide a description of programs and services requested.
- D. The applicant shall provide information regarding prior applications for admission to Division services or services received.
- E. The applicant shall provide documentation of application information as defined in R6-6-405.
- F. The Division shall not consider an incomplete application.
- 1. If the Division receives an application that is not complete, the Division shall send written notification of deficiencies to the applicant.
  - 2. If the applicant does not provide the specified information within 15 working days of receipt of notification of deficiencies, or cannot demonstrate a good faith effort to collect the information, the Division shall close the applicant's file and send a letter denying admission.
- G. An applicant whose file has been closed and who subsequently desires admission shall submit a new application.

#### Historical Note

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed, new Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

#### R6-6-402. Consent

- A. The signature of the responsible person is required on the application materials pursuant to A.R.S. § 36-560(D).
- B. If other than the responsible person, the individual to receive Division services, who is capable of giving informed consent, is required to sign the application materials as follows:
- 1. Signed consent is required from an individual who is aged 18 or above and is to receive Division services.
  - 2. Signed consent is required from an individual who is aged 14 or above and is to receive services in a community residential setting.
- C. The Division shall document in the case file its determination as to whether the person to receive services is capable of giving informed consent.

#### Historical Note

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed, new Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-403. Referrals from Juvenile Court

The Division shall determine eligibility of any child assigned to the Division by a juvenile court pursuant to A.R.S. § 8-242. If determined ineligible, the Division shall immediately refer the matter to the Department's Administration for Children, Youth, and Families.

#### Historical Note

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed, new Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

#### R6-6-404. Eligibility under ALTCS

- A. The Division shall refer individuals with developmental disabilities who may be eligible for the Arizona Long-term Care System (ALTCS) to the Arizona Health Care Cost Contain-

ment System Administration (AHCCCS) to determine eligibility under ALTCS.

- B. The Division shall not provide services, other than emergency services as provided under R6-6-502, to an individual who has been referred for ALTCS eligibility determination until that determination has been completed.
- C. Applicants who voluntarily refuse to cooperate in the ALTCS eligibility process are not eligible for Division services pursuant to A.R.S. § 36-559.

#### Historical Note

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed, new Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

#### R6-6-405. Documentation and Verification

The applicant shall provide documentation of the following:

- 1. Residency.
  - a. All applicants shall sign an affidavit stating current residency and intent to remain in Arizona.
  - b. An applicant shall show written proof of Arizona residency by providing one of the following types of documents:
    - i. Rent or mortgage receipt, or lease in the applicant's name showing the residential address;
    - ii. Non-relative landlord statement indicating the applicant's name and address as well as the landlord's name and address and telephone, if available;
    - iii. Applicant's Arizona driver's license;
    - iv. Applicant's Arizona motor vehicle registration;
    - v. Signed employment statement from applicant's non-relative employer;
    - vi. Utility bill in the applicant's name indicating the applicant's address;
    - vii. Current phone directory showing applicant's name and address;
    - viii. United States Post Office records which show the applicant's name and address;
    - ix. A current city directory showing the applicant's name and address;
    - x. Certified copy of a church membership or enrollment record which indicates the applicant's current name and address; or
    - xi. Certified copy of a school record which indicates the applicant's current address; or
  - c. If an applicant has made all reasonable efforts to obtain documented verification as described in subsection (1)(b) and has been unsuccessful, the affidavit signed by the applicant attesting to the applicant's present residence and intent to remain in Arizona shall be sufficient.
- 2. Age.
  - a. An applicant shall provide proof of age of the person to receive services by the following:
    - i. Alien documents;
    - ii. Federal or state census records;
    - iii. Hospital records of birth;
    - iv. Copy of birth certificate;
    - v. Military records;
    - vi. Notification of birth registration;
    - vii. Religious records showing age or date of birth;
    - viii. Dated school records showing age or school records showing date of birth;
    - ix. Affidavit signed by the licensed physician, licensed midwife or other health care profes-

- sional who was in attendance at the time of the birth, attesting to the date of birth; or
- x. U.S. Passport.
  - b. If an applicant has made all reasonable efforts to obtain documented verification as described in subsection (2)(a) and has been unsuccessful, an affidavit signed by the applicant shall be sufficient to verify age of person to receive services.
3. Health Insurance Coverage. An applicant shall provide information regarding current health insurance which relates to the individual for whom application is being made as provided in R6-6-1301 *et seq.*
  4. Income. The Division shall require documentation of income as provided in R6-6-1201 *et seq.*

**Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed, new Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-406. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-407. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-408. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-409. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-410. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-411. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-412. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-413. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-414. Repealed****Historical Note**

Adopted effective February 2, 1989 (Supp. 89-1). Section repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**ARTICLE 5. ADMISSION/REDETERMINATION/TERMINATION****R6-6-501. Admission**

- A. If determined eligible pursuant to A.R.S. § 36-559 and R6-6-301 *et seq.*, the person for whom services are requested shall be considered by the ISPP team for assignment to services and thereby become a client.
- B. If the person for whom services are requested is determined ineligible, the Division shall send the applicant written notice of ineligibility by registered mail, return receipt requested.

**Historical Note**

Repealed effective February 2, 1989 (Supp. 89-1). New Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-502. Emergency Admission to Services**

In an emergency, the Division may provide services for a limited period of time, pursuant to A.R.S. § 36-560(L) *et seq.*, without the performance of an ISPP. However, for services to continue, a completed application for regular admission shall be filed and an ISPP conducted within 30 days of the emergency admission date in compliance with this Article.

**Historical Note**

Repealed effective February 2, 1989 (Supp. 89-1). New Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-503. Redeterminations**

- A. The Division may redetermine a client's eligibility as a result of periodic evaluations in accordance with R6-6-604.
- B. The Division may redetermine a client's eligibility at any time as may be authorized by the Assistant Director or designee.
- C. The Division may redetermine a client's financial status, for purposes of client contribution to cost of care, as a result of:
  1. Scheduled periodic financial redeterminations.
  2. Changes in the financial situation of the client and/or the parents of a client under age 18. The responsible person shall report to the Division any changes in financial situation which may affect the amount of contribution to cost of care within ten days of change.
  3. Financial redeterminations conducted at the responsible person's request.

**Historical Note**

Repealed effective February 2, 1989 (Supp. 89-1). New Section adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-504. Termination of Services**

- A. Pursuant to A.R.S. § 36-566(A) and (B), the Division shall terminate services to a client following 30 days' written notice to

the responsible person of the proposed termination and of the opportunity for administrative review through A.R.S. § 36-563 and R6-6-1801 et seq.:

1. Upon the Division's receipt of a written request from the responsible person for withdrawal from services;
  2. When the Division determines that the client no longer meets the conditions of eligibility for services;
  3. When the client reaches the age of 18 unless an application for continuation of services has been filed pursuant to R6-6-505;
  4. When the responsible person refuses to cooperate or comply with the ISPP.
- B.** Notwithstanding R6-6-504(A), the Division shall not terminate services to a child with developmental disabilities assigned to the Department by the juvenile court except pursuant to court order.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**R6-6-505. Continuation of Services**

Pursuant to A.R.S. § 36-566(C), following the Division's timely written and oral notice to the responsible person of termination, the responsible person may file a written application for the continuation of services in the same manner provided in R6-6-401.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2).

**ARTICLE 6. PROGRAM SERVICES**

**R6-6-601. Case Management**

Upon the filing of an application for admission to services, the Division shall assign a case manager to assist the applicant. Upon admission, the case manager shall assist the client and the client's family in all aspects of the developmental disabilities service delivery system as follows:

1. The pursuit of evaluations and professional assessments necessary to substantiate the need for services;
2. The collection and analysis of information regarding eligibility and the prioritization of service needs;
3. The provision of information on available services and referral to appropriate service alternatives; and
4. The development of individual habilitation goals and objectives for the client through the ISPP.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-601 repealed, new Section R6-6-601 renumbered from R6-6-602 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-602. Individual Service and Program Plan**

- A.** Within 30 days following determination of eligibility, the ISPP team shall conduct an evaluation to determine the appropriate services for the client and shall develop an ISPP based on the evaluation.
- B.** The ISPP team shall recommend specific services based upon:
1. The best interests of the client and factors listed in A.R.S. § 36-560(H);
  2. The potential for family support; and
  3. The extent to which the services:
    - a. Promote family competence and independence;
    - b. Preserve the integrity of the family;
    - c. Maximize the client's independent living;

- d. Involve the family in problem-solving and decision-making;
- e. Meet the needs and desires of the family;
- f. Prevent the deterioration of the family structure and functioning and improve the quality of life for the client and family;
- g. Can be provided in the least obtrusive manner;
- h. Provide uninterrupted and orderly transition from one stage of development to another based upon client and family ages;
- i. Alleviate abuse or neglect or eliminate conditions that hinder the client's development;
- j. Prevent the client from being a danger to himself or to others; and
- k. Support a client or family who is experiencing a temporary but remedial crisis including hospitalization, loss of a job, incapacitating illness, or death.

- 4.** In the case of a DD/ALTCS client, the ISPP team shall ensure that the client obtain medically necessary and other necessary medically related remedial and social services.

- C.** The ISPP shall contain an assessment addressing each consideration listed in R6-6-603(B) and:

1. The service needs of the client, both direct and indirect, irrespective of the Division's resource availability;
2. Individual habilitation goals and objectives, both long-term and short-term;
3. Methods or strategies by which objectives shall be implemented;
4. The financial contributions, if any, which the Department shall require the responsible person to make on behalf of the client pursuant to A.R.S. § 36-562 et seq. and R6-6-1201 et seq.; and
5. Any special considerations.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-602 renumbered to R6-6-601, new Section R6-6-602 renumbered from R6-6-603 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-603. Assignment to Services**

- A.** The case manager shall assign a DD/ALTCS client to appropriate services within 30 days of the Division's receipt of notification from AHCCCS of the client's eligibility under ALTCS.
- B.** In the case of a DD/non-ALTCS client, the case manager shall, within 30 days of the completion of the ISPP:
1. Assign the client to one or more appropriate services; or
  2. Provide written notice of non-assignment, and reason for non-assignment, subject to the right of the responsible person and any joint applicant to request administrative review pursuant to A.R.S. § 36-563 and R6-6-1801 et seq.
- C.** If an assignment for a DD/non-ALTCS client cannot be made at the time of review:
1. And the reason for non-assignment is lack of space or lack of legislatively appropriated or other funding, the case manager shall place the client's name on a waiting list.
  2. The case manager may refer the client to programs, services or other resources available in the community.
  3. Unless waived by the responsible person, the case manager shall review the waiting list and referrals at least

every six months with the responsible person to determine continuing need for services.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-603 renumbered to R6-6-602, new Section R6-6-603 renumbered from R6-6-604 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-604. Periodic Evaluations**

- A.** Pursuant to A.R.S. § 36-565, the case manager and members of the ISPP team as appropriate shall conduct periodic reviews in six-month intervals, or more frequently as identified in the client's ISPP, and shall either:
1. Determine that no change in services is needed;
  2. Determine that services should be terminated;
  3. Determine that the client should be transferred to another service; or
  4. Determine that other substantial changes in service are required.
- B.** The findings of the periodic evaluations shall be incorporated into the ISPP.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-604 renumbered to R6-6-603, new Section R6-6-604 renumbered from R6-6-605 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-605. Transfer to Another Service or Changes in Service**

- A.** In addition to a transfer or change which results from a periodic review, a responsible person may request in writing to the Division a transfer or change at any time.
- B.** The request shall be considered by the ISPP team. The recommendation and review shall be made in the same manner established for recommended periodic reviews of the ISPP.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-605 renumbered to R6-6-604, new Section R6-6-605 renumbered from R6-6-606 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-606. Consent of the Responsible Person**

- A.** Pursuant to A.R.S. § 36-560(D), no admission or assignment of any client to a program, service, or facility may be made by the Division without the written consent of the responsible person.
- B.** The signature of the responsible person on the appropriate report or ISPP shall serve as the consent to treatment or services required by A.R.S. § 36-560.
- C.** In the event consent for any or all services is withheld, those services shall be terminated.

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-606 renumbered to R6-6-605, new Section R6-6-606 renumbered from R6-6-607 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-607. Renumbered**

**Historical Note**

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-607 renumbered to R6-6-606 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**ARTICLE 7. EXPIRED**

**R6-6-701. Expired**

**Historical Note**

Former Section R6-6-701 repealed effective February 2, 1989. New Section R6-6-701 adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-702. Expired**

**Historical Note**

Former Section R6-6-702 repealed effective February 2, 1989. New Section R6-6-702 adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-703. Expired**

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-704. Expired**

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-705. Expired**

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-706. Expired**

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-707. Expired**

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E)

at 11 A.A.R. 4308, effective August 30, 2005  
(Supp. 05-4).

**R6-6-708. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-709. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-710. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-711. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-712. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-713. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-714. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-715. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E)

at 11 A.A.R. 4308, effective August 30, 2005  
(Supp. 05-4).

**R6-6-716. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-717. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-718. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-719. Expired****Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

#### **ARTICLE 8. PROGRAMMATIC STANDARDS AND CONTRACT MONITORING FOR COMMUNITY RESIDENTIAL SETTINGS**

**R6-6-801. Applicability**

This Article applies to services provided in community residential settings except those licensed as child developmental foster homes according to Article 10 of this Chapter and those licensed as adult developmental homes according to Article 11 of this Chapter.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-802. Compliance**

- A. The licensee shall ensure that the community residential setting is operated in compliance with this Chapter.
- B. The licensee shall cooperate with the Division in assessing compliance with this Chapter.
- C. If the Division identifies areas of noncompliance with this Chapter in the operation of a community residential setting, the licensee shall take action to achieve or restore compliance with these rules.
- D. If the Division identifies areas of noncompliance with A.R.S. Title 36, Chapter 5 in the operation of a community residential setting, the Division may enforce corrective action through licensing, programmatic, or contractual remedies.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-803. General Responsibilities of the Licensee**

- A. The licensee shall immediately report at least the following types of incidents via telephone or telefax to the Division:
1. The death of a client;
  2. Alleged neglect or abuse of a resident;
  3. A missing client. The licensee shall report such incident to law enforcement officials and the Division as soon as it determines that a client is missing;
  4. An incident related to a resident that involves law enforcement personnel, emergency services, or the media;
  5. Suicide attempts by a client;
  6. Hospitalization, the intervention of a medical practitioner, or emergency medical care in response to a serious illness, injury, medication errors, or suicidal behavior of a client; and
  7. Community complaints about a resident or the setting.
- B. The licensee shall cooperate in obtaining and providing any information the Department or a law enforcement agency deems necessary to investigate an incident.
- C. The licensee shall maintain staff-to-client ratios which at least conform to the contract.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-804. Rights of Clients**

In addition to the rights required in R6-6-102, the licensee shall uphold and safeguard the rights of residents consistent with applicable federal and state laws, including A.R.S. § 36-551.01, unless legally restricted or addressed in the ISPP in accordance with R6-6-901 et seq. In addition to those rights specifically stated in statute, rights shall include, at a minimum:

1. The right to be free from personal and financial exploitation;
2. The right to a safe, clean, and humane physical environment;
3. The right to own and have free access to personal property;
4. The right to associate with persons of the client's own choosing;
5. The right to participate in social, religious, educational, cultural, and community activities;
6. The right to manage personal financial affairs and to be taught to do so;
7. The right to the least amount of physical assistance necessary to accomplish a task;
8. The right to privacy including during treatment and care of personal needs and with regard to written correspondence, telephone communication, and visitations;
9. The right to have care for personal needs provided, except in cases of emergency, by a direct care staff of the gender chosen by the responsible person. This choice shall be specified in the ISPP;
10. The right to be treated with dignity and respect; and
11. The right to be provided choices and to express preferences which will be respected and accepted.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-805. Program Plans**

- A. Except in cases of emergency, the licensee shall notify the Division and obtain ISPP team approval prior to a client's

move from one community residential setting to another setting and prior to relocation of a community residential setting. If the move requires contract modification, the administrator shall also obtain Division approval prior to the move.

- B. In cases of emergency, the licensee shall coordinate with the Division regarding the notification of the responsible person when a client moves from one community residential setting to another.
- C. The ISPP team shall convene to develop or revise the ISPP within 30 days following either a client's admission to a community residential setting or a change in community residential licensee.
- D. The ISPP team shall meet at least annually to develop or amend the complete ISPP for a client, using forms prescribed by the Division.
- E. The ISPP team for any client residing in a community residential setting shall include a representative of the community residential setting. The representative shall have direct knowledge of the client.
- F. The licensee shall develop a teaching plan or strategy for each objective assigned to the community residential setting by the ISPP team.
1. The teaching plan shall be consistent with any guidelines provided by the ISPP team.
  2. The teaching plan shall include:
    - a. How, when, and by whom objectives will be implemented;
    - b. The method to be used to record data relative to progress; and
    - c. The procedure that will be followed should the objective be completed or should progress not be made as planned.
  3. The licensee shall provide the teaching plan to the case manager.
- G. The licensee shall provide, for the annual ISPP team meeting, complete and accurate information on periodic evaluations and medical care received since the last ISPP.
- H. The ISPP for any client residing in a community residential setting shall specify the duration and conditions for the time that the client may spend without supervision provided by the licensee.
- I. The licensee shall carry out the objectives, agreements, and assignments specified in the ISPP.
- J. The licensee shall provide monthly reports to the case manager summarizing the client's progress toward residential habilitation objectives and the status of agreements and assignments specified in the ISPP.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-806. Health**

- A. At least annually and on forms prescribed by the Division, the licensee shall obtain written informed consent of the guardian, if applicable, for the provision of emergency medical care, routine medical care, and special procedures.
- B. Within 30 calendar days of a client's initial admission to a community residential setting, the licensee shall obtain documentation of the following:
1. A physical examination by a medical practitioner;
  2. A tuberculosis screening and results;
  3. A hepatitis B screening and results;
  4. Type of developmental disability;
  5. Medication history;
  6. Immunization history;

7. History of significant injuries, illnesses, surgeries, and hospitalizations;
  8. History of allergies;
  9. Dental history;
  10. Seizure history;
  11. Developmental history; and
  12. Family medical history.
- C.** The licensee shall maintain records in the place of residence sufficient to document the current health status of the resident. These records shall include, at a minimum:
1. The name, address, and telephone numbers of the health care provider for each resident;
  2. The name and telephone numbers of the health plan and insurance carrier for each resident and the process for authorization of health care for each resident;
  3. Guardianship status for each resident;
  4. The name and telephone number of the responsible party and the person to be contacted in case of emergency for each resident;
  5. Reports of accidents, illness, current treatments, and follow-up for at least one year for each resident;
  6. A description of the client's individualized health care and safety needs, including, at a minimum:
    - a. Allergies;
    - b. Nutritional needs, whether a regular or special diet;
    - c. Special fluid intake needs;
    - d. Seizure activity and recommended response;
    - e. Adaptive equipment, protective devices, and facility adaptations;
    - f. Required medical monitoring;
    - g. References to the behavior treatment plan or the ISPP if there are health care-related issues contained therein;
    - h. Special instructions for carrying, lifting, positioning, bathing, feeding, or other aspects of personal health care; and
    - i. Other individualized health care routines.
  7. The client's medical history, which includes updated information on all components identified in subsection (B);
  8. Current medication log for each client;
  9. Current health care consents for each client, including:
    - a. Consent for the use of sedation, mechanical restraint, or protective devices in the course of planned medical or dental procedures or for follow-up;
    - b. Consent for the ongoing or recurring use of a protective device in response to a medical condition; and
    - c. Consent for emergency medical care, routine medical care, and special procedures, if applicable;
  10. A copy of "do not resuscitate" orders, for each client, signed by the responsible person, if such an order has been effected.
- D.** The licensee shall maintain medical records in their entirety.
- E.** The licensee shall maintain documentation of medical consultations which include, at a minimum:
1. The date of the medical consultation;
  2. The name and title of the medical professional consulted;
  3. The purpose of the consultation;
  4. A description of the service or treatment provided; and
  5. Instructions for follow-up, if applicable.
- F.** For medications administered by or under the supervision of the direct care staff, the licensee shall ensure that any prescription or nonprescription medications are administered:
1. To a client only with the written or verbal orders of a medical practitioner; and
  2. Only to the person for whom it is prescribed or indicated.
- G.** The licensee shall maintain a log of all prescribed and nonprescribed medications administered to a client by or under the supervision of direct care staff. The medication log shall contain, at a minimum:
1. The name of the client who received the medication;
  2. The name of the medication;
  3. The medication dosage;
  4. The date and time of administration;
  5. The route of administration;
  6. Special instructions for administration of the medication; and
  7. Signature and initials of the direct care staff who administered or supervised the administration of the medication.
- H.** The licensee shall maintain, in a location which is readily accessible to direct care staff who are responsible for medication administration, resource information regarding all medications prescribed for clients living in the setting. The resource information shall include, at a minimum:
1. Name of the medication;
  2. Common side effects and adverse reactions;
  3. Indications for use;
  4. Medication interactions; and
  5. Recommended monitoring.
- I.** The licensee shall store medications in the following manner:
1. Under sanitary conditions;
  2. Consistent with label instructions;
  3. In containers with legible and accurate labels which specify the name of the client for whom the medication is prescribed and the current dosage; and
  4. In locked storage, unless otherwise specified in the client's ISPP.
- J.** The licensee shall remove or dispose of medications which are expired or for which the prescription has been discontinued.
- K.** When a medication error or reaction is detected, the licensee shall ensure that staff:
1. Immediately consult medical personnel,
  2. Notify appropriate persons, and
  3. Document the error or reaction and the action taken in response.
- L.** The licensee shall monitor on an ongoing basis the condition for which any medications have been prescribed and the response to the medications, in accordance with any recommendations of the medical practitioner. The licensee shall report the client's response to the medical practitioner based on the monitoring. The licensee shall document any medication change made by the medical practitioner and share results with agency staff.
- M.** When a medication is prescribed for the purpose of behavior modification, the licensee shall:
1. Document the behavior for which the medication is prescribed;
  2. Monitor the client's response to the medication on an ongoing basis consistent with the client's needs and the recommendations of the ISPP team;
  3. Document the client's response to the medication, including the frequency and intensity of target behaviors and the occurrence of side effects;
  4. Report to the client's physician regarding the client's response to the medication; and
  5. Document the results of any change made by the physician and share that information with direct care staff.
- N.** Except for treatment of medical emergencies, the licensee shall obtain written informed consent from the responsible person and authorization by a medical practitioner for the use of sedation, mechanical restraint, or protective devices in the

course of planned medical or dental procedures or in the course of follow-up to such procedures. The licensee shall not use physical restraints, including mechanical restraints as a negative consequence to a behavior, for the convenience of the licensee, or in lieu of a behavior management plan.

- O. The licensee shall ensure that the following conditions are met prior to ongoing or recurring use of a protective device in response to a medical condition:
  1. Authorization for use of the protective device is obtained from a medical practitioner;
  2. Written informed consent is obtained from the responsible person; and
  3. The plan for use of the protective device is reviewed by the ISPP team and reassessed at least annually.
- P. The licensee shall ensure that individualized health care instructions for the client are followed.
- Q. The licensee shall plan for and prepare nutritional meals in accordance with the client's needs and consistent with the client's preferences. If the client is responsible for planning and preparing meals, the licensee shall assist, monitor, and educate the person regarding preparation of nutritionally adequate meals.
- R. The licensee shall keep insecticides, poisonous materials, corrosives, and other hazardous substances in locked storage, unless otherwise specified in the client's ISPP, and in areas away from food and areas where medications are stored or administered.
- S. The licensee shall ensure that bodies of water are fenced. Unsupervised access to bodies of water by the client is prohibited unless specifically allowed by the client's ISPP. The ISPP cannot supersede any local ordinance or state law pertaining to the safety of bodies of water or swimming pools.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-807. Records

- A. In addition to health care records as required by R6-6-806, the licensee shall maintain the following programmatic records in the client's place of residence:
  1. A copy of the client's most current annual ISPP which is placed into the records within 15 calendar days of receipt by the licensee;
  2. The teaching plan or strategy for each objective specified in the client's ISPP;
  3. A copy of monthly progress reports for the client, as submitted to the case manager;
  4. Documentation of incidents involving the client;
  5. Behavior treatment plan, if applicable;
  6. All required consents, including, as applicable, consent for use of behavior-modifying medications and consent for release of personally identifiable information, unless these consents are maintained in the main provider record; and
  7. Reference to the location of other pertinent records.
- B. The licensee shall ensure that documents and entries made by agency personnel identify the person making the entry and that all are:
  1. Legible;
  2. Typed or written in ink;
  3. Dated; and
  4. Properly corrected, as necessary.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-808. Staff Qualifications, Training, and Responsibilities

- A. The licensee shall maintain documentation of the following for each direct care staff:
  1. Age 18 years or older;
  2. References from persons other than family members;
  3. Knowledge, skills, and experience sufficient to carry out the requirements of the position;
  4. Fingerprinting, fingerprint clearance, and a statement by the direct care staff regarding criminal record; and
  5. Current licenses, certifications, or registrations required for the position or required by Arizona statute.
- B. The licensee shall maintain documentation of the fingerprinting, fingerprint clearance for a license renewal, and employee's statement regarding criminal record for each person required to be fingerprinted according to this Article.
- C. The licensee shall maintain documentation of successful completion of required training by each direct care staff.
- D. The licensee shall have and implement a written training curriculum which lists required training topics and which includes for each topic, at a minimum:
  1. Course outline,
  2. Timeliness for completion, and
  3. Criteria for successful completion.
- E. When a community residential service is delivered, and unless a client is utilizing ISPP-authorized unsupervised time, a direct care staff shall be present who has completed the following required training, at a minimum:
  1. Orientation to the specific needs of clients living in the community residential setting, including their ISPPs and individualized health and safety needs;
  2. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;
  3. First aid, provided by a certified instructor;
  4. Agency health and safety policies and procedures as required by this Article including, at a minimum:
    - a. Client behaviors;
    - b. Incidents;
    - c. Neglect and abuse;
    - d. Medications;
    - e. Detection of signs of injury, illness, infectious diseases, and changes in health status;
    - f. Response to non-emergency conditions requiring prompt medical attention; and
    - g. Procedures to be followed in medical emergencies and in rendering emergency medical care.
  5. Safety procedures, including the agency plan for meeting potential emergencies and disasters, as required by R6-6-713;
  6. Provisions of R6-6-902 related to prohibited practices;
  7. Client intervention techniques, if relevant to the needs of clients in the community residential setting, provided by a certified instructor;
  8. Medication administration, if relevant to the needs of clients in the community residential setting; and
  9. Seizures, if relevant to the needs of clients in the community residential setting.
- F. Within 14 calendar days of the date the person begins employment at a community residential setting, each direct care staff shall complete an orientation to specific needs of clients living in the community residential setting, including their ISPPs and individualized health and safety needs.

- G.** Within 90 calendar days of the date that the person begins employment at the community residential setting, each direct care staff shall complete the following required training:
1. Techniques for meeting the individualized health and safety needs of clients living in the community residential setting;
  2. Health and safety, including:
    - a. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;
    - b. First aid, provided by a certified instructor;
    - c. Safety procedures, including the agency plan for meeting potential emergencies and disasters, as required by R6-6-713;
    - d. Medication administration; and
    - e. Seizures.
  3. Mission and values of the Division and the community residential setting;
  4. Agency policies and procedures;
  5. Interactions with clients, including:
    - a. Respect, dignity, and positive interactions with clients;
    - b. Skill-building techniques;
    - c. Prevention of behavioral incidents; and
    - d. Article 9.
  6. ISPP process;
  7. Communication with families;
  8. Client rights; and
  9. Confidentiality.
- H.** Each direct care staff shall also have training relevant to the staff's assigned responsibilities and as necessary to carry out objectives, agreements, and assignments as specified in the ISPP and to meet the client's individualized health care and safety needs.
- I.** Each direct care staff shall review, at least annually, agency policies and procedures required by this Article and the plan for meeting potential emergencies and disasters, as required by R6-6-713.
- J.** After the initial 90-day training, each direct care staff member shall have current training in the following:
1. Cardiopulmonary resuscitation (CPR), provided by a certified instructor;
  2. First aid, provided by a certified instructor; and
  3. Client intervention techniques, provided by a certified instructor, if relevant to the needs of clients in the community residential setting.
- Historical Note**
- Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).
- R6-6-809. Policies and Procedures**
- A.** The licensee shall develop and implement policies and procedures which address incidents which occur in the operation of the setting. These policies and procedures shall include, at a minimum:
1. Definitions of events and circumstances which constitute incidents;
  2. Procedures for verbally reporting and documenting incidents, consistent with the Division's incident reporting procedures; and
  3. Procedures for the review of incidents by the licensee and procedures for the development of corrective action to occur in response to incidents.
- B.** The licensee shall develop and implement policies and procedures on behavior management which are consistent with the requirements of Article 9. These policies and procedures shall include, at a minimum:
1. Descriptions of positive approaches to behavior management;
  2. Procedures for the documentation of maladaptive behaviors not included in the definition of incidents, if applicable;
  3. Procedures for the development of behavior treatment plans; and
  4. Procedures for the licensee to monitor the effectiveness of behavior treatment plans.
- C.** The licensee shall develop and implement written policies and procedures for residents for:
1. The following health-related issues:
    - a. Detection of signs of injury, illness, and changes in health status;
    - b. Detection of infectious diseases and notification to the Division and other appropriate persons;
    - c. Response to non-emergency conditions requiring prompt medical attention; and
    - d. Procedures to be followed in medical emergencies and in rendering emergency medical care.
  2. Medications, including nonprescription medications, used by residents which shall include, at a minimum:
    - a. The training to administer medications;
    - b. The specific, step-by-step procedures staff are to use in the administration of medications. These procedures shall include:
      - i. Prevention of contamination;
      - ii. Instructions for handling various types of medication, including oral, topical, or rectal;
      - iii. Instructions for verifying that the right medication is given to the right person, at the right time, in the proper dosage, and via the proper route; and
      - iv. Instructions for documenting the administration of medication on a log or chart.
    - c. Procedures for recording and reporting medication errors and reactions for residents;
    - d. Procedures for the agency review and corrective action to occur in response to medication errors;
    - e. Procedures for having prescriptions filled and maintenance of an adequate supply of medications;
    - f. Procedures for the safe disposal of expired or discontinued medications;
    - g. Procedures for the storage and inventory of medications;
    - h. Provision for self-administration of medications by a client, with the written approval of the ISPP team, if applicable, including criteria for self-administration and requirements for documentation of administration; and
    - i. Procedures for authenticating, within 72 hours, a medical practitioner's verbal orders for medication.
- D.** The licensee shall develop and implement policies and procedures which address alleged neglect and abuse of residents. These policies and procedures shall include, at a minimum:
1. Definitions and prohibitions in accordance with A.R.S. § 36-569;
  2. Detection of neglect and abuse, including cases occurring outside the agency;
  3. Immediate intervention to prevent further neglect and abuse;
  4. Reporting in accordance with A.R.S. §§ 13-3620 and 46-454 and R6-6-1601 et seq.;
  5. Investigation of alleged neglect and abuse; and

6. Community residential setting review and corrective action to occur in response.
- E.** The licensee shall develop and implement policies and procedures which address smoking in the community residential setting and which take into account the rights of all residents living in the setting.
- F.** The licensee shall develop policies and procedures which address the storage and use of alcoholic beverages in the community residential setting and which take into account the rights of all residents living in the setting.
- G.** The licensee shall develop and implement policies and procedures regarding the internal communication among agency personnel of events affecting clients living in the community residential setting.
- H.** The licensee shall develop and implement policies and procedures regarding the communication to responsible persons of significant events affecting clients living in the community residential setting.
- I.** The licensee shall develop and implement policies and procedures which address safeguarding, accounting for, and replacing client property and funds.
- J.** The licensee shall develop and implement policies and procedures which ensure adequate staffing, consistent with rules related to staff training as specified in R6-6-808 and staff-to-client ratios as specified in R6-6-803. The policies and procedures shall address, at a minimum, planned and unexpected absenteeism, emergencies, and community activities.
- K.** The licensee shall submit all new or modified policies and procedures required by this Article to the Division for approval.
- L.** The licensee shall incorporate into policies and procedures any revisions required by the Division.
- M.** The licensee shall develop and implement policies and procedures which address the role of the community residential setting in the ISPP process, consistent with the requirements of this Article.
- N.** The licensee shall develop and implement policies and procedures for the maintenance and use of all personally identifiable client information. These policies and procedures shall be consistent with A.R.S. § 36-568.01 and shall address storage, disclosure, retention, and destruction of this information and actions to be taken in the event of violations of these policies and procedures by agency personnel.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-810. Consent for Release of Personally Identifiable Information**

- A.** When consent for the release of personally identifiable information is required pursuant to A.R.S. § 36-568.01 for a client residing in a community residential setting, the licensee shall obtain consent from the responsible person. The consent shall:
1. Be signed and dated,
  2. Specify the purposes for the release.
- B.** Notwithstanding the provisions of R6-6-105(B) and (C), the consent for a person residing in a community residential setting is valid for a period of one year from date of signature or up to the date specified in the consent, whichever is less.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-811. Exemption**

A licensee may submit to the Division a written request for an exemption of a rule contained in this Article. The request shall demonstrate that the intent of the rule will be met by alternate means and that the exemption will not endanger the lives or health of clients or staff.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**ARTICLE 9. MANAGING INAPPROPRIATE BEHAVIORS****R6-6-901. Applicability**

These rules apply to:

1. All programs operated, licensed, certified, supervised or financially supported by the Division.
2. All habilitation programs as defined in A.R.S. § 36-551(18), as well as all interventions included in this Article, shall be addressed in the client's ISPP.

**Historical Note**

Adopted effective February 21, 1990 (Supp. 90-1). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-901 repealed, new Section R6-6-901 renumbered from R6-6-902 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended effective August 30, 1994, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-902. Prohibitions**

- A.** The following behavioral intervention techniques are prohibited:
1. The use of seclusion (locked time-out rooms).
  2. The use of overcorrection.
  3. The application of noxious stimuli.
  4. Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior.
- B.** The use of behavior modifying medications is prohibited, except as specified in R6-6-909, if:
1. They are administered on an "as needed" or "PRN" basis; or
  2. They are in dosages which interfere with the client's daily living activities; or
  3. They are used in the absence of a behavior treatment plan.
- C.** No person shall implement a behavior treatment plan which:
1. Is not included as a part of the ISPP; and
  2. Falls under R6-6-903(A), without approval of the PRC.

**Historical Note**

Adopted effective February 21, 1990 (Supp. 90-1). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-902 renumbered to R6-6-901, new Section R6-6-902 renumbered from R6-6-903 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-903. Program Review Committee (PRC)**

- A.** The ISPP team shall submit to the PRC and Human Rights Committee any behavior treatment plan which includes:
1. Techniques that require the use of force.
  2. Programs involving the use of response cost.

3. Programs which might infringe upon the rights of the client pursuant to applicable federal and state laws, including A.R.S. § 36-551.01.
  4. The use of behavior-modifying medications.
  5. Protective devices used to prevent a client from sustaining injury as a result of the client's self-injurious behavior.
- B.** The PRC shall be responsible for approving or disapproving plans specified in subsection (A) above and any other matters referred by an ISPP team member.
- C.** The PRC shall review and respond in writing within ten working days of receipt of a behavior treatment plan from the ISPP team, either approving or disapproving the plan. The response shall be signed and dated by each member present and shall be transmitted to the ISPP team with a copy to the chairperson of the Human Rights Committee for review and recommendations at its next regularly scheduled meeting pursuant to R6-6-1701 et seq. The response shall include:
1. A statement of agreement that the interventions approved are the least intrusive and present the least restrictive alternative.
  2. Any special considerations or concerns including any specific monitoring instructions.
  3. Any recommendations for change, including an explanation of the recommendations.
- D.** Each PRC shall issue written reports, as prescribed by the Division, summarizing its activities, findings and recommendations while maintaining client confidentiality.
1. On a monthly basis, report to a designated Division representative, with a copy to the chairperson of the Human Rights Committee.
  2. On an annual basis, by December 31 of each calendar year, report to the Assistant Director of the Division of Developmental Disabilities, with a copy to the Developmental Disabilities Advisory Council.
- E.** The PRC shall be composed of, but not be limited to, the following persons designated by the District Program Manager:
1. The District Program Manager or his designee, who shall act as a chairperson.
  2. A person directly providing habilitation services to clients.
  3. A person qualified, as determined by the Division, in the use of behavior management techniques, such as a psychologist or psychiatrist.
  4. A parent of an individual with a developmental disability but not the parent of the individual whose program is being reviewed.
  5. A person with no ownership in a facility and who is not involved with providing services to individuals with developmental disabilities.
  6. An individual with a developmental disability when appropriate.
- F.** A PRC shall be separate from but a complement to the ISPP team, and the Human Rights Committee established pursuant to R6-6-1701 et seq.

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-903 renumbered to R6-6-902, new Section R6-6-903 renumbered from R6-6-904 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-904. ISPP Team Responsibilities

Upon receipt of the PRC's response and as part of its development of the client's ISPP, the ISPP team shall either:

1. Implement the approved behavior treatment plan; or
2. Accept the PRC recommendation and incorporate the revised behavior treatment plan into the ISPP; or
3. Reject the recommendation in whole or in part and develop a new behavior treatment plan to be resubmitted to the PRC and Human Rights Committee.

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-904 renumbered to R6-6-903, new Section R6-6-904 renumbered from R6-6-905 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-905. Monitoring Behavior Treatment Plans

Each ISPP team shall specifically designate and record in the ISPP the name of a member of the team, excluding those direct service staff responsible for implementing the approved behavior treatment plan, who shall:

1. Ensure that the behavior treatment plan is implemented as approved.
2. Ensure that all persons implementing the behavior treatment plan have received appropriate training as specified in R6-6-906.
3. Ensure that objective, accurate data are maintained in the client's record.
4. Evaluate, at least monthly, collected data and other relevant information as a measure of the effectiveness of the behavior treatment plan.
5. Conduct on-site observations not less than twice per month and prepare, sign, and place in the client's record a report of all observations.

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-905 renumbered to R6-6-904, new Section R6-6-905 renumbered from R6-6-906 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-906. Training

- A.** Any person who is involved in the use of a behavior treatment plan shall be trained by the Division or trained by an instructor approved by the Division prior to such involvement.
- B.** Initial training shall cover at a minimum:
1. Provisions of law related to:
    - a. Interventions; particularly this Article and 42 CFR 483.450 October 1, 1992), incorporated herein by reference and on file with the Office of the Secretary of State;
    - b. Legally mandated rights of individuals with developmental disabilities; particularly A.R.S. §§ 36-551.01, 36-561 and 42 CFR 483.420 (October 1, 1992), incorporated herein by reference and on file with the Office of the Secretary of State;
    - c. Confidentiality; particularly A.R.S. §§ 41-1959 and 36-586.01 and 42 CFR 483.410(c)(2) (October 1, 1992), incorporated herein by reference and on file with the Office of the Secretary of State.
    - d. Abuse and neglect prohibitions pursuant to A.R.S. § 36-569.

2. Intervention techniques, treatment and services, particularly addressing the risks and side effects that may adversely affect clients.
  3. A general orientation to:
    - a. Division goals with respect to the provision of services to people with developmental disabilities.
    - b. Related policies and instructions of the Division.
  - C. With respect to the use of interventions, training shall include hands-on or practical experience to be conducted by instructors approved by the Division, using a curriculum approved by the Division, and who have experience in the actual use of interventions as opposed to administrative responsibility for such use.
  - D. In addition to initial training, the Division shall ensure that refresher training is available as necessary to maintain currency in knowledge and recent technical trends related to intervention for the management of inappropriate behavior.
  - E. Physical management techniques shall only be used by those persons specifically trained in their use.
  - F. The following records and documents related to training shall be maintained by the Division for five years and be available for public inspection.
    1. A summary of the training plan adopted by the Division in compliance with this Section, including schedules, instructors, topics, and expressed parameters of the hands-on or practical experience component of the training.
    2. Required special knowledge, skills, training, education or experience of the instructors related to managing inappropriate behaviors.
    3. A list of persons satisfactorily completing initial and refresher courses and course dates.
  - G. The Division shall review the training plan at least every two years for compliance with all applicable provisions of law and Division policy as well as for the protection of clients.
3. Be used only when necessary to prevent the individual from harming self or others or causing severe damage to property.
  4. Be used concurrently with the uncontrolled behavior.
  5. Be continued for the least amount of time necessary to bring the individual's behavior under control.
  6. Be appropriate to the situation to ensure safety.
- B. When an emergency measure, including the use of behavior modifying medications pursuant to R6-6-909(D), is employed to manage a sudden, intense, out-of-control behavior, the person employing that measure shall:
    1. Immediately report the circumstances of the emergency measure to the person designated by the Division and to the responsible person.
    2. Provide, within one working day, a complete written report of the circumstances of the emergency measure to the responsible person, the case manager, the chairperson of the Program Review Committee, and the Human Rights Committee.
    3. Request that the case managers reconvene the ISPP team to determine the need for a new or revised behavior treatment plan when any emergency measure is used two or more times in a 30-day period or with any identifiable pattern.
  - C. Upon receipt of a written report as specified in subsection (B)(2) above, the PRC shall:
    1. Review, evaluate and track reports of emergency measures taken; and
    2. Report, to a person designated by the Division, instances of possible excessive or inappropriate use of emergency measures on a case-by-case basis for corrective action.

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1).  
Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-908 renumbered to R6-6-907, new Section R6-6-908 renumbered from R6-6-909 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-909. Behavior-modifying Medications

#### R6-6-907. Sanctions

For programs operated, licensed, certified, supervised or financially supported by the Division, failure to comply with any part of this Article may be grounds for suspension or revocation of a license, for termination of contract, employment, or for any other applicable administrative or judicial remedy.

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1).  
Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-907 renumbered to R6-6-906, new Section R6-6-907 renumbered from R6-6-908 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-908. Emergency Measures

- A. Physical management techniques employed in an emergency to manage a sudden, intense, or out-of-control behavior shall:
  1. Use the least amount of intervention necessary to safely physically manage an individual.
  2. Be used only when less restrictive methods were unsuccessful or are inappropriate.
- B. Behavior-modifying medications shall be prescribed and administered only:
  1. When, in the opinion of a licensed physician, they will be effective in producing an increase in appropriate behaviors; and it can be justified that the harmful effects of the behavior clearly outweigh the potential negative effects of the behavior modifying medication.
  2. As part of a behavior treatment plan in the ISPP.
  3. With the informed consent of the responsible person.
- C. The Division shall provide the following monitoring, in addition to that specified in R6-6-905, for all behavior treatment plans that include the use of a behavior-modifying medication:
  1. Ensure that collected data relative to the client's response to the medication is evaluated, at least quarterly, at a medication review by the physician and the member of the ISPP team designated pursuant to R6-6-905 and other members of the ISPP team as needed.
  2. Ensure that each client receiving a behavior-modifying medication is screened for side effects, and Tardive Dys-

kinesia as needed, and that the results of such screening are:

- a. Documented in the client's case record;
  - b. Provided immediately to the physician, responsible person, and ISPP team for appropriate action if the screening results are positive; and
  - c. Provided to the Program Review Committee and the Human Rights Committee within 15 working days for review of screening results that are positive.
- D.** In the event of an emergency, a physician's order for a behavior modifying medication may, if appropriate, be requested for a specific one-time emergency use. The person administering the medication shall immediately report it pursuant to R6-6-908(B).
- E.** The responsible person shall immediately be notified of any changes in medication type or dosage.

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1).  
Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-909 renumbered to R6-6-908, new Section R6-6-909 renumbered from R6-6-910 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-910. Renumbered

#### Historical Note

Adopted effective February 21, 1990 (Supp. 90-1).  
Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-910 renumbered to R6-6-909 effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

### ARTICLE 10. CHILD DEVELOPMENTAL FOSTER HOME LICENSE

#### R6-6-1001. Application for License

- A.** Married or single persons desiring to be licensed as a child developmental foster home shall apply for a license to the Division on the prescribed forms.
- B.** The license applicant and any adult member of the household shall be fingerprinted for a criminal history record check. Any adult living on the premises and not residing in the home may be required to be fingerprinted for a criminal history record check.
- C.** The license applicant, any adult member of the household, and any adult living on the premises shall authorize the Division to perform a background check through Adult Protective Services and Child Protective Services referral files.
- D.** The license applicant shall participate in interviews with the Division and the home-study process as required by the Division. The home-study process shall include:
  1. An interview of all members of the license applicant's household,
  2. An interview of other knowledgeable parties as the Division determines appropriate, and
  3. An inspection of the physical premises by the Arizona Department of Health Services and the Division for compliance with this Article.
- E.** To be eligible for licensure as a Child Developmental Foster Home, the license applicant shall:
  1. Be at least 21 years of age,
  2. Have income or resources independent of the Division room-and-board payments to meet the needs of the license applicant's family unit,

3. Not have employment that conflicts with the care and supervision of the foster child,
  4. Be of reputable and honest character; and
  5. Submit documentation that each child living in the home has received the immunizations appropriate to the child's age and state of health unless the license applicant has submitted a signed statement that the children have not been immunized because of affiliation with a religion which is opposed to such immunizations or because the license applicant is opposed to such immunizations.
- F.** The license applicant and members of the household shall cooperate with the Division in obtaining information necessary to determine if the home meets the requirements of this Article. Such cooperation shall include, but is not limited to:
1. Providing releases of information;
  2. Authorizing release of medical records; and
  3. Submitting to psychological, psychiatric, drug testing, or other evaluations as required by the Division.
- G.** The license applicant shall provide the Division with a minimum of three references who are familiar with the applicant's family and are not related to the license applicant by blood or by marriage. The Division may contact the references for further information regarding the character of the license applicant and ability of the license applicant to care for children with developmental disabilities.
- H.** The Division may require the license applicant to submit references from current or previous employers.
- I.** All members of the license applicant's household shall agree with the decision to be licensed as a child developmental foster home.
- J.** The license applicant shall demonstrate an understanding of and the ability to meet the emotional, physical, social, developmental, educational, and intellectual needs of children.
- K.** The license applicant shall demonstrate the ability to nurture, to provide intellectual stimulation, to be sensitive to the needs of the foster children, and to protect children placed in the applicant's home from harm.
- L.** The license applicant shall not have any medical or emotional problems that may prevent the person from properly caring for foster children or that may negatively impact on foster children in the home.
  1. Following approval of the home study by the Division, the license applicant shall submit, on forms prescribed by the Division, written statements from a licensed medical practitioner for each adult living in the home. The statement shall include the following:
    - a. Confirmation that the physician has examined the adult in the last six months,
    - b. A description of the person's general physical and emotional health,
    - c. A list of all regularly prescribed medications and the purpose of the medication, and
    - d. Identification of any medical or emotional problems that may prevent the person from caring for foster children or may impact on foster children in the home.
  2. The Division may require the license applicant to submit physician statements as described in this Section for other adults living on the premises.
- M.** The license applicant shall attend prelicensure training as required by R6-6-1005.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1002. Issuing an Initial License**

- A. The license applicant shall comply with the requirements of this Article.
- B. Except as provided in R6-6-1004(C), a regular license is effective for one year from the date of issuance.
- C. Based upon records, reports, and observations, if the Division determines that the license applicant may be unable to meet the physical or emotional needs of clients, the Division may require further psychological or physical evaluations, at no expense to the license applicant, to determine whether a license may be issued.
- D. A regular license for a child developmental foster home is not transferable and is valid only for the licensee and the address stated on the license.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1003. Issuing a Renewal License**

- A. A regular license is renewable annually for a one-year period.
- B. The Division shall renew a child developmental foster home regular license when:
  - 1. The licensee has met the annual training requirements of R6-6-1005;
  - 2. The home meets the requirements of R6-6-1001, except as noted in this subsection:
    - a. The licensee shall submit a written statement every three years from the date of initial licensure from a licensed medical practitioner indicating that no adult living in the home or on the premises has any medical, emotional, or psychological problems that would adversely impact on the health and welfare of a child with developmental disabilities.
    - b. References are not required for license renewal.
    - c. The child developmental foster home shall receive a health inspection from the Arizona Department of Health Services every three years prior to license renewal, unless otherwise indicated by this Article.
  - 3. Any person fingerprinted pursuant to R6-6-1001(B) and who is still residing in the home shall have a criminal record check every three years.
- C. Based upon records, reports, and observations, if the Division determines that the license applicant for license renewal may be unable to meet the physical or emotional needs of clients, the Division shall have the authority to require further mental or physical evaluations, at no expense to the license applicant, to determine whether to renew a license.
- D. A license to provide child developmental foster home services is not transferable and is valid only for the licensee and the address stated on the license.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1004. Issuing a Provisional License**

- A. The Division may issue a provisional license for up to six months when:
  - 1. The license applicant is temporarily unable to meet the requirements of this Article, and
  - 2. The Division is satisfied that the listed deficiencies can be corrected within six months or less by the license applicant.

- B. The Division shall not issue a provisional license pursuant to A.R.S. § 36-592 when conditions exist which could endanger the health or safety of the children.
- C. When the licensee has met the requirements of the provisional license and a regular license is issued, the regular license is valid for one year from the date the Division issued the provisional license.
- D. A provisional license for a child developmental foster home is not transferable and is valid only for the licensee and the address stated on the license.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1004.01. Time-Frame for Granting or Denying a License**

For the purpose of A.R.S. § 41-1073, the Division establishes the following licensing time-frames:

1. Administrative completeness review time-frame:
  - a. For an initial license, 90 days;
  - b. For a renewal license, 30 days; and
  - c. For an amended license, 30 days.
2. Substantive review time-frame:
  - a. For an initial license, 30 days;
  - b. For a renewal license, 31 days; and
  - c. For an amended license, 10 days.
3. Overall time-frame:
  - a. For an initial license, 120 days;
  - b. For a renewal license, 61 days; and
  - c. For an amended license, 40 days.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1004.02. Administrative Completeness and Substantive Review Process**

- A. The Division shall send the license applicant a written notice within the administrative completeness review time-frame indicating that the application package is either complete or incomplete.
- B. If the application package is incomplete, the Division shall list the missing information in the notice and ask the license applicant to supply the missing information within 60 days from the date of notice. If the license applicant fails to do so, the Division may close the file.
- C. A license applicant whose file has been closed and who later wishes to become licensed may reapply to the Division. The administrative completeness time-frame starts over when the Division receives the written request to reapply.
- D. When the application is complete, the Division shall complete a substantive review of the license applicant's qualifications. The Division shall:
  1. Review the application form and all required documents to ensure compliance with this Article;
  2. Complete a home study as prescribed in R6-6-1001(D); and
  3. Gather additional information needed to determine the license applicant's fitness to serve as a foster parent and ability to comply with foster care requirements, which may include:
    - a. Interviewing the license applicant;
    - b. Contacting references;
    - c. Verifying information provided in the application;
    - d. Visiting the license applicant's home; and
    - e. Requesting additional information, assessments, or tests as prescribed in R6-6-1001(F) and R6-6-1003(C).

- E. If a license is denied, the Division shall send a notice to the license applicant as prescribed in R6-6-1018(F) and A.R.S. § 41-1076.
- F. An applicant shall submit a license application package to DES/DDD, P.O. Box 6123, Site Code 791A, Phoenix, Arizona 85005-6123, Attention: Developmental Home Licensing Unit.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1004.03. Contents of a Complete Application Package - Initial License**

An initial application package is complete when the Division has all of the following information:

1. From the license applicant, a completed application form as prescribed in R6-6-1001(A) which contains the following information:
  - a. Personally identifying information, as follows:
    - i. Name and gender,
    - ii. Date and place of birth,
    - iii. Social security number,
    - iv. Ethnicity and religious preference,
    - v. Current and previous address,
    - vi. Dates resided at previous address,
    - vii. Length of Arizona residency,
    - viii. Current marital status and marital history, and
    - ix. Any other names by which the license applicant has been known.
  - b. Personally identifying information on the license applicant's household members, as follows:
    - i. Name,
    - ii. Gender,
    - iii. Date of birth,
    - iv. Relationship to license applicant, and
    - v. Length of time living in the home.
  - c. Personally identifying information on the license applicant's children who do not live with the license applicant, including emancipated children, as follows:
    - i. Name;
    - ii. Current address;
    - iii. Date of birth; and
    - iv. Occupation or school, if currently attending.
  - d. Any current or prior licenses or certificates held by the license applicant to provide care to a child or adult, as follows:
    - i. Type of license or certificate;
    - ii. Date of each license and certificate;
    - iii. State in which each license or certificate was issued;
    - iv. Any license or certificate which was revoked, denied, voluntarily surrendered, or suspended, and the circumstances; and
    - v. Name of any other agency with which the license applicant is currently licensed or certified to provide services to children or adults.
  - e. A description of the license applicant's home, as follows:
    - i. The name of the school district in which the license applicant's home is located;
    - ii. Identification and description of any swimming pool, spa, fish pond, or other body of water; and
    - iii. Number of bedrooms.
  - f. Information about the license applicant, as follows:
    - i. Educational background;
    - ii. Employment history;

- iii. Previous experience in providing room and board for any person;
  - iv. Any contact with Child Protective Services (CPS) or Adult Protective Services (APS) and the circumstances;
  - v. Any arrests and the circumstances;
  - vi. Any history of mental illness or treatment for a mental illness or emotional disorder including hospitalization for alcohol, drug, or mental health issues and the circumstances;
  - vii. If currently or previously employed by the Department of Economic Security or the Division, position, title, name of the supervisor, and name of the program;
  - viii. The reason for wanting to provide foster care;
  - ix. Gender, age, characteristics, and special needs of the individual the license applicant would prefer to take into the home;
  - x. Any experience caring for individuals who have special needs;
  - xi. Discipline techniques used or believed appropriate for rearing children; and
  - xii. Anticipated changes in the license applicant's family in the next 12 months.
- g. Information about the license applicant's household members, as follows:
    - i. Any contact with CPS or APS by anyone currently or formerly residing with the license applicant and the circumstances;
    - ii. Any arrests and the circumstances;
    - iii. Any history of mental illness or treatment for a mental illness or emotional disorder including hospitalization for alcohol, drug, or mental health issues and the circumstances;
    - iv. If currently or previously employed by the Department of Economic Security or the Division, position, title, name of supervisor, and name of the program;
    - v. Any experience caring for individuals with special needs; and
    - vi. Discipline techniques used or believed appropriate for rearing children.
  - h. Reference information for the license applicant, as follows:
    - i. Three references who can attest to the license applicant's character and skill; and
    - ii. If the license applicant is working or has worked with children or adults with developmental disabilities, one employment reference;
  - i. List of any individuals who live on the property on which the license applicant's home is located but not in the license applicant's home.
2. From the license applicant, the following documents as listed on the application form:
    - a. A completed declaration of criminal history for the license applicant and each adult household member on a Division form with the following information:
      - i. Name,
      - ii. Social security number,
      - iii. Date of birth,
      - iv. Address,
      - v. A declaration of whether the individual has committed any of the crimes listed in A.R.S. § 36-594(3) and R6-6-1018, and
      - vi. Dated signature.

## Department of Economic Security – Developmental Disabilities

- b. Documentation showing that the license applicant and each adult household member have been fingerprinted;
  - c. Documentation showing that the license applicant has a current driver's license, and current vehicle liability insurance as prescribed in R6-6-1012(A);
  - d. A completed monthly budget on a Division form showing the license applicant's monthly income, and monthly expenses, and the circumstances for any declaration of bankruptcy;
  - e. A physician's statement for the license applicant and each adult household member as prescribed in R6-6-1001(L);
  - f. Documentation of current immunizations for each child living in the license applicant's home as prescribed in R6-6-1001(E)(5);
  - g. Documentation that the license applicant has completed training as prescribed in R6-6-1005(A).
3. From sources other than the applicant, the documents listed on the application form, as follows:
    - a. Three letters of reference for the license applicant as prescribed in R6-6-1001(G);
    - b. If the license applicant works with children or adults with developmental disabilities, one employment letter of reference as prescribed in R6-6-1001(H);
    - c. Documentation that the license applicant and each adult household member have had a criminal history check as prescribed in R6-6-1001(B);
    - d. Documentation showing that the license applicant's home has passed:
      - i. A fire inspection as prescribed in R6-6-1011(E), and
      - ii. A health and safety inspection as prescribed in R6-6-1011(D).
    - e. Documentation that vehicles used for transporting foster children have passed a Division safety inspection to meet the safety requirements set forth in R6-6-1012(B); and
    - f. Documentation that the CPS/APS Central Registry has been checked as prescribed in R6-6-1001(C).
- ii. Age;
  - iii. Address; and
  - iv. Occupation or school, if currently attending.
- d. Information about the license applicant, as follows:
    - i. Any arrest or investigation for a criminal offense, including charge, and arresting agency; and
    - ii. Any referral to or treatment for a psychiatric or psychological problem, including substance abuse, in the last year.
  - e. Information about the license applicant's household members, including:
    - i. Any arrest or investigation for a criminal offense, including charge, and arresting agency;
    - ii. Any referral to or treatment for a psychiatric or psychological problem, including substance abuse, in the last year.
  - f. Any current or prior license or certificate held by the license applicant to provide care to a child or adult, as follows:
    - i. Type of license or certificate;
    - ii. Date of each license and certificate;
    - iii. State in which the license or certificate was issued;
    - iv. Any license or certificate which was revoked, denied, voluntarily surrendered, or suspended, and the circumstances; and
    - v. Name of any other agency with which the license applicant is currently licensed or certified to provide services to children or adults.
  - g. List of any individuals who live on the property on which the license applicant's home is located, but not in the license applicant's home;
  - h. List of the household members and their relationship to the applicant and each other;
  - i. Any changes that should be made to the license conditions;
  - j. Dated signature.
2. From the license applicant, the items listed in R6-6-1004.03(2)(c), (2)(d), (2)(f), and the following:
    - a. A completed declaration of criminal history for each new adult household member and, at three-year intervals, a completed declaration for all adult household members;
    - b. Documentation showing that each new adult household member has been fingerprinted and, at three-year intervals, that all adult household members have been fingerprinted;
    - c. A physician's statement every three years from the date of the initial license for the license applicant and all adult household members; and
    - d. Documentation that the license applicant has completed training as prescribed in R6-6-1005(B).
  3. From sources other than the applicant, the documents listed in R6-6-1004.03(3)(d)(i), (3)(e), and (3)(f) and the following:
    - a. Documentation that each new adult household member has had a criminal history check and that all adult household members have had a criminal history check every three years, and
    - b. Documentation that the license applicant's home has passed a health and safety inspection every three years since the date of the initial license.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1004.04. Contents of a Complete Application Package - Renewal License**

A license renewal application package is complete when the Division has all the following information:

1. From the license applicant, a completed renewal application form as prescribed in R6-6-1001(A) which contains the following information:
  - a. Personally identifying information, as follows:
    - i. Name,
    - ii. Address, and
    - iii. Phone number.
  - b. Personally identifying information on the license applicant's household members, as follows:
    - i. Name,
    - ii. Gender,
    - iii. Age,
    - iv. Relationship to the license applicant, and
    - v. School or occupation.
  - c. Personally identifying information on the license applicant's children who do not live with the license applicant, including emancipated children, as follows:
    - i. Name;

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1004.05. Contents of a Complete Request for an Amended License**

A request for an amended license is complete when the Division has the following:

1. A description of the change requested to the license, and
2. Documentation that the requested change complies with this Article.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1). R6-6-1004.05 Section heading corrected at the request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-1005. Training Requirements for Child Developmental Home Foster Parents**

A. A license applicant for an initial license as a Child Developmental Foster Home shall meet the following training requirements:

1. Prelicensing training in the following subjects:
  - a. Cardiopulmonary resuscitation appropriate for children and adults provided by an instructor certified in cardiopulmonary resuscitation;
  - b. First aid provided by an instructor certified in first aid; and
  - c. Child developmental foster home parent orientation training of 16 to 20 hours, as determined by the Division.
2. Up to ten additional hours of training based upon the needs of the license applicant or the foster child, as determined by the Division.

B. The licensee shall annually complete a minimum of ten hours of training, as required by the Division, prior to license renewal and must maintain all certifications obtained for the initial licensure. Up to four hours of the annual training may be allowed for training related to maintenance of certifications.

C. The license applicant or licensee shall participate in additional training based upon the specific needs of the foster family or a child placed in the foster home, as required by the Division, or shall demonstrate the ability to meet the needs of a specific child.

D. The license applicant or licensee shall submit documentation which demonstrates satisfactory completion of these training requirements to the Division.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1006. Foster Parent Responsibilities in Child Developmental Foster Homes**

A. The licensee shall provide the child with positive emotional support and guidance including but not limited to:

1. Including the child in daily activities;
2. Providing the child with positive reinforcement;
3. Assisting the child with day-to-day concerns with school, with friends, and with family;
4. Providing appropriate care, concern, and support;
5. Protecting the child from harm; and
6. Assisting the child in developing and fostering personal relationships.

B. The licensee shall follow written and verbal instructions and orders from qualified professionals regarding the medical, dental, habilitative, and therapeutic needs of the child.

C. The licensee shall provide opportunities for social and physical development appropriate to the child's developmental level and interest, through recreation and leisure-time activities.

D. The licensee shall cooperate with the Division in providing opportunities for the child to pursue the child's own religious beliefs or those of the child's parent, family, or guardian. The licensee shall not require the child to participate in the licensee's religious activities or practices.

E. The licensee shall assign tasks and work appropriate to the child's age and abilities and which do not present a health or safety hazard and do not interfere with the child's educational or recreational activities.

F. The licensee shall ensure children are dressed each day in clothing which is clean and appropriate to the age of the child, the climate, and the situation.

G. The licensee shall provide a well-balanced and adequate diet to meet the nutritional needs of the child.

H. The licensee shall ensure that the child has transportation to meet the educational, medical, habilitative, therapeutic, and social needs of the child.

I. The licensee shall make reasonable efforts to support and maintain the child's relationships with parents, guardians, other family members, and other persons important to the child's life, approved or as required by the Division, the child-placing agency, or the courts.

J. The licensee shall ensure that visitations or outings with other adults, without the licensee present, have the prior approval of the Division or are consistent with the child's ISPP or case plan.

K. The licensee shall ensure that money designated for the child is only used for the specific purpose intended and for the benefit of the child.

L. The licensee shall provide appropriate hygiene for the child including bathing, tooth brushing, hair care, toileting, diapering, menstrual care, and shaving, as appropriate.

M. The licensee shall not provide foster care or respite care to adults in the licensee's home.

N. The licensee shall provide care only for the number of children and conditions listed on the license.

O. The licensee shall obtain approval from the Division before accepting placements from other agencies or private parties.

P. When the child developmental foster home also provides respite services, the licensee shall ensure that the respite placement is within the conditions stated on the Child Developmental Foster Home license.

Q. The licensee shall not accept adult roomers or boarders without prior approval of the Division.

R. The licensee shall treat information concerning a child placed in the licensee's home and the child's family and guardian as confidential in accordance with A.R.S. § 36-568.

S. The licensee shall participate in the IEP meetings, unless otherwise specified by the Division, and advocate for the implementation of the IEP.

T. The licensee shall participate in the ISPP meetings, shall carry out the tasks identified by the ISPP team as being the responsibility of the licensee, and shall advocate for the implementation of the ISPP.

U. The licensee shall cooperate with the Division when a foster child moves from the foster home by:

1. Providing information, including the records required in R6-6-1010(A) and (C);
2. Ensuring personal belongings such as usable clothing, furniture, television sets, bicycles, toys, and other items purchased specifically for the child go with the child; and
3. Assisting the Division in preparing the child for the move.

- V. The licensee shall comply with the terms of the Child Developmental Foster Home Parent Agreement.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1007. Behavior Management**

- A. The licensee shall comply with the Division's requirements for behavior management as specified in Article 9.
- B. The licensee shall establish well-defined rules which set the limits of behavior.
- C. The licensee shall provide discipline appropriate to the age, life experience, and individuality of each child:
1. The licensee shall develop and implement fair, reasonable, age and developmentally appropriate, and consistent rewards and consequences for implementing the rules established in subsection (B).
  2. The licensee shall not use discipline which deprives the child of food, shelter, or medical care.
  3. The licensee shall not use any form of corporal or physical punishment.
  4. The licensee shall not participate in the use of verbal abuse or derogatory remarks.
- D. The licensee shall identify behavioral issues and report them to the Division.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1008. Sleeping Arrangements**

The licensee shall provide appropriate, comfortable, and safe sleeping arrangements for each child consistent with the requirements of this Section.

1. Each child shall have his or her own bed and place to store clothing and personal belongings.
2. No child shall sleep in an unfinished room, a hallway, or any room which is normally used for other than sleeping arrangements by family members.
3. A child six years of age or older shall not share a bedroom with persons of the opposite sex.
4. A child shall not share a bedroom with an adult except in the following circumstances:
  - a. A child under two years of age may share a bedroom with the licensee.
  - b. A child two years of age and older may share a bedroom with the licensee for special temporary care, such as during the child's illness or as specified in the ISPP.
5. The licensee shall sleep within hearing distance of the child.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1009. Notification Requirements**

- A. The licensee shall notify the Division or placing agency of the following events:
1. An addition to the foster home, structural remodeling of the foster home, or addition of a swimming pool or spa. The licensee shall provide prior notification to the Division and shall cooperate with the Division in obtaining an

Arizona Department of Health Services inspection as prescribed in A.R.S. § 8-504;

2. Changes in marital status or living arrangement of the licensee;
  3. A plan to make a change in location of residence;
  4. Arrests, indictments, or convictions of any household member or of persons living on the premises;
  5. Serious injury, illness, illegal substance use or substance abuse, suicidal behavior, attempted suicide, or death of any foster family member. The Division may require the licensee provide written documentation from a physician regarding the change in medical status;
  6. Changes which impact on the ability of the foster family to meet the needs of the child;
  7. Addition of a new household member shall be made to the Division prior to the addition;
  8. A temporary visitor staying more than one month; and
  9. A change in the primary care giver or a person leaving the household who contributed to the care of the child. Notification shall be made to the Division prior to the change.
- B. For children placed by the Division in the licensee's home, the licensee shall notify the Division of incidents including but not limited to:
1. Possible child abuse or neglect as per A.R.S. § 13-3620 and R6-6-1601;
  2. Hospitalization, the intervention of a medical practitioner, or emergency medical care as a result of serious illness, injury, medication error, or suicidal behavior;
  3. Death of a child;
  4. A child missing. A child missing must be reported to law enforcement officials and the Division as soon as the child is determined to be missing;
  5. Theft of money or property;
  6. Incidents which involve or may potentially involve the police or media;
  7. Significant damage to the property of the child, the property of the state, the property of the licensee, or the property of others; and
  8. Illegal substance use or substance abuse.
- C. The licensee shall obtain prior approval from the Division for alternative supervision plans. Alternate supervision shall only be provided by persons 18 years of age or older.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1010. Recordkeeping**

- A. The licensee shall maintain a record for each child which shall include the child's medical history, dental history, educational experiences, and habilitation services.
- B. The licensee shall obtain and provide to the Division receipts for expenditures for the child, as required by the Division.
- C. The licensee shall maintain a personal record for the child, which may include mementos, photos, letters, cards, report cards, school projects, art, and toys.
- D. The licensee shall keep copies of all licenses, certificates, and correspondence in a separate file to document compliance with sanitation, health, and environmental codes of state and local authorities.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1011. Health and Safety Standards in Child Developmental Foster Homes**

- A. The licensee shall maintain the premises of the child developmental foster home in a clean and sanitary condition to the degree that it does not present a health or safety hazard.
- B. The child developmental foster home shall not have an accumulation of litter, rubbish, or garbage on the premises. Litter, rubbish, and garbage shall be contained in cleanable containers with lids or sealed disposable containers and shall be removed from the property not less than once a week.
- C. The licensee shall ensure that the child developmental foster home is free from, or has an ongoing system to eradicate, insects, rodents, and other vermin.
- D. Before initial licensure and every three years thereafter, the child developmental foster home shall be inspected and meet the safety and sanitation guidelines of the Department of Health Services unless otherwise specified by the Division.
- E. Child developmental foster homes located in mobile homes shall pass an annual fire safety inspection as arranged by the Division.
- F. The licensee shall keep toxic, poisonous, hazardous, and corrosive materials in locked storage separate from food or medications, unless otherwise specified in the ISPP.
- G. The licensee shall keep medicines in locked storage separate from food, toxic, poisonous, hazardous, or corrosive materials.
- H. The licensee shall keep firearms in locked storage and shall keep ammunition locked separately from the firearms.
- I. Bedrooms shall have light, ventilation, and a usable, unobstructed exit to the outside in case of an emergency.
- J. Telephone service or similar two-way communication methods shall be available in the home and shall be in working order.
- K. Any permanent body of water shall be fenced and inaccessible to children and shall meet the guidelines of the Arizona Department of Health Services unless otherwise specified by the Division.
- L. The licensee shall not allow foster children in swimming pool areas or in the area of other bodies of water unless supervised by a responsible adult or as specified in the ISPP.
- M. The licensee shall store alcoholic beverages responsibly.
- N. The licensee shall not use tobacco products while in an enclosed area with a foster child.
- O. The licensee shall make reasonable efforts to ensure family pets do not present a health or safety hazard to foster children.
- P. The licensee shall develop a fire evacuation plan and shall periodically practice the plan with the household members. The licensee shall update the fire evacuation plan as needed based on placement changes, household member changes, or structural changes to the foster home.
- Q. The licensee shall equip the child developmental foster home with smoke detectors and fire extinguishers which are in good working order.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1012. Transportation**

- A. A licensee who transports foster children shall have a current and valid driver's license and shall have liability insurance for any vehicle which will be used to transport foster children. A child developmental foster home household member who transports children must be 18 years of age or older and must be identified to the Division.
- B. A licensee shall ensure that each vehicle used for transporting foster children is maintained in a safe operating condition.

- C. The licensee shall ensure foster children wear seat belts or use an appropriate child safety seat while being transported.
- D. A vehicle used to transport children in wheelchairs shall also be equipped with floor-mounted seat belts and wheelchair lock-downs for each wheelchair being transported.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1013. Dual Licensure or Certification of Child Developmental Foster Homes**

- A. Foster parents licensed pursuant to A.R.S. § 8-509 shall cooperate with the certification process of the Division to care for children with developmental disabilities.
  - 1. To be granted certification the home shall meet all requirements of this Article.
  - 2. The licensee shall cooperate with the Division in the annual certification study.
  - 3. A licensee certified by the Division shall not be certified to serve more than a total of three children.
  - 4. The licensee shall cooperate with a home visit as part of the certification process.
- B. Foster parents residing off-reservation and licensed by a tribal jurisdiction shall also be licensed by the Division for children placed by the Division.
  - 1. To be granted licensure, the home shall meet all requirements of this Article.
  - 2. Foster parents licensed by a tribal jurisdiction, seeking licensure by the Division, shall sign a release of information from the tribal licensure files.
  - 3. A person licensed by the Division as a Child Developmental Foster Home shall not be licensed to serve more than a total of three children.
  - 4. The licensee shall notify the Division of a pre-placement conference with another agency or jurisdiction.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1014. Rights of Children in Child Developmental Foster Homes**

The licensee shall uphold and safeguard the rights of clients consistent with applicable federal and state laws, specifically including A.R.S. § 36-551.01, unless legally restricted or as addressed in the ISPP in accordance with Article 9. Rights for children shall allow for reasonable standards of parental guidance and protection. In addition to those rights specifically stated in statute, rights shall include, at a minimum:

- 1. The right to be provided choices and to express preferences which will be respected and accepted whenever appropriate and possible;
- 2. The right to be free from personal and financial exploitation;
- 3. The right to a safe, clean, and humane physical environment;
- 4. The right to own and have appropriate access to personal property;
- 5. The right to associate with persons of the child's own choosing as appropriate to the age and developmental level of the child;
- 6. The right to participate in social, religious, educational, cultural, and community activities;
- 7. The right to have access to their personal spending money and to be taught to manage their spending money;

8. The right to the least amount of physical assistance necessary to accomplish a task;
9. The right to privacy, including during treatment and care of personal needs, and with regard to written correspondence, telephone communications, and visitations;
10. The right to have care for personal needs provided, except in cases of emergency, by a caregiver of the gender appropriate to the age of the child or as specified in the ISPP; and
11. The right to be treated with dignity and respect.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1015. Exemption**

A licensee may request from the Division an exemption of a rule contained in this Article. The request shall demonstrate that the intent of the rule will be met by alternate means and that the exemption will not endanger the lives or health of clients.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1016. Home Inspections and Monitoring**

- A. The licensee shall cooperate with the Division in assessing compliance with this Article.
- B. The licensee shall allow the Division access to the setting for inspections and monitoring visits and shall allow the Division access to the licensee's records, reports, and vehicles used to transport clients.
- C. Inspections and monitoring visits shall include, at a minimum:
  1. An annual home visit as part of the license renewal process; and
  2. Two monitoring visits each year, at least one of which will be unannounced.
- D. The licensee shall comply with corrective action plans as required by the Division.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

*Editor's Note: The following Section was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 214, § 7. Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; the Department was not required to hold public hearings; and the Attorney General has not certified these rules.*

**R6-6-1017. Complaints**

- A. Any person who has a complaint about a child developmental foster home may make the complaint known verbally or in writing to the Department.
- B. A complainant who has provided his name and address shall be notified that his complaint has been received and the notice shall indicate what investigative actions shall be taken.
- C. The Department shall investigate complaints about child developmental foster homes within ten calendar days of the receipt of the complaint and shall notify the licensee of the investigation. In a case where there is reason to believe that

imminent danger exists, the investigation shall be conducted immediately and the licensee shall be notified.

- D. The name or identifying characteristics of the complainant shall not be disclosed unless the complainant consents in writing to the disclosure or investigation of the complaint results in a legal proceeding and disclosure is ordered by an appropriate authority.
- E. The Department shall notify the licensee of the results of an investigation conducted pursuant to this rule and the requirement for any corrective action that the Department deems necessary.
- F. The licensee shall cooperate with the Division in completing investigations of complaints or concerns regarding the Child Developmental Foster Home and regarding children placed in the home.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1018. Denial, Suspension, and Revocation of Child Developmental Foster Home Licenses**

- A. The Division may deny, suspend, or revoke a license for violations of A.R.S. § 36-594.
- B. The Division may deny or revoke a license if a license applicant or licensee has been arrested for, convicted of, charged with, or pled no contest to any of the following criminal acts:
  1. Sexual abuse of a child or vulnerable adult,
  2. Incest,
  3. First- or second-degree murder,
  4. Kidnapping,
  5. Arson,
  6. Sexual assault,
  7. Sexual exploitation of a child or vulnerable adult,
  8. Commercial sexual exploitation of a child or vulnerable adult,
  9. Felony offenses within the previous ten years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs,
  10. Robbery,
  11. Child prostitution as defined in A.R.S. § 13-3206,
  12. Child abuse or abuse of a vulnerable adult,
  13. Sexual conduct with a child,
  14. Molestation of a child or vulnerable adult,
  15. Voluntary manslaughter, or
  16. Aggravated assault.
- C. Upon notification that a member of the household or person living on the premises of a Child Developmental Foster Home is found to have been arrested for, convicted of, charged with, or pled no contest to any of the criminal acts listed in subsection (B), the licensee shall immediately take the following actions:
  1. Remove the person from direct contact with children;
  2. Notify the Division, unless the licensee initially received notice from the Division.
- D. If a licensee fails to comply with subsection (C), the Division shall revoke or suspend the license.
- E. If the criminal record check indicates that an individual has been convicted of or found by a court to have committed, or is reasonably believed to have committed, offenses pursuant to A.R.S. § 36-594, other than those listed in subsection (B), the Division shall consider the following factors when determining what corrective action to take against the licensee:
  1. The extent of the individual's criminal record;
  2. Length of time since the commission of the offense;
  3. Nature of the offense;

4. Mitigating circumstances surrounding commission of the offense. The burden is on the person to demonstrate that there were mitigating circumstances;
  5. The degree of the person's participation in the offense. The burden is on the person to demonstrate that the involvement was not direct; and
  6. The extent of the person's rehabilitation, including but not limited to:
    - a. The person shall provide that probation has been completed and complete restitution or compensation for the offense has been made, and
    - b. Evidence of positive action to change criminal behavior such as completion of a drug treatment program or counseling.
  7. Personal references attesting to the person's rehabilitation.
- F.** When an application for a license is denied, or a license is suspended or revoked, pursuant to A.R.S. § 36-594, the Division shall deliver a written notice of the action in person or send a written notice of the action by certified mail to the license applicant or licensee. The notice shall state the reasons for the denial, suspension, or revocation with reference to applicable statutes and rules.
- G.** If the reason for denial, suspension, or revocation of a license involves the health, welfare, or safety of clients, the clients shall be immediately removed from the child developmental foster home.
- H.** When a license is denied, suspended, or revoked, the license applicant or licensee has the right to appeal the decision pursuant to Article 22.
- I.** The Division may suspend a child developmental foster home license for:
1. Up to six months during an investigation or while the licensee completes a corrective action plan.
  2. Up to 12 months due to the temporary inability of the licensee to provide services.
- J.** No child can be placed in the foster home during a suspended license status.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). R6-6-1018(H) reference to Article 20 corrected to Article 22 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### R6-6-1019. Appeals

- A.** When an application for a license is denied, or a license is suspended or revoked, the Division shall notify the license applicant or licensee of the right of appeal pursuant to R6-6-2201 et seq. (Appeals and Hearings), except that appeals from the decision of a hearing officer shall be in accordance with A.R.S. § 41-1992 (Hearing Officers Powers and Duties).
- B.** If the license applicant or licensee appeals a licensing decision, the denial, suspension, or revocation of the license shall not become final until the appeal decision is rendered.
- C.** If the children have been removed from the child developmental foster home because of a health, welfare, or safety issue, they shall remain out of the home while the appeal is pending.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). R6-6-1019(A) reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

## ARTICLE 11. ADULT DEVELOPMENTAL HOME LICENSE

### R6-6-1101. Application for License

- A.** Married or single persons desiring to be licensed as an adult developmental home shall make written application for a license to the Division on the prescribed forms.
- B.** The license applicant and any adult member of the household shall be fingerprinted for a criminal history record check as prescribed by the Division. Any adult living on the premises, not residing in the home, may be required to be fingerprinted for a criminal history record check.
- C.** The license applicant and any adult member of the household shall authorize the Division to perform a background check through Adult Protective Services and Child Protective Services referral files. Any adult living on the premises may be required to authorize a background check through Adult Protective Services and Child Protective Services referral files.
- D.** The license applicant and all members of the license applicant's household shall participate in interviews with the Division and the home-study process as required by the Division. The home-study process shall include:
1. Interviews with all members of the license applicant's household.
  2. Interviews with other knowledgeable parties as the Division determines appropriate.
  3. Inspection of the home and grounds by the Arizona Department of Health Services and the Division for compliance with this Article.
- E.** To be eligible for licensure as an adult developmental home provider, the license applicant shall:
1. Be at least 21 years of age,
  2. Have income or resources independent of the Division room-and-board payments to meet the needs of the license applicant's family unit,
  3. Not have employment that conflicts with the care and supervision of adults placed by the Division,
  4. Be of reputable and honest character, and
  5. The license applicant shall submit documentation that each child living in the home has received the immunizations appropriate to the child's age and state of health unless the license applicant has submitted a signed statement that the children have not been immunized because of affiliation with a religion which is opposed to such immunizations or because the license applicant is opposed to such immunizations.
- F.** The license applicant and members of the household shall cooperate with the Division in obtaining information regarding the license applicant or household members necessary to determine if the home meets licensing standards. Such cooperation shall include, but is not limited to:
1. Providing releases of information;
  2. Authorizing release of medical records; and
  3. Submitting to psychological, psychiatric, drug testing, or other evaluations as required by the Division.
- G.** The license applicant shall provide the Division with a minimum of three references who are familiar with the family and are not related to the license applicant by blood or marriage. The Division may contact the references for further information regarding the license applicant's character and ability to care for individuals with developmental disabilities.
- H.** The Division may require the license applicant to submit references from current or previous employers.
- I.** All members of the household shall agree with the decision to be licensed as an adult developmental home.
- J.** The license applicant shall demonstrate an understanding of and the ability to meet the emotional, physical, social, devel-

omental, educational, and intellectual needs of individuals with developmental disabilities.

- K. The license applicant shall demonstrate the ability to provide encouragement, guidance, and support; to be sensitive to the needs of the individuals with developmental disabilities; and to protect individuals with developmental disabilities from harm.
- L. The applicant shall not have any medical or emotional problems that may prevent the person from properly caring for adults with developmental disabilities or may negatively impact on clients in the home.
  1. Following approval of the home study by the Division, the license applicant shall submit, on forms prescribed by the Division, written statements from a licensed medical practitioner for each adult living in the home. The statement shall include, at a minimum:
    - a. Confirmation that the physician has examined the adult within the last six months,
    - b. A description of the person's general physical and emotional health,
    - c. A list of all regularly prescribed medications and the purpose of the medication, and
    - d. Identification of any medical or emotional problems that may prevent the person from caring for adults with developmental disabilities or may impact on clients in the home.
  2. The Division may require the license applicant to submit physician statements as described in this Section regarding the physical and emotional health of other adults living on the premises.
- M. The license applicant shall attend prelicensure training as required by R6-6-1105.

#### Historical Note

Former Section R6-6-1101 repealed effective September 18, 1987. New Section R6-6-1101 adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-1102. Issuing an Initial License

- A. The license applicant shall comply with the requirements of this Article.
- B. Except as provided in R6-6-1104(C), a regular license is effective for one year from the date of issuance.
- C. Based upon records, reports, and observations, if the Division determines that the license applicant may be unable to meet the physical or emotional needs of clients, the Division may require further psychological or physical evaluations, at no expense to the license applicant, to determine whether a license shall be denied.
- D. A regular license to provide adult developmental home services is not transferable and is valid only for the licensee and the address stated on the license.

#### Historical Note

Former Section R6-6-1102 repealed effective September 18, 1987. New Section R6-6-1102 adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-1103. Issuing a Renewal License

- A. A regular license is renewable annually for a one-year period.
- B. The Division shall renew an adult developmental home regular license when:
  1. The licensee has met the annual training requirements according to R6-6-1105;
  2. The home meets the requirements of R6-6-1101 except as noted in this subsection:

- a. The licensee shall submit a written statement every three years from the date of initial license from a licensed medical practitioner as required by R6-6-1101(M);
  - b. References are not required for license renewal;
  - c. The adult developmental home shall receive a health inspection from the Department of Health Services every three years prior to license renewal unless otherwise indicated by this Article;
3. Any person fingerprinted pursuant to R6-6-1101(B) and still residing in the home or on the premises shall have a criminal history record check every three years.
- C. Based upon records, reports, and observations, if the Division determines that the license applicant for license renewal may be unable to meet the physical or emotional needs of adults with developmental disabilities, the Division shall have the authority to require further psychological or physical evaluations at no expense to the developmental home provider to determine whether to renew a license.
  - D. A license to provide adult developmental home services is not transferable and is valid only for the licensee and the address stated on the license.

#### Historical Note

Former Section R6-6-1103 repealed effective September 18, 1987. New Section R6-6-1103 adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-1104. Issuing a Provisional License

- A. The Division may issue a provisional license for up to six months when:
  1. The license applicant is temporarily unable to meet the requirements of this Article, and
  2. The Division is satisfied that the listed deficiencies can be corrected within six months or less by the license applicant.
- B. When conditions exist which could endanger the health or safety of adults with developmental disabilities, the Division shall not issue a provisional license pursuant to A.R.S. § 36-592.
- C. When the license applicant has met the requirements of the provisional license and a regular license is issued, the regular license is valid for one year from the date the Division issued the provisional license.
- D. A provisional license to provide adult developmental home services is not transferable and is valid only for the licensee and the address stated on the license.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-1104.01. Time-Frame for Granting or Denying a License

For the purpose of A.R.S. § 41-1073, the Division establishes the following licensing time-frames:

1. Administrative completeness review time-frame:
  - a. For an initial license, 90 days;
  - b. For a renewal license, 30 days; and
  - c. For an amended license, 30 days.
2. Substantive review time-frame:
  - a. For an initial license, 30 days;
  - b. For a renewal license, 31 days; and
  - c. For an amended license, 10 days.
3. Overall time-frame:
  - a. For an initial license, 120 days;
  - b. For a renewal license, 61 days; and

- c. For an amended license, 40 days.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1104.02. Administrative Completeness and Substantive Review Process**

- A.** The Division shall send the license applicant a written notice within the administrative completeness review time-frame indicating that the application package is either complete or incomplete.
- B.** If the application package is incomplete, the Division shall list the missing information in the notice and ask the license applicant to supply the missing information within 60 days from the date of notice. If the license applicant fails to do so, the Division may close the file.
- C.** A license applicant whose file has been closed and who later wishes to become licensed may reapply to the Division. The administrative completeness time-frame starts over when the Division receives the written request to reapply.
- D.** When the application is complete, the Division shall complete a substantive review of the license applicant's qualifications. The Division shall:
1. Review the application form and all required documents to ensure compliance with this Article,
  2. Complete a home study as prescribed in R6-6-1101(D), and
  3. Gather additional information needed to determine the license applicant's fitness to serve as an Adult Developmental Home service provider and ability to comply with Adult Developmental Home requirements, which may include:
    - a. Interviewing the license applicant;
    - b. Contacting references;
    - c. Verifying information provided in the application;
    - d. Visiting the license applicant's home; and
    - e. Requesting additional information, assessments, or tests as prescribed in R6-6-1101(F) and R6-6-1103(C).
- E.** If a license is denied, the Division shall send a notice to the license applicant as prescribed in R6-6-1118(F) and A.R.S. § 41-1076.
- F.** An applicant shall submit a license application package to DES/DDD, P.O. Box 6123, Site Code 791A, Phoenix, Arizona 85005-6123, Attention: Developmental Home Licensing Unit.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1104.03. Contents of a Complete Application Package - Initial License**

An initial application package is complete when the Division has all of the following information:

1. From the license applicant, a completed application form as prescribed in R6-6-1101(A) which contains the following information:
  - a. Personally identifying information, as follows:
    - i. Name and gender,
    - ii. Date and place of birth,
    - iii. Social security number,
    - iv. Ethnicity and religious preference,
    - v. Current and previous address,
    - vi. Dates resided at previous address,
    - vii. Length of Arizona residency,
    - viii. Current marital status and marital history, and
    - ix. Any other names by which the license applicant has been known.

- b. Personally identifying information on the license applicant's household members, as follows:
  - i. Name,
  - ii. Gender,
  - iii. Date of birth,
  - iv. Relationship to license applicant, and
  - v. Length of time living in the home.
- c. Personally identifying information on the license applicant's children who do not live with the license applicant, including emancipated children, as follows:
  - i. Name;
  - ii. Current address;
  - iii. Date of birth; and
  - iv. Occupation or school, if currently attending.
- d. Any current or prior licenses or certificates held by the license applicant to provide care to a child or adult, as follows:
  - i. Type of license or certificate;
  - ii. Date of each license and certificate;
  - iii. State in which each license or certificate was issued;
  - iv. Any license or certificate which was revoked, denied, voluntarily surrendered, or suspended and the circumstances; and
  - v. Name of any other agency with which the license applicant is currently licensed or certified to provide services to children or adults.
- e. A description of the license applicant's home, as follows:
  - i. The name of the school district in which the license applicant's home is located;
  - ii. Identification and description of any swimming pool, spa, fish pond, or other body of water; and
  - iii. Number of bedrooms.
- f. Information about the license applicant, as follows:
  - i. Educational background;
  - ii. Employment history;
  - iii. Previous experience in providing room and board for any person;
  - iv. Any contact with CPS or APS and the circumstances;
  - v. Any arrest and the circumstances;
  - vi. Any history of mental illness or treatment for a mental illness or emotional disorder including hospitalization for alcohol, drug, or mental health issues and the circumstances;
  - vii. If currently or previously employed by the Department of Economic Security or the Division, position, title, name of the supervisor, and name of the program;
  - viii. The reason for wanting to provide care to an adult;
  - ix. Gender, age, characteristics, and special needs of the individual the license applicant would prefer to take into the home;
  - x. Any experience caring for individuals who have special needs;
  - xi. Discipline techniques used or believed appropriate; and
  - xii. Anticipated changes in the license applicant's family in the next 12 months.
- g. Information about the license applicant's household member, as follows:

## Department of Economic Security – Developmental Disabilities

- i. Any contact with CPS or APS by anyone currently or formerly residing with the license applicant and the circumstances;
  - ii. Any arrests and the circumstances;
  - iii. Any history of mental illness or treatment for a mental illness or emotional disorder including hospitalization for alcohol, drug, or mental health issues and the circumstances;
  - iv. If currently or previously employed by the Department of Economic Security or the Division, position, title, name of the supervisor, and name of the program;
  - v. Any experience caring for individuals with special needs; and
  - vi. Discipline techniques used or believed appropriate.
- h. Reference information for the license applicant, as follows:
- i. Three references who can attest to the license applicant's character and skill; and
  - ii. If the license applicant is working or has worked with children or adults with developmental disabilities, one employment reference;
    - i. List of any individuals who live on the property on which the license applicant's home is located, but not in the license applicant's home.
2. From the license applicant, the following documents listed on the application form:
- a. A completed declaration of criminal history for the license applicant and each adult household member on a Division form with the following information:
    - i. Name,
    - ii. Social security number,
    - iii. Date of birth,
    - iv. Address,
    - v. A declaration of whether the individual has committed any of the crimes listed in A.R.S. § 36-594(3) and R6-6-1118, and
    - vi. Dated signature.
  - b. Documentation showing that the license applicant and each adult household member have been fingerprinted;
  - c. Documentation showing that the license applicant has a current driver's license, and current vehicle liability insurance as prescribed in R6-6-1112(A);
  - d. A completed monthly budget on a Division form showing the license applicant's monthly income, and monthly expenses, and the circumstances for any declaration of bankruptcy;
  - e. A physician's statement for the license applicant and each adult household member as prescribed in R6-6-1101(L);
  - f. Documentation of current immunizations for each child living in the license applicant's home as prescribed in R6-6-1101(E)(5);
  - g. Documentation that the license applicant has completed training as prescribed in R6-6-1105(A).
3. From sources other than the applicant, the documents listed on the application form, as follows:
- a. Three letters of reference for the license applicant as prescribed in R6-6-1101(G);
  - b. If the license applicant works with children or adults with developmental disabilities, one employment letter of reference as prescribed in R6-6-1101(H);
  - c. Documentation that the license applicant and each adult household member have had a criminal history check as prescribed in R6-6-1101(B);
  - d. Documentation showing that the license applicant's home has passed:
    - i. A fire inspection as prescribed in R6-6-1111(E), and
    - ii. A health and safety inspection as prescribed in R6-6-1111(D).
  - e. Documentation that vehicles used for transporting individuals with developmental disabilities have passed a Division safety inspection to meet the safety requirements in R6-6-1112(B); and
  - f. Documentation that the CPS/APS Central Registry has been checked as prescribed in R6-6-1101(C).

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1104.04. Contents of a Complete Application Package - Renewal License**

A license renewal application package is complete when the Division has all the following information:

- 1. From the license applicant, a completed renewal application form as prescribed in R6-6-1101(A) which contains the following information:
  - a. Personally identifying information, as follows:
    - i. Name,
    - ii. Address, and
    - iii. Phone number.
  - b. Personally identifying information on the license applicant's household members, as follows:
    - i. Name,
    - ii. Gender,
    - iii. Age,
    - iv. Relationship to the license applicant, and
    - v. School or occupation.
  - c. Personally identifying information on the license applicant's children who do not live with the license applicant, including emancipated children, as follows:
    - i. Name;
    - ii. Age;
    - iii. Address; and
    - iv. Occupation or school, if currently attending.
  - d. Information about the license applicant, as follows:
    - i. Any arrest or investigation for a criminal offense, including charge, and arresting agency;
    - ii. Any referral to or treatment for a psychiatric or psychological problem, including substance abuse, in the last year.
  - e. Information about the license applicant's household member, including:
    - i. Any arrest or investigation for a criminal offense, including charge, and arresting agency;
    - ii. Any referral to or treatment for a psychiatric or psychological problem, including substance abuse, treatment in the last year.
  - f. Any current or prior license or certificate held by the license applicant to provide care to a child or adult, as follows:
    - i. Type of license or certificate;
    - ii. Date of each license and certificate;
    - iii. State in which the license or certificate was issued;

- iv. Any license or certificate which was revoked, denied, voluntarily surrendered, or suspended and the circumstances; and
  - v. Name of any other agency with which the license applicant is currently licensed or certified to provide services to children or adults.
  - g. List of any individuals who live on the property on which the license applicant's home is located, but not in the license applicant's home;
  - h. List of the household members and their relationship to the applicant and to each other;
  - i. Any changes that should be made to the license conditions;
  - j. Dated signature.
2. From the license applicant, the items listed in R6-6-1104.03(2)(c),(2)(d), (2)(f), and the following:
- a. A completed declaration of criminal history for each new adult household member and, at three-year intervals, a completed declaration for all adult household members;
  - b. Documentation showing that each new adult household member has been fingerprinted and, at three-year intervals, that all adult household members have been fingerprinted;
  - c. A physician's statement every three years from the date of the initial license for the license applicant and all adult household members; and
  - d. Documentation that the license applicant has completed training as prescribed in R6-6-1105(B).
3. From sources other than the applicant, the documents listed in R6-6-1104.03(3)(d)(i), (3)(e), and (3)(f) and the following:
- a. Documentation that each new adult household member has had a criminal history check and that all adults household members have had a criminal history check every three years; and
  - b. Documentation that the license applicant's home has passed a health and safety inspection every three years since the date of the initial license.

#### Historical Note

Adopted effective February 1, 1998 (Supp. 98-1).

#### R6-6-1104.05. Contents of a Complete Request for an Amended License

A request for an amended license is complete when the Division has the following:

- 1. A description of the change requested to the license, and
- 2. Documentation that the requested change complies with this Article.

#### Historical Note

Adopted effective February 1, 1998 (Supp. 98-1).

#### R6-6-1105. Training Requirements for Adult Developmental Home Providers

- A. An applicant for an initial license as an adult developmental home provider shall meet the following training requirements:
  - 1. Prelicensing training in the following subjects:
    - a. Cardiopulmonary resuscitation appropriate for children and adults provided by an instructor certified in cardiopulmonary resuscitation;
    - b. First aid provided by an instructor certified in first aid; and
    - c. Orientation training of 12 to 20 hours, as prescribed by the Division.
  - 2. Up to ten additional hours of training based upon the needs of the license applicant or the adult placed by the Division, as determined by the Division.
- B. The licensee shall annually complete a minimum of ten hours of training, as required by the Division, prior to license renewal and must maintain cardiopulmonary resuscitation and first-aid certifications obtained for the initial license. Up to four hours of the annual training may be allowed for training related to maintenance of certificates.
- C. The licensee shall participate in additional training, as required by the Division, based upon the specific needs of the license applicant or licensee or an adult placed by the Division or shall demonstrate the ability to meet the needs of the specific client.
- D. The license applicant or licensee shall submit documentation to the Division demonstrating satisfactory completion of the training requirements.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

#### R6-6-1106. Adult Developmental Home Licensee Responsibility

- A. The licensee shall provide the client with positive emotional support and guidance including but not limited to:
  - 1. Including the client in daily activities;
  - 2. Providing the client with positive reinforcement;
  - 3. Assisting the client with day-to-day concerns with school, work, friends, and family;
  - 4. Providing appropriate care, concern, and support;
  - 5. Protecting the client from exploitation; and
  - 6. Assisting the client in developing and fostering personal relationships.
- B. The licensee shall follow written and verbal instructions and orders from qualified professionals regarding the medical, dental, habilitation, and therapeutic needs of the client.
- C. The licensee shall provide opportunities for social and physical development appropriate to the client's abilities and interest, through recreation and leisure-time activities.
- D. The licensee shall provide opportunities for the client to pursue the client's own religions beliefs. The licensee shall not require the client to attend or participate in the licensee's religious activities or practices.
- E. The licensee shall develop an agreement with the client for shared household tasks which do not present a health or safety hazard and do not interfere with the client's school, work, day programs, or recreational activities.
- F. The licensee and any client who smokes tobacco products shall develop mutually acceptable rules regarding the smoking of tobacco products.
- G. The licensee shall provide appropriate direction in the selection of clothing while allowing individual choice.
- H. In cooperation with the client, the licensee shall plan and provide well-balanced and adequate meals to meet the nutritional needs of the client.
- I. The licensee shall ensure transportation is arranged to meet the educational, employment, medical, habilitative, therapeutic, and social needs of the client.
- J. The licensee shall make reasonable efforts to support and maintain the client's relationships with parents, guardians, other family members, and other persons important to the client's life as indicated in the ISPP.
- K. The licensee shall ensure that money designated for or earned by the client is only used for the specific purpose intended and for the benefit of the client consistent with the Individual Spending Plan.

- L. The licensee shall ensure that the client is provided opportunities to make choices regarding the client's own spending money.
- M. The licensee shall not provide residential care or respite services to children in the adult developmental home.
- N. The licensee shall provide care only for the number of clients and conditions listed on the license.
- O. The licensee shall obtain approval from the Division before accepting placements from other agencies or private parties.
- P. When the licensee also provides respite services, the licensee shall ensure that the respite placement is within the conditions stated on the license.
- Q. The licensee shall not accept roomers or boarders without prior approval of the Division.
- R. The licensee shall treat information concerning a client placed in the licensee's home and the client's family or guardian as confidential in accordance with A.R.S. § 36-568.
- S. When the client is attending school, the licensee shall encourage and promote the educational development of the client by participating in the IEP meetings, unless otherwise specified by the Division, and by advocating for the implementation of the IEP.
- T. The licensee shall participate in the ISPP meetings, shall carry out the tasks identified by the ISPP team as being the responsibility of the licensee, and shall advocate for the implementation of the ISPP.
- U. The licensee shall cooperate with the Division when a client moves from the adult developmental home. The licensee shall:
  1. Provide information including records of the client's medical and dental history, educational experience, and progress on ISPP activities.
  2. Ensure personal belongings such as usable clothing, furniture, television sets, bicycles, the personal record, and other items purchased specifically for the client go with the client.
  3. Assist the Division is preparing the client for the move.
- V. The licensee shall assist the client in maintaining an inventory of the client's personal property such as furniture, bicycles, radios, television sets, and adaptive equipment.
- W. The licensee shall comply with the terms of the Adult Developmental Home Agreement.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1107. Behavior Management**

- A. The licensee shall comply with the Division requirements for behavior management as specified in Article 9.
- B. The licensee shall establish, with the client, house rules for sharing the living environment which are appropriate to the life experience and individuality of each client.
  1. The licensee and the client shall develop and implement a fair and reasonable process for resolving disputes.
  2. The licensee shall contact the Division if a dispute cannot be resolved.
  3. The licensee shall not deprive the client of meals, shelter, or medical care.
  4. The licensee shall not allow any form of corporal or physical punishment.
  5. The licensee shall not allow the use of verbal abuse or derogatory remarks.
  6. The licensee shall identify and report to the Division behavioral issues which may impact the health, safety, or training needs of the client.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1108. Sleeping Arrangements**

The licensee shall provide appropriate, comfortable, safe, and private sleeping arrangements for each client.

1. Clients shall have their own beds and places to store clothing in the bedroom and a place for storing personal belongings.
2. The client's bedrooms shall not be unfinished rooms, hallways, or rooms which are normally used for other than sleeping arrangements by family members.
3. A client shall not share a bedroom with another person unless each person agrees to the arrangement and each client has a separate bed and space for storing clothing in the bedroom and a place for storing personal belongings.
4. A client shall not share a bedroom with a person of the opposite sex unless otherwise specified in the ISPP.
5. An adult client and a child shall not share a bedroom.
6. The licensee shall sleep within hearing distance of the client if indicated by the needs of the client.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1109. Notification Requirements**

- A. The licensee shall notify the Division of the following events:
  1. Prior to building an addition to the home or structural remodeling of the home, or adding a swimming pool or spa, and shall cooperate with the Division in obtaining an Arizona Department of Health Services inspection as prescribed in A.R.S. § 8-504 for any home additions.
  2. Changes in marital status or living arrangement of the licensee.
  3. A plan to make a change in residence.
  4. Known arrests, indictments, or convictions of any household member or of persons living on the premises.
  5. Serious injury, major illness, illegal substance use or substance abuse, suicidal behavior, attempted suicide, or death of any household member. The Division may require the licensee to provide written documentation from a physician regarding the change in medical status.
  6. Changes which may impact on the ability of the licensee to meet the needs of the client.
  7. Notification shall be made to the Division prior to the addition of a household member.
  8. A temporary visitor staying more than one month.
  9. The licensee shall notify the Division prior to a change in primary caregiver or a person moving from the household who contributed to the care of the client.
- B. For adults placed by the Division in the licensee's home, the licensee shall notify the Division of incidents including but not limited to:
  1. Possible abuse or neglect as per A.R.S. § 13-3620 and R6-6-1601.
  2. Hospitalizations, the intervention of a medical practitioner, or emergency medical care as a result of serious illness, injury, medication errors, or suicidal behavior.
  3. Death of the client.
  4. A client missing. A client missing must be reported to law enforcement officials and the Division as soon as the client is determined to be missing.
  5. Theft of money or property.

- 6. Incidents which have involved or may potentially involve the police or media.
- 7. Significant damage to client property, licensee property, state property, or the property of others.
- 8. Illegal substance use or substance abuse.
- C. The licensee shall obtain Division prior approval for alternative supervision plans.
  - 1. The licensee shall involve the client in the development of alternative supervision plans.
  - 2. The licensee shall ensure that alternative supervision is only provided by persons 18 years of age or older.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1110. Recordkeeping**

- A. The licensee shall maintain a record for each client of medical history, dental history, educational experiences, and progress on ISPP activities.
- B. The licensee shall obtain and provide to the Division receipts for expenditures for the client as required by the Division.
- C. The licensee shall assist the client in maintaining a personal record of mementos, photos, letters, cards, report cards, and special projects.
- D. The licensee shall keep copies of all licenses, certificates, and correspondence in a separate file to document compliance with sanitation, health, and environmental codes of state and local authorities.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1111. Health and Safety Standards in an Adult Developmental Home**

- A. The licensee shall maintain the premises of the adult developmental home in a clean and sanitary condition to the degree that it does not present a health or safety hazard.
- B. The adult developmental home shall not have an accumulation of litter, rubbish, or garbage on the premises. Litter, rubbish, and garbage shall be contained in cleanable containers with lids or sealed disposable containers and shall be removed from the property not less than once a week.
- C. The licensee shall ensure that the adult developmental home is free from, or has an ongoing system to eradicate, insects, rodents, and other vermin.
- D. Before initial licensure and every three years thereafter, the adult developmental home shall be inspected and meet the safety and sanitation guidelines of the Department of Health Services unless otherwise specified by the Division.
- E. Adult developmental homes located in mobile homes shall pass an annual fire safety inspection as arranged by the Division.
- F. The licensee shall keep toxic, poisonous, hazardous, and corrosive materials in locked storage unless otherwise specified in the ISPP of each client in the household.
- G. The licensee shall keep medicines in separate locked storage unless otherwise specified in the ISPP of each client in the household.
- H. The licensee shall keep firearms in locked storage and shall keep ammunition locked separately from the firearms.
- I. Bedrooms shall have light, ventilation, and a usable and unobstructed exit to the outside in case of an emergency.

- J. Telephone service or similar two-way communication methods shall be available in the home and shall be in working order.
- K. Any permanent body of water shall be fenced and inaccessible to clients and shall meet the guidelines of the Department of Health Services unless otherwise specified by the Division.
- L. The licensee shall not allow clients in swimming pool areas or in the area of other bodies of water unless supervised by a responsible adult or as specified in the ISPP.
- M. The licensee shall store alcoholic beverages responsibly.
- N. The licensee shall ensure that smoking of tobacco products does not occur while in an enclosed area with residents who do not smoke tobacco products.
- O. The licensee shall make reasonable efforts to ensure family pets do not present a health or safety hazard to clients.
- P. The licensee shall develop a fire evacuation plan and shall periodically practice the plan with the family members. The licensee shall update the fire evacuation plan as needed based on placement changes, household member changes, and structural changes to the adult developmental home.
- Q. The licensee shall equip the adult developmental home with smoke detectors and fire extinguishers which are in good working order.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1112. Transportation**

- A. A licensee who transports clients shall have a current and valid driver's license and shall have liability insurance for any vehicle which will be used to transport clients. An Adult Developmental Home household member who transports clients must be 18 years of age or older and must be identified to the Division.
- B. The licensee shall ensure that vehicles used for transporting clients are maintained in a safe operating condition.
- C. The licensee shall ensure that clients wear seat belts or use an appropriate safety restraint while being transported.
- D. A vehicle used to transport clients in wheelchairs shall also be equipped with floor-mounted seat belts and wheelchair lock-downs for each wheelchair being transported.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1113. Dual Licensure of Adult Developmental Homes**

Adult Developmental Home providers licensed by another jurisdiction, such as a county or a state agency other than the Department, or licensed by a tribal authority but located off-reservation, shall be licensed by the Division before the Division places a client in the setting.

- 1. To be granted a license, the setting shall meet all requirements of this Article.
- 2. An Adult Developmental Home, licensed by another jurisdiction, seeking licensure by the Division shall sign a release of information to provide the Division access to the licensing files of the other jurisdiction.
- 3. An Adult Developmental Home licensed by another jurisdiction shall not be licensed by the Division to serve more than a total of three adults regardless of the placing agency.
- 4. The licensee shall not accept private placements or placements from other agencies or jurisdictions without prior approval of the Division.

5. The licensee shall notify the Division of any pre-placement conference with another agency or jurisdiction.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1114. Client Rights in Adult Developmental Homes**

The licensee shall uphold and safeguard the rights of clients consistent with applicable federal and state laws, specifically including A.R.S. § 36-551.01, unless legally restricted or as addressed in the ISPP in accordance with Article 9. In addition to those rights specifically stated in statute, rights shall include, at a minimum:

1. The right to be provided choices and to express preferences which will be respected and accepted whenever appropriate and possible;
2. The right to be free from personal and financial exploitation;
3. The right to a safe, clean, and humane physical environment;
4. The right to own and have free access to personal property;
5. The right to associate with persons of the client's own choosing;
6. The right to participate in social, religious, educational, cultural, and community activities;
7. The right to manage personal financial affairs and to be taught to do so;
8. The right to the least amount of physical assistance necessary to accomplish a task;
9. The right to privacy, including during treatment and care of personal needs and with regard to written correspondence, telephone communications, and visitations;
10. The right to have care for personal needs provided, except in cases of emergency, by a caregiver of the gender chosen by the responsible person or as specified in the ISPP; and
11. The right to be treated with dignity and respect.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1115. Exemption**

A license applicant or licensee may request from the Division an exemption of a rule contained in this Article. The request shall demonstrate that the intent of the rule will be met by alternate means and that the exemption will not endanger the lives or health of clients.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1116. Home Inspections and Monitoring**

- A. The licensee shall cooperate with the Division in assessing compliance with this Article.
- B. The licensee shall allow the Division access to the setting for home inspections and monitoring visits and shall allow the Division access to records, reports, and vehicles used to transport clients.
- C. Monitoring visits shall include, at a minimum:
  1. An annual license renewal home visit; and
  2. Two monitoring visits each year, at least one of which will be unannounced.

- D. The licensee shall comply with corrective action plans as required by the Division.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1117. Complaints**

- A. Any person who has a complaint about an adult developmental home may make the complaint known verbally or in writing to the Department.
- B. A complainant who has provided his name and address shall be notified that the complaint has been received and the notice shall indicate what investigative actions shall be taken.
- C. The Department shall investigate complaints about adult developmental homes within ten calendar days of the receipt of the complaint and shall notify the licensee of the investigation. In a case where there is reason to believe that imminent danger exists, the investigation shall be conducted immediately and the licensee shall be notified.
- D. The name or identifying characteristics of the complainant shall not be disclosed unless the complainant consents in writing to the disclosure or investigation of the complaint results in a legal proceeding and disclosure is ordered by an appropriate authority.
- E. The Department shall notify the licensee of the results of an investigation conducted pursuant to this rule and the requirement for any corrective action that the Department deems necessary.
- F. The licensee shall cooperate with the Division in completing investigations into complaints or concerns regarding the licensee and regarding clients placed in the home.

**Historical Note**

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3).

**R6-6-1118. Denial, Suspension, and Revocation of Adult Developmental Home Licenses**

- A. The Division may deny, suspend, or revoke a license for violations of A.R.S. § 36-594.
- B. The Division may deny or revoke a license if a license applicant or licensee has been arrested for, convicted of, charged with, or pled no contest to any of the following criminal acts:
  1. Sexual abuse of a child or vulnerable adult,
  2. Incest,
  3. First- or second-degree murder,
  4. Kidnapping,
  5. Arson,
  6. Sexual assault,
  7. Sexual exploitation of a child or vulnerable adult,
  8. Commercial sexual exploitation of a child or vulnerable adult,
  9. Felony offenses within the previous ten years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs,
  10. Robbery,
  11. Child prostitution as defined in A.R.S. § 13-3206,
  12. Child abuse or abuse of a vulnerable adult,
  13. Sexual conduct with a child,
  14. Molestation of a child or vulnerable adult,
  15. Voluntary manslaughter, or
  16. Aggravated assault.
- C. Upon notification that a member of the household or person living on the premises of an Adult Developmental Home is found to have been arrested for, convicted of, charged with, or

pled no contest to any of the criminal acts listed in subsection (B), the licensee shall immediately take the following actions:

1. Remove the person from direct contact with children;
  2. Notify the Division, unless the licensee initially received notice from the Division.
- D.** If a licensee fails to comply with subsection (C), the Division shall revoke or suspend the license.
- E.** If the criminal record check indicates that an individual has been convicted of or found by a court to have committed, or is reasonably believed to have committed, offenses pursuant to A.R.S. § 36-594, other than those listed in subsection (B), the Division shall consider the following factors when determining what corrective action to take against the licensee:
1. The extent of the individual's criminal record;
  2. Length of time since the commission of the offense;
  3. Nature of the offense;
  4. Mitigating circumstances surrounding commission of the offense. The burden is on the person to demonstrate that there were mitigating circumstances;
  5. The degree of the person's participation in the offense. The burden is on the person to demonstrate that the involvement was not direct; and
  6. The extent of the person's rehabilitation, including but not limited to:
    - a. The person shall prove that probation has been completed and complete restitution or compensation for the offense has been made, and
    - b. Evidence of positive action to change criminal behavior, such as completion of a drug treatment program or counseling.
  7. Personal references attesting to the person's rehabilitation.
- F.** When an application for a license is denied, or a license is suspended or revoked, pursuant to A.R.S. § 36-594, the Division shall deliver a written notice of the action in person or send a written notice of the action by certified mail to the license applicant or licensee. The notice shall state the reasons for the denial, suspension, or revocation with reference to applicable statutes and rules.
- G.** If the reason for denial, suspension, or revocation of a license involves the health, welfare, or safety of clients, the clients shall be immediately removed from the Adult Developmental Home.
- H.** When a license is denied, suspended, or revoked, the license applicant or licensee has the right to appeal the decision pursuant to Article 22.
- I.** The Division may suspend an Adult Developmental Home license for:
1. Up to six months during an investigation or while the licensee completes a corrective action plan.
  2. Up to 12 months due to the temporary inability of the licensee to provide services.
- J.** No child can be placed in the adult developmental home during a suspended-license status.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). R6-6-1118(H) reference to Article 20 corrected to Article 22 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### R6-6-1119. Appeals

- A.** When an application for a license is denied, or a license is suspended or revoked, the Division shall notify the license applicant or licensee of the right of appeal pursuant to R6-6-2201 et seq. (Appeals and Hearings), except that appeals from the

decision of a hearing officer shall be in accordance with A.R.S. § 41-1992 (Hearing Officers Powers and Duties).

- B.** If the license applicant or licensee appeals a licensing decision, the denial, suspension, or revocation of the license shall not become final until the appeal decision is rendered.
- C.** If the adults placed by the Division have been removed from the home because of a health, welfare, or safety issue, they shall remain out of the home while the appeal is pending.

#### Historical Note

Adopted effective August 30, 1994, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 94-3). R6-6-1119(A) reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### ARTICLE 12. COST OF CARE PORTION

*Correction: See Historical Notes, R6-6-1201 through R6-6-1204, correction to Emergency Certification effective August 12, 1981 (Supp. 83-1).*

#### R6-6-1201. Cost of Care Portion for Services

- A.** This Article prescribes the cost of care contribution requirements for clients, parents of minor clients, and trusts, estates, and annuities of which the client is a beneficiary. This Article applies to:
1. Non-ALTCS clients receiving any services;
  2. ALTCS clients receiving residential services from the Division.
- B.** The Division may include all services provided in calculating the cost of care for a non-ALTCS client.

#### Historical Note

Adopted as an emergency effective October 31, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). New Section R6-6-1201 adopted effective July 9, 1979 (Supp. 79-4). Repealed as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-4). Former Section R6-6-1201 repealed, new Section R6-6-1201 adopted as an emergency effective November 16, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R6-6-1201 repealed, new Section R6-6-1201 adopted as an emergency effective November 16, 1981 now adopted and amended as a permanent rule effective February 17, 1982 (Supp. 82-1). Correction to emergency effective August 12, 1981, should read: Former Section R6-6-1201 repealed, new Section R6-6-1201 adopted as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Section repealed, new Section adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, effective December 1, 1996; filed in the Office of the Secretary of State November 22, 1996 (Supp. 96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4).

#### R6-6-1202. Determination of the Cost of Care Portion for Services

- A.** The Cost of Care Portion Table (Appendix A) shows the percentage of the cost of services that a client is responsible for paying.
- B.** The Cost of Care Portion Table (Appendix A) also shows the percentage of the cost of services that the parent of a minor client is responsible for paying.

1. If the parents of a client are not married to each other, the Division determines the cost of care portion based on the custodial parent's income.
2. If the parent is married to an individual who is not legally responsible for the client, the Division determines the parent's cost of care portion using the community income, plus any sole and separate income of the parent.
3. If a parent has more than one minor client receiving services from the Division, the parent's cost of care portion shall not exceed the maximum amount the parent would be required to pay for the minor client receiving the most expensive services.

#### Historical Note

Adopted as an emergency effective October 31, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). New Section R6-6-1202 adopted effective July 9, 1979 (Supp. 79-4). Repealed as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-4). Former Section R6-6-1202 repealed, new Section R6-6-1202 adopted as an emergency effective November 16, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R6-6-1202 repealed, new Section R6-6-1202 adopted as an emergency effective November 16, 1981 now adopted and amended as a permanent rule effective February 17, 1982 (Supp. 82-1). Correction to emergency effective August 12, 1981, should read: Former Section R6-6-1202 repealed, new Section R6-6-1202 adopted as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Section repealed, new Section adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, effective December 1, 1996; filed in the Office of the Secretary of State November 22, 1996 (Supp. 96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4).

#### R6-6-1203. Determination of the Cost of Care for Services for a Client who is the Beneficiary of an Estate, Trust, or Annuity

- A. For a client who is the beneficiary of an estate, trust, or annuity, the cost of care for services is the actual cost of all services and programs provided by the Division until the client meets the financial eligibility requirements for federal social security supplemental income benefits or the financial eligibility requirements for the Arizona Long-term Care System.
- B. The responsible party shall pay the client's cost of care.
- C. When billing a trust, the Division is not limited to the trust income, but shall also bill the trust corpus.

#### Historical Note

Adopted as an emergency effective October 31, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). New Section R6-6-1203 adopted effective July 9, 1979 (Supp. 79-4). Repealed as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-4). Former Section R6-6-1203 repealed, new Section R6-6-1203 adopted as an emergency effective November 16, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R6-6-1203 repealed, new Section R6-6-1203 adopted as an emergency effective November 16, 1981 now adopted and amended as a permanent rule effective February 17, 1982 (Supp. 82-1). Correction to

emergency effective August 12, 1981, should read: Former Section R6-6-1203 repealed, new Section R6-6-1203 adopted as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Section repealed, new Section adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Chapter 6, effective December 1, 1996; filed in the Office of the Secretary of State November 22, 1996 (Supp. 96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4).

#### R6-6-1204. Provisions for Cost of Care Portion from Clients Receiving Residential Services

- A. The cost of care portion for a client receiving residential services is based on the amount of income or benefits the client receives, including Social Security, Veteran's, and Railroad Retirement benefits.
- B. The client shall keep either 12% or \$50 of the client's monthly income or benefits, whichever is greater, until the client's personal savings reach the maximum amount allowed by the federal agency providing the benefits, before federal benefits are cut off.
- C. When a client reaches the maximum allowable limit of personal savings as described in subsection (A) the client's monthly cost of care portion is the actual cost of residential services until the client's personal savings drop below the maximum allowable limit.
- D. If a client receives a retroactive benefit payment, the client shall retain the greater of either 12% of the total amount of the retroactive payments or the maximum amount allowed by the benefit source before federal benefits are cut off. The client shall pay the rest of the retroactive benefit payments, up to the actual cost of the client's residential services, to the Division to cover the months of placement in residential services for which the benefits are being paid.
- E. If a client receiving residential services uses the client's own income to pay either all or part of the rent, food, or utilities, the Division shall reduce the cost of care for the client by the documented amount the client pays for these items.

#### Historical Note

Adopted as an emergency effective October 31, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). New Section R6-6-1204 adopted effective July 9, 1979 (Supp. 79-4). Repealed as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-4). Former Section R6-6-1204 repealed, new Section R6-6-12-04 adopted as an emergency effective November 16, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R6-6-1204 repealed, new Section R6-6-1204 adopted as an emergency effective November 16, 1981 now adopted and amended as a permanent rule effective February 17, 1982 (Supp. 82-1). Correction to emergency effective August 12, 1981, should read: Former Section R6-6-1204 repealed, new Section R6-6-1204 adopted as an emergency effective August 12, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R6-6-1204 renumbered to R6-6-1206, new Section R6-6-1204 adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-1204 repealed, new Section renumbered from R6-6-1205 and amended under an exemption from A.R.S. Title 41, Chapter 6 effective December 1, 1996; filed in the Office

of the Secretary of State November 22, 1996 (Supp. 96-4).

Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4). Amended by exempt rulemaking at 16 A.A.R. 1136, effective on June 15, 2010 at request of the Department, Office File No. M10-462, filed December 6, 2010 (Supp. 10-2).

**R6-6-1205. Billing for the Cost of Care Portion**

- A. Each year, prior to July 1, the Division shall send a financial information form to each responsible party.
- B. The responsible party shall return the financial information form to the Division within 30 days of the date of the request.
- C. The responsible party shall provide the following information on the financial information form:
  - 1. Client name;
  - 2. Parent or responsible party name;
  - 3. Parent or responsible party address;
  - 4. Declaration of income from the prior year federal tax return;
  - 5. Declaration of the assets of the client's estate, including any amount held in trust or in an annuity for the benefit of the client; and
  - 6. Date and signature of the individual filling out the form.
- D. The responsible party shall provide documentation that fully discloses the assets of the client's estate and a copy of the prior year federal tax return.
- E. If the responsible party does not return the financial information form, the Division shall charge 100% of the cost of care. If a change occurs in financial circumstances or family size during any year, the responsible party shall contact the Division to amend the financial statement.
- F. The Division shall determine the cost of care portion based on the cost of care and the financial information submitted by the responsible party.
- G. Along with the monthly billing, the Division shall provide the responsible party with the information used to determine the cost of care for the client.
- H. If the Division does not receive the required cost of care portion for two consecutive months, the Office of Accounts Receivable and Collections shall send a delinquent notice to the responsible party. If the responsible party fails to make the overdue payment within 30 days after the date of the delin-

quent notice, the Office of Accounts Receivable and Collections may take further action to collect, including requesting a change in the representative payee for benefits or referring the case to the Office of the Attorney General.

- I. The Division reserves the right to terminate services to a client for nonpayment.

**Historical Note**

Adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-1205 repealed, new Section renumbered from R6-6-1206 and amended under an exemption from A.R.S. Title 41, Chapter 6 effective December 1, 1996; filed in the Office of the Secretary of State November 22, 1996 (Supp. 96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4).

**R6-6-1206. Review and Appeal**

- A. If a responsible party wants a review of the decision for the cost of care portion, the responsible party shall request the review, either orally or in writing, within 10 business days of the date on the billing statement to the Assistant Director, Division of Developmental Disabilities.
- B. A responsible party who contests the cost of care portion assessed according to this Article may request a fiscal administrative review pursuant to R6-6-1801 et seq. The responsible party may file a formal appeal as described in R6-6-2201 et seq. after exhausting the fiscal administrative review.

**Historical Note**

Section R6-6-1206 renumbered from R6-6-1204 and amended effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-1206 renumbered to R6-5-1205, new Section adopted effective December 1, 1996; filed in the Office of the Secretary of State November 22, 1996 (Supp. 96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4). R6-6-1206(B) reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

Department of Economic Security – Developmental Disabilities

Appendix A. Cost of Care Portion Table

DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF DEVELOPMENTAL DISABILITIES  
COST OF CARE PORTION TABLE

Income based on 200% of federal poverty guidelines issued January 23, 2009

PERCENT TO PAY OF SERVICES RECEIVED	FAMILY SIZE										
	1	2	3	4	5	6	7	8	9	10	
	MONTHLY FAMILY INCOME										
0.0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
to	\$1,805	\$2,428	\$3,052	\$3,675	\$4,298	\$4,922	\$5,545	\$6,168	\$6,792	\$7,415	
15.0%	\$1,806	\$2,429	\$3,053	\$3,676	\$4,299	\$4,923	\$5,546	\$6,169	\$6,793	\$7,416	
to	\$2,058	\$2,768	\$3,479	\$4,190	\$4,900	\$5,611	\$6,321	\$7,032	\$7,743	\$8,453	
20.0%	\$2,059	\$2,769	\$3,480	\$4,191	\$4,901	\$5,612	\$6,322	\$7,033	\$7,744	\$8,454	
to	\$2,310	\$3,108	\$3,906	\$4,704	\$5,502	\$6,300	\$7,098	\$7,895	\$8,693	\$9,491	
25.0%	\$2,311	\$3,109	\$3,907	\$4,705	\$5,503	\$6,301	\$7,099	\$7,896	\$8,694	\$9,492	
to	\$2,563	\$3,448	\$4,333	\$5,219	\$6,104	\$6,989	\$7,874	\$8,759	\$9,644	\$10,529	
30.0%	\$2,564	\$3,449	\$4,334	\$5,220	\$6,105	\$6,990	\$7,875	\$8,760	\$9,645	\$10,530	
to	\$2,816	\$3,788	\$4,761	\$5,733	\$6,705	\$7,678	\$8,650	\$9,623	\$10,595	\$11,567	
35.0%	\$2,817	\$3,789	\$4,762	\$5,734	\$6,706	\$7,679	\$8,651	\$9,624	\$10,596	\$11,568	
to	\$3,069	\$4,128	\$5,188	\$6,248	\$7,307	\$8,367	\$9,427	\$10,486	\$11,546	\$12,606	
40.0%	\$3,070	\$4,129	\$5,189	\$6,249	\$7,308	\$8,368	\$9,428	\$10,487	\$11,547	\$12,607	
to	\$3,321	\$4,468	\$5,615	\$6,762	\$7,909	\$9,056	\$10,203	\$11,350	\$12,497	\$13,644	
45.0%	\$3,322	\$4,469	\$5,616	\$6,763	\$7,910	\$9,057	\$10,204	\$11,351	\$12,498	\$13,645	
to	\$3,574	\$4,808	\$6,042	\$7,277	\$8,511	\$9,745	\$10,979	\$12,213	\$13,448	\$14,682	
50.0%	\$3,575	\$4,809	\$6,043	\$7,278	\$8,512	\$9,746	\$10,980	\$12,214	\$13,449	\$14,683	
to	\$3,827	\$5,148	\$6,470	\$7,791	\$9,112	\$10,434	\$11,755	\$13,077	\$14,398	\$15,720	
55.0%	\$3,828	\$5,149	\$6,471	\$7,792	\$9,113	\$10,435	\$11,756	\$13,078	\$14,399	\$15,721	
to	\$4,079	\$5,488	\$6,897	\$8,306	\$9,714	\$11,123	\$12,532	\$13,940	\$15,349	\$16,758	
60.0%	\$4,080	\$5,489	\$6,898	\$8,307	\$9,715	\$11,124	\$12,533	\$13,941	\$15,350	\$16,759	
to	\$4,332	\$5,828	\$7,324	\$8,820	\$10,316	\$11,812	\$13,308	\$14,804	\$16,300	\$17,796	
65.0%	\$4,333	\$5,829	\$7,325	\$8,821	\$10,317	\$11,813	\$13,309	\$14,805	\$16,301	\$17,797	
to	\$4,585	\$6,168	\$7,751	\$9,335	\$10,918	\$12,501	\$14,084	\$15,668	\$17,251	\$18,834	
70.0%	\$4,586	\$6,169	\$7,752	\$9,336	\$10,919	\$12,502	\$14,085	\$15,669	\$17,252	\$18,835	
to	\$4,837	\$6,508	\$8,178	\$9,849	\$11,520	\$13,190	\$14,861	\$16,531	\$18,202	\$19,872	
75.0%	\$4,838	\$6,509	\$8,179	\$9,850	\$11,521	\$13,191	\$14,862	\$16,532	\$18,203	\$19,873	
to	\$5,090	\$6,848	\$8,606	\$10,364	\$12,121	\$13,879	\$15,637	\$17,395	\$19,153	\$20,910	
80.0%	\$5,091	\$6,849	\$8,607	\$10,365	\$12,122	\$13,880	\$15,638	\$17,396	\$19,154	\$20,911	
to	\$5,343	\$7,188	\$9,033	\$10,878	\$12,723	\$14,568	\$16,413	\$18,258	\$20,103	\$21,948	
85.0%	\$5,344	\$7,189	\$9,034	\$10,879	\$12,724	\$14,569	\$16,414	\$18,259	\$20,104	\$21,949	
to	\$5,596	\$7,528	\$9,460	\$11,393	\$13,325	\$15,257	\$17,190	\$19,122	\$21,054	\$22,987	
90.0%	\$5,597	\$7,529	\$9,461	\$11,394	\$13,326	\$15,258	\$17,191	\$19,123	\$21,055	\$22,988	
to	\$5,848	\$7,868	\$9,887	\$11,907	\$13,927	\$15,946	\$17,966	\$19,985	\$22,005	\$24,025	
95.0%	\$5,849	\$7,869	\$9,888	\$11,908	\$13,928	\$15,947	\$17,967	\$19,986	\$22,006	\$24,026	
to	\$6,101	\$8,208	\$10,315	\$12,422	\$14,528	\$16,635	\$18,742	\$20,849	\$22,956	\$25,063	
100.0%	\$6,102	\$8,209	\$10,316	\$12,423	\$14,529	\$16,636	\$18,743	\$20,850	\$22,957	\$25,064	
	Or greater	Or greater	Or greater	Or greater	Or greater	Or greater	Or greater	Or greater	Or greater	Or greater	

PERCENT TO PAY OF SERVICES RECEIVED	FAMILY SIZE									
	11	12	13	14	15	16	17	18	19	20
	MONTHLY FAMILY INCOME									
0.0%	\$0.00 to \$8,038	\$0.00 to \$8,662	\$0.00 to \$9,285	\$0.00 to \$9,908	\$0.00 to \$10,532	\$0.00 to \$11,155	\$0.00 to \$11,778	\$0.00 to \$12,402	\$0.00 to \$13,025	\$0.00 to \$13,648
15.0%	\$8,039 to \$9,164	\$8,663 to \$9,874	\$9,286 to \$10,585	\$9,909 to \$11,296	\$10,533 to \$12,006	\$11,156 to \$12,717	\$11,779 to \$13,427	\$12,403 to \$14,138	\$13,026 to \$14,849	\$13,649 to \$15,559
20.0%	\$9,165 to \$10,289	\$9,875 to \$11,087	\$10,586 to \$11,885	\$11,297 to \$12,683	\$12,007 to \$13,481	\$12,718 to \$14,278	\$13,428 to \$15,076	\$14,139 to \$15,874	\$14,850 to \$16,672	\$15,560 to \$17,470
25.0%	\$10,290 to \$11,414	\$11,088 to \$12,300	\$11,886 to \$13,185	\$12,684 to \$14,070	\$13,482 to \$14,955	\$14,279 to \$15,840	\$15,077 to \$16,725	\$15,875 to \$17,610	\$16,673 to \$18,496	\$17,471 to \$19,381
30.0%	\$11,415 to \$12,540	\$12,301 to \$13,512	\$13,186 to \$14,485	\$14,071 to \$15,457	\$14,956 to \$16,429	\$15,841 to \$17,402	\$16,726 to \$18,374	\$17,611 to \$19,347	\$18,497 to \$20,319	\$19,382 to \$21,291
35.0%	\$12,541 to \$13,665	\$13,513 to \$14,725	\$14,486 to \$15,785	\$15,458 to \$16,844	\$16,430 to \$17,904	\$17,403 to \$18,964	\$18,375 to \$20,023	\$19,348 to \$21,083	\$20,320 to \$22,143	\$21,292 to \$23,202
40.0%	\$13,666 to \$14,791	\$14,726 to \$15,937	\$15,786 to \$17,084	\$16,845 to \$18,231	\$17,905 to \$19,378	\$18,965 to \$20,525	\$20,024 to \$21,672	\$21,084 to \$22,819	\$22,144 to \$23,966	\$23,203 to \$25,113
45.0%	\$14,792 to \$15,916	\$15,938 to \$17,150	\$17,085 to \$18,384	\$18,232 to \$19,619	\$19,379 to \$20,853	\$20,526 to \$22,087	\$21,673 to \$23,321	\$22,820 to \$24,555	\$23,967 to \$25,790	\$25,114 to \$27,024
50.0%	\$15,917 to \$17,041	\$17,151 to \$18,363	\$18,385 to \$19,684	\$19,620 to \$21,006	\$20,854 to \$22,327	\$22,088 to \$23,649	\$23,322 to \$24,970	\$24,556 to \$26,292	\$25,791 to \$27,613	\$27,025 to \$28,934
55.0%	\$17,042 to \$18,167	\$18,364 to \$19,575	\$19,685 to \$20,984	\$21,007 to \$22,393	\$22,328 to \$23,802	\$23,650 to \$25,210	\$24,971 to \$26,619	\$26,293 to \$28,028	\$27,614 to \$29,437	\$28,935 to \$30,845
60.0%	\$18,168 to \$19,292	\$19,576 to \$20,788	\$20,985 to \$22,284	\$22,394 to \$23,780	\$23,803 to \$25,276	\$25,211 to \$26,772	\$26,620 to \$28,268	\$28,029 to \$29,764	\$29,438 to \$31,260	\$30,846 to \$32,756
65.0%	\$19,293 to \$20,417	\$20,789 to \$22,001	\$22,285 to \$23,584	\$23,781 to \$25,167	\$25,277 to \$26,750	\$26,773 to \$28,334	\$28,269 to \$29,917	\$29,765 to \$31,500	\$31,261 to \$33,084	\$32,757 to \$34,667
70.0%	\$20,418 to \$21,543	\$22,002 to \$23,213	\$23,585 to \$24,884	\$25,168 to \$26,554	\$26,751 to \$28,225	\$28,335 to \$29,895	\$29,918 to \$31,566	\$31,501 to \$33,236	\$33,085 to \$34,907	\$34,668 to \$36,578
75.0%	\$21,544 to \$22,668	\$23,214 to \$24,426	\$24,885 to \$26,184	\$26,555 to \$27,942	\$28,226 to \$29,699	\$29,896 to \$31,457	\$31,567 to \$33,215	\$33,237 to \$34,973	\$34,908 to \$36,731	\$36,579 to \$38,488
80.0%	\$22,669 to \$23,793	\$24,427 to \$25,639	\$26,185 to \$27,484	\$27,943 to \$29,329	\$29,700 to \$31,174	\$31,458 to \$33,019	\$33,216 to \$34,864	\$34,974 to \$36,709	\$36,732 to \$38,554	\$38,489 to \$40,399
85.0%	\$23,794 to \$24,919	\$25,640 to \$26,851	\$27,485 to \$28,784	\$29,330 to \$30,716	\$31,175 to \$32,648	\$33,020 to \$34,581	\$34,865 to \$36,513	\$36,710 to \$38,445	\$38,555 to \$40,378	\$40,400 to \$42,310
90.0%	\$24,920 to \$26,044	\$26,852 to \$28,064	\$28,785 to \$30,083	\$30,717 to \$32,103	\$32,649 to \$34,123	\$34,582 to \$36,142	\$36,514 to \$38,162	\$38,446 to \$40,181	\$40,379 to \$42,201	\$42,311 to \$44,221
95.0%	\$26,045 to \$27,170	\$28,065 to \$29,276	\$30,084 to \$31,383	\$32,104 to \$33,490	\$34,124 to \$35,597	\$36,143 to \$37,704	\$38,163 to \$39,811	\$40,182 to \$41,918	\$42,202 to \$44,025	\$44,222 to \$46,131
100.0%	\$27,171 Or greater	\$29,277 Or greater	\$31,384 Or greater	\$33,491 Or greater	\$35,598 Or greater	\$37,705 Or greater	\$39,812 Or greater	\$41,919 Or greater	\$44,026 Or greater	\$46,132 Or greater

To determine amount to pay:

1. Find family size, include any children out of the home that are receiving Division services.
2. Find Monthly Family Income (round to the nearest whole dollar).
3. Move down the correct family size column to the cell that contains the range corresponding to the monthly family income.
4. From that cell move to the far left to the percent pay column.
5. The percent is the percent you are required to pay monthly for the services your family / child received.
6. The payment amount is not to exceed the cost of services provided.

**Historical Note**

Adopted effective February 17, 1982 (Supp. 82-1). Former Appendix A repealed, new Appendix A adopted effective September 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Appendix A repealed, new Appendix A adopted

effective December 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6; filed in the Office of the Secretary of State, November 22, 1996 (96-4). Amended by exempt rulemaking at 10 A.A.R. 205, effective January 1, 2004 (Supp. 03-4). Former Appendix A repealed; new Appendix A made by exempt rulemaking at 16 A.A.R. 314, effective January 25, 2010 (Supp. 10-1).

### ARTICLE 13. COORDINATION OF BENEFITS; THIRD-PARTY PAYMENTS

#### R6-6-1301. Information Required at Initial Application and Redetermination

During the initial application process and at each redetermination for eligibility, the applicant shall provide the Division with information on all health insurance which covers, or is available to cover, the person to receive services including, but not limited to, the name of the policyholder, the policyholder's relationship to the person to receive services, social security number of the policyholder, the name, phone number, and address of the insurer, the policy number, and extent of insurance coverage.

##### Historical Note

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Section repealed, new Section R6-6-1301 renumbered from R6-6-1302 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-1302. Assignment of Rights to Benefits

- A. As a condition of eligibility, each applicant shall assign to the Division rights to health insurance payments applicable to the person to receive services and agree to cooperate with the Division in obtaining medical support and insurance payments pursuant to A.R.S. § 36-596.
- B. If the responsible person refuses to assign health insurance benefits to the Division, the Division shall deny or terminate eligibility for the client.
- C. If the policy holder is someone other than the responsible person and refuses to cooperate with the requirements of this Article, the Division may deny or terminate eligibility for the client.

##### Historical Note

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-1302 renumbered to Section R6-6-1301, new Section R6-6-1302 renumbered from R6-6-1303 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-1303. Collections of Health Insurance

- A. Service providers shall identify and pursue collections of reimbursement from all probable sources of third-party liability.
- B. Service providers shall identify and notify the Division of any and all changes in health insurance information for clients.
- C. The Division is the payor of last resort for DD/non-ALTCS Division-covered services, unless specifically prohibited by law. Service providers shall submit all claims covered by health insurance to the insurer prior to submitting a claim for payment to the Division.
- D. When submitting a claim for payment to the Division, service providers shall include a copy of the explanation of benefits from the health insurer. The Division shall not pay for covered services if the client has insurance coverage which will pay for the service.
- E. If a responsible person receives an insurance or benefit payment for a service provided through the Division, the amount received as payment is immediately due and payable to the Division. If the amount is not paid, the Division shall terminate eligibility.

##### Historical Note

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-1303 renumbered to Section R6-6-1302, new Section R6-6-1303 renumbered from R6-6-1304 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-1304. Monitoring and Compliance

The Division shall monitor third-party payments made to service providers. The Division shall determine whether a service provider is in compliance with the requirements set forth in this Article by inspecting documents to assess:

1. Verifiability and reliability;
2. Appropriateness of recovery attempt;
3. Timeliness of billing;
4. Accounting for reimbursements;
5. Auditing of receipts;
6. Provision of claim and explanation of benefits to the Division;
7. Auditing of receipts;
8. Other monitoring which the Division deems reasonably necessary to ensure compliance.

##### Historical Note

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-1304 renumbered to Section R6-6-1303, new Section R6-6-1304 renumbered from R6-6-1305 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-1305. Notification of Liens

- A. When a service provider renders service to a client, the service provider shall notify the Division with the information listed in R6-6-1305(B) not later than five days after rendering such service for an injury or condition for which a third party may be liable.
- B. The service provider shall send the Division the following information:
  1. Name of service provider;
  2. Address of service provider;
  3. Name of client;
  4. Client's social security or Division identification number;
  5. Address of the responsible person;
  6. Date of client's injury or accident;
  7. Amount due for care of client;
  8. Name of the county in which injuries were sustained; and
  9. Names and addresses of all persons, firms or corporations and their insurance carriers which the responsible person asserts may be liable for damages.

##### Historical Note

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section R6-6-1305 renumbered to Section R6-6-1304, new Section R6-6-1305 renumbered from R6-6-1306 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### R6-6-1306. Renumbered

##### Historical Note

Adopted effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Former Section

R6-6-1306 renumbered to Section R6-6-1305 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

#### ARTICLE 14. EXPIRED

##### R6-6-1401. Expired

###### Historical Note

Adopted effective January 13, 1981 (Supp. 81-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 14, effective July 31, 2015 (Supp. 15-4).

#### ARTICLE 15. STANDARDS FOR CERTIFICATION OF HOME AND COMMUNITY-BASED SERVICE (HCBS) PROVIDERS

##### R6-6-1501. Definitions

The following definitions apply in this Article:

1. "AHCCCS provider type" means the descriptive category of service types assigned to a provider by AHCCCS during the registration process for individuals or agencies providing services to ALTCS clients.
2. "Applicant" means an agency or individual that has applied to the Division to become certified or to renew a certificate as an HCBS service provider.
3. "Certified instructor" means an individual who has a current certificate to provide instruction for CPR, First Aid, or client intervention techniques.
4. "Client intervention techniques" means methods which provide an individual with defensive skills for dealing with aggressive behaviors and is designed to reduce the chance of physical injury and property destruction and to prevent reinforcement of those aggressive behaviors.
5. "Compliance audit" means an examination of service provider records and interviews which the Division conducts to assess compliance with HCBS certification.
6. "Corrective action plan" means a specific activity prescribed by the Division which directs the service provider to remedy violations of HCBS certification requirements within a specific period of time.
7. "Direct services" means services provided specifically for the benefit of an individual client.
8. "Direct care" means those services provided to a client which result in attention to personal needs and supervision of the client.
9. "HCBS" or "Home and Community-based Services" means one or more of the following services provided to clients:
  - a. Attendant Care,
  - b. Day Treatment and Training for Children or Adults,
  - c. Habilitation,
  - d. Home Health Aide,
  - e. Home Health Nurse,
  - f. Hospice Care,
  - g. Housekeeping-Chore/Homemaker,
  - h. Non-Emergency Transportation,
  - i. Occupational Therapy,
  - j. Personal Care,
  - k. Physical Therapy,
  - l. Respiratory Therapy,
  - m. Respite services,
  - n. Speech/Hearing Therapy,
  - o. Supported Employment,
  - p. Other comparable services as approved by the AHCCCS Director.
10. "HCBS certificate" means the document the Division issues to a service provider or applicant as evidence the

service provider has met the Home and Community-based Service standards in this Article.

11. "HCBS certification" means the process by which the Division ensures that an applicant or service provider meets the standards in this Article for Home and Community-based Services.
12. "Housekeeping" means providing assistance in the performance of activities related to routine household maintenance at a client's residence but does not include any direct care for the client.
13. "Immediate relative" means natural parent, stepparent, adoptive parent, natural child, natural sibling, adoptive child, adoptive sibling, stepchild, stepbrother, stepsister, spouse, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law.
14. "Medicare certified" means having received Medicare certification through the Arizona Department of Health Services.

###### Historical Note

Adopted effective May 12, 1982 (Supp. 82-3). Section R6-6-1501 repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). New Section adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

##### R6-6-1502. Applicability

This Article applies to an individual or agency that provides or wishes to provide Home and Community-based Services to clients.

###### Historical Note

Adopted effective May 12, 1982 (Supp. 82-3). Section R6-6-1501 repealed effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). New Section adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

##### R6-6-1503. Requirement for an HCBS Certificate

- A. No individual shall provide Home and Community-based Services to clients unless the Division has certified the individual in accordance with this Article and, if providing services through ALTCS, registered the applicant with AHCCCS.
- B. The Division shall register the applicant with AHCCCS, if required, as part of HCBS certification.

###### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

##### R6-6-1504. Application for an Initial HCBS Certificate

- A. To become certified to provide a Home and Community-based Service to a client, an applicant shall file an application for an HCBS certificate with the Division and meet the requirements of this Article.
- B. The applicant shall complete application for an initial HCBS certificate on a form prescribed by the Division. The form shall contain the following information:
  1. Name,
  2. Home and business address,
  3. Specific services for which application is made,
  4. Phone number,
  5. Social security number or tax identification number,
  6. Self declaration regarding criminal history of offenses listed in R6-6-1514(B),
  7. Description of work experience, and
  8. Description of educational background.

- C. The applicant shall provide a copy of any other license or certificate required by this Article to provide a specific service.
- D. Except as provided by R6-6-1521, the applicant shall provide forms for three letters of reference to individuals who are not the applicant's family members and who have personal knowledge about the applicant's employment history, education, or character. The letters will be on forms provided by the Division. The individual giving the reference shall send the completed reference form to the Division.
- E. The Division shall be in receipt of a completed application and three letters of reference before considering certification of the applicant.
- F. The applicant shall provide the Division with written documentation signed by the person performing the inspection of the completion of the requirements of R6-6-1505.
- G. Within 60 days of receipt of an application, the Division shall notify the applicant of any missing documents or information. The Division shall allow 30 days from the date of notification to the applicant for submission of the remaining documents or information and, if not received at that time, may close the record.
- H. The Division shall conduct background checks with Child Protective Services and Adult Protective Services on applicants when information in the application indicates a past history of child or elder abuse. The Division shall utilize the background check information when determining whether to certify an applicant.
- D. When the application is complete, the Division shall complete a substantive review of the applicant's qualification. The Division shall:
  1. Review the application form and all required documents to ensure compliance with this Article,
  2. Conduct CPS/APS background checks, and
  3. Verify previous licensure or certification.
- E. If an HCBS certificate is denied, the Division shall send a notice to the applicant and include the following information:
  1. The reason for the denial with citation to supporting statutes or rules,
  2. The applicant's right to appeal the denial, and
  3. The time periods for appealing the denial.
- F. An applicant shall submit an HCBS certificate application package to DES/DDD, P.O. Box 6123, Site Code 791A, Phoenix, Arizona 85005-6123, Attention: HCBS Certification Unit.

#### Historical Note

Adopted effective February 1, 1998 (Supp. 98-1).

#### R6-6-1504.03. Contents of a Complete Application Package - Initial Certificate

An initial application package is complete when the Division has all of the following information:

1. From the applicant, a completed application form as prescribed in R6-6-1504 (B); and
2. From the applicant, the following documents listed on the application form:
  - a. A completed AHCCCS provider participation agreement form as prescribed in R6-6-1503 which contains the following information:
    - i. The applicant's name, social security number or tax identification number, and business address;
    - ii. Terms of the agreement between the provider and AHCCCS; and
    - iii. Signature of the applicant.
  - b. A completed declaration of criminal history as prescribed in R6-6-1504(B)(6) on a Division form which contains the following information:
    - i. Name of the applicant,
    - ii. Social security number,
    - iii. Date of birth,
    - iv. Applicant address,
    - v. A declaration of whether or not the applicant has committed any of the crimes listed in R6-6-1514, and
    - vi. Dated signature.
  - c. Documentation showing that fingerprints have been taken as prescribed in R6-6-1506;
  - d. Documentation showing current CPR training as prescribed in R6-6-1520;
  - e. Documentation showing current First Aid training as prescribed in R6-6-1520;
  - f. Documentation showing Article 9 review as prescribed in R6-6-1520;
  - g. Documentation showing that the applicant has a current driver's license, vehicle registration, and liability insurance as prescribed in R6-6-1520(D);
  - h. Copies of any applicable professional license or certification as prescribed in R6-6-1504(C); and
  - i. AHCCCS provider registration form as prescribed in R6-6-1503 which contains the following information:
    - i. Name, social security number, and Federal Employer Identification (FEI) number of the applicant;

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1504.01. Time-Frame for Granting or Denying an HCBS Certificate

For the purpose of A.R.S. § 41-1073, the Division establishes the following HCBS certificate time-frames:

1. Administrative completeness review time-frame:
  - a. For an initial certificate, 60 days;
  - b. For a renewal certificate, 25 days; and
  - c. For an amended certificate, 25 days.
2. Substantive review time-frame:
  - a. For an initial certificate, 60 days;
  - b. For a renewal certificate, 5 days; and
  - c. For an amended certificate, 5 days.
3. Overall time-frame:
  - a. For an initial certificate, 120 days;
  - b. For a renewal certificate, 30 days; and
  - c. For an amended certificate, 30 days.

#### Historical Note

Adopted effective February 1, 1998 (Supp. 98-1).

#### R6-6-1504.02. Administrative Completeness and Substantive Review Process

- A. The Division shall send the applicant a written notice within the administrative completeness review time-frame indicating that the application package is either complete or incomplete.
- B. If the application package is incomplete, the Division shall list the missing information in the notice and ask the applicant to supply the missing information within 30 days from the date of notice. If the applicant fails to do so, the Division may close the file.
- C. An applicant whose file has been closed and who later wishes to become certified may reapply to the Division. The administrative completeness time-frame starts over when the Division receives the written request to reapply.

- ii. Physical and mailing address of the applicant;
  - iii. Telephone number and telefacsimile number, if applicable for the applicant;
  - iv. Categories of service provided;
  - v. Changes from the prior year, if necessary;
  - vi. AHCCCS provider identification number;
  - vii. Districts and counties served;
  - viii. Place and date of birth; and
  - ix. Dated signature.
3. From sources other than the applicant, the documents listed on the application form as follows:
- a. Three letters of reference as prescribed in R6-6-1504(D), and
  - b. Documentation showing that the applicant's home or office has passed:
    - i. A fire inspection as prescribed in R6-6-1505, and
    - ii. A health and safety inspection as prescribed in R6-6-1505.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1504.04. Contents of a Complete Application Package - Renewal Certificate**

A renewal application is complete when the Division has all the following information:

- 1. From the applicant, the following items:
  - a. AHCCCS provider registration form;
  - b. Documentation of current CPR and First Aid training, current driver's license, and applicable professional licenses and certifications, if prior documentation has expired;
  - c. A completed declaration of criminal history every three years since the date of initial certification; and
  - d. Documentation that fingerprints have been taken at three-year intervals.
- 2. From sources other than the applicant, documentation that the applicant's home or office has passed a fire inspection every two years since the date of initial certification.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1504.05. Contents of a Complete Request for an Amended Certificate**

A request for an amended HCBS certificate is complete when the Division has the following information:

- 1. AHCCCS provider registration form, and
- 2. Documentation to support the requested change.

**Historical Note**

Adopted effective February 1, 1998 (Supp. 98-1).

**R6-6-1505. Setting Requirements for HCBS Service Providers**

- A. Except as provided by R6-6-1521, the applicant shall cooperate with an initial health and safety inspection by ensuring the residence or facility which the applicant owns, rents, or leases, and in which the services are to be provided, if other than the client's home is fully accessible to an inspector approved by the Division. The health and safety inspection focuses on such areas as general appearance and cleanliness of the residence or facility, heating and cooling, ventilation, lighting, safety hazards, swimming pools, yard, and the storage of toxic materials and medicines.
- B. Except as provided by R6-6-1521, the applicant shall have a fire department or individual approved by the Division per-

form a fire inspection at the time of initial application and every two years after, on each residence or facility which the applicant owns, rents, or leases, and in which services are to be provided, unless the services are provided in the client's home. The applicant shall maintain the results of the fire inspection on file.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1506. Fingerprinting Requirements**

- A. Except as otherwise provided by R6-6-1521, each applicant shall be fingerprinted by:
  - 1. Filing a request with the Department on a form prescribed by the Department and paying the applicable fees; or
  - 2. Filing a request with an agency authorized by state or federal statute to obtain agency fingerprints, paying the applicable fees, and having the fingerprints forwarded to the Department of Economic Security's Office of Special Investigations, located in Phoenix, Arizona.
- B. Except as otherwise provided by R6-6-1521, the following individuals shall be fingerprinted for a criminal record check at the time of initial application or initial employment, and every three years from the date of clearance, thereafter:
  - 1. All applicants, including individuals and agency administrators;
  - 2. Direct-care staff;
  - 3. Supervisors of direct-care staff; and
  - 4. All individuals age 18 and above who reside in the home when services are to be delivered in the applicant or service provider's home.
- C. Each applicant who has been fingerprinted shall maintain a file which includes:
  - 1. A clearance letter from the Department dated within six months of the date the fingerprints were taken; or
  - 2. A copy of a letter sent by the service provider to the Division stating that the clearance letter was not received within the required six months.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1507. Application for an HCBS Certificate Renewal**

- A. The Division shall send a notice of renewal to the service provider 60 days prior to the expiration of the HCBS certificate.
- B. Not more than 30 days and not less than 10 days prior to the expiration date of a current HCBS certificate, an applicant shall apply to the Division for renewal on a form provided and prescribed by the Division. The form shall contain the following information:
  - 1. Name;
  - 2. Home and business address;
  - 3. Social security number or tax identification number;
  - 4. AHCCCS registration number;
  - 5. Phone number; and
  - 6. Any services which the applicant wishes to:
    - a. Provide in addition to services currently on the HCBS certificate; or
    - b. Delete from services currently on the HCBS certificate.
- C. The applicant shall include a copy of current licenses and training as required by this Article.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1508. Issuing an HCBS Certificate**

- A.** The Division shall issue a new or renewal HCBS certificate to the applicant when it determines that:
1. The applicant meets the fingerprinting requirements provided by R6-6-1506;
  2. Each applicant and the direct-care staff of a contracted agency possess any license, have completed any training, and have the professional experience required by this Article; and
  3. The applicant demonstrates the ability, knowledge, experience, and fitness through personal references and past history to provide these services.
- B.** The HCBS certificate shall specify the services the applicant is certified to provide.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1509. Duration of an HCBS Certificate**

- A.** An initial HCBS certificate is valid for one year from the date of issuance or a lesser period if so specified on the HCBS certificate.
- B.** A renewal HCBS certificate is valid for one year from the date of issuance or a lesser period if so specified on the HCBS certificate.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).  
Amended effective June 4, 1998 (Supp. 98-2).

**R6-6-1510. Amending an HCBS Certificate**

- A.** A service provider shall request an amendment to the HCBS certificate when any of the following information or circumstances change:
1. Name, address, or telephone number;
  2. Addition of a service to the Division's service contract;
  3. Deletion of a service to the Division's service contract;
  4. Change in the Tax ID#; or
  5. Change in AHCCCS provider type.
- B.** The service provider shall file a request for amendment not more than 30 days after the change by sending a written request to the Division.
- C.** The Division shall mail the service provider written notice of amendment approval or denial within 30 days of receipt of the written request.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1511. Maintenance of an HCBS Certificate**

During the term of the HCBS certificate, each service provider shall keep the following requirements current:

1. Fingerprinting as provided by R6-6-1506;
2. Licensure, training, and professional experience as required in this Article; and
3. Records, as provided by R6-6-1519.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1512. Compliance Audit of HCBS Service Providers**

- A.** The Division shall conduct a compliance audit of each HCBS service provider's records at least every two years. The Division shall schedule with the service provider the record audit at least two business days in advance.

- B.** The Division may conduct an unscheduled compliance audit as a result of a complaint or noncompliance issue.
- C.** The individual or contracted agency shall cooperate with the compliance audit conducted by the Division by:
1. Making available the following information to the Division:
    - a. Fingerprint clearance letters for each individual as provided by R6-6-1506(B);
    - b. Written documentation of completion of a current Cardiopulmonary Resuscitation (CPR) certificate for each individual service provider and direct-care staff as provided by R6-6-1520(A)(1)(b);
    - c. Written documentation of current First-aid training for each individual service provider and direct-care staff as provided by R6-6-1520(A)(1)(c);
    - d. Written documentation that each individual service provider and direct-care staff has reviewed Article 9, except as provided by R6-6-1521;
    - e. Copies of three references for each direct-care staff as provided by R6-6-1504(D);
    - f. Written documentation showing that each individual service provider and direct-care staff has completed training in client intervention techniques as provided by R6-6-1520(C);
    - g. Written documentation showing that the individual providing service has received an orientation to the specific needs of each client served prior to the delivery of service, as provided by R6-6-1520(A)(1)(a);
    - h. A copy of a current valid driver's license, valid registration, and current liability insurance coverage as required by A.R.S. Title 28, Chapter 3, 4, and 7 for each individual providing transportation for a client;
    - i. Written documentation of any other training required by this Article; and
    - j. Written documentation of the date of hire for each direct-care staff of a contracted agency.
  2. Allowing the Division to interview employees; and
  3. Participating in the compliance audit entrance and exit conferences with Division employees.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1513. Complaints**

- A.** Any person who has a complaint about an HCBS service provider may register an oral or written complaint with the Division.
- B.** If the complainant provides his or her name and address at the time the complaint is registered, the Division shall, within 30 days, send the complaining party notice that the complaint was received and of the action to be taken on the complaint.
- C.** The Division shall investigate complaints about the HCBS service provider within 10 calendar days of the receipt of the complaint. The Division shall notify the service provider that an investigation is in progress and provide an opportunity for the service provider to relate any information known regarding the complaint. If the Division has reasonable cause to believe that imminent danger exists, the Division shall conduct the investigation immediately, report to the appropriate authorities, if applicable, and provide notice to the service provider that an investigation is in progress.
- D.** The Division shall notify the service provider of the results of an investigation through a summary of the investigative findings conducted pursuant to this rule and any corrective action. The Division may release the summary investigative findings

by request to the responsible person or client, unless prohibited by A.R.S. §§ 41-1959 and 36-568.01.

- E. Complaints are not considered a formal grievance. A grievance may be filed with the Division pursuant to R6-6-1801 et seq.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1514. Denial, Suspension, or Revocation of an HCBS Certificate**

- A. The Division may deny, suspend or revoke an HCBS certificate or an amendment to an HCBS certificate for any one or a combination of the following:
1. An applicant or service provider refuses to cooperate in providing information as required in this Article; or
  2. An applicant or service provider violates applicable provisions of Articles 1, 9, 15, and 16.
- B. The Division may deny or revoke an HCBS certificate if an applicant, individual service provider, or agency administrator has been convicted of, pled no contest to, or is currently awaiting trial on any of the following criminal acts:
1. Sexual abuse of a child or vulnerable adult,
  2. Incest,
  3. First- or second-degree murder,
  4. Kidnapping,
  5. Arson,
  6. Sexual assault,
  7. Sexual exploitation of a child or vulnerable adult,
  8. Commercial sexual exploitation of a child or vulnerable adult,
  9. Felony offenses within the previous 10 years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs,
  10. Robbery,
  11. Child prostitution as defined in A.R.S. § 13-3206,
  12. Child abuse or abuse of a vulnerable adult,
  13. Sexual conduct with a child,
  14. Molestation of a child or vulnerable adult,
  15. Voluntary manslaughter, or
  16. Aggravated assault.
- C. Upon notification that an agency employee is found to have been convicted of, awaiting trial on, or pled no contest to any of the criminal acts listed in R6-6-1514(B), an agency shall immediately take the following actions:
1. Remove the employee from direct contact with clients; and
  2. Notify the Division, unless the agency initially received notice from the Division.
- D. If an agency fails to comply with R6-6-1514(C), the Division may deny or revoke the agency HCBS certificate.
- E. Upon notification that an individual service provider has been convicted of, pled no contest to, or is currently awaiting trial on any of the criminal acts listed in R6-6-1514(B), the Division shall immediately take the following action to assure that the individual service provider has no direct contact with the client:
1. Prohibit the service provider from rendering services to the client,
  2. Notify the responsible person, and
  3. Prevent further authorization for service with the service provider.
- F. If the criminal records check pursuant to R6-6-1506(B) indicates that an individual service provider, agency administrator, a direct-care staff person or the supervisor of a direct-care staff person has been convicted of or found by a court to have com-

mitted, or is reasonably believed to have committed, the offenses listed in A.R.S. § 36-594, other than those listed in R6-6-1514(B), the Division shall consider the following factors when determining what action to take regarding HCBS certification:

1. The extent of the individual's criminal record;
2. Length of time since the commission of the offense;
3. Nature of the offense;
4. Mitigating circumstances surrounding commission of the offense;
5. The degree of the individual's participation in the offense;
6. The extent of the individual's rehabilitation, including but not limited to:
  - a. Completion of all terms of probation, and
  - b. Payment of all restitution or compensation for the offense, and
  - c. Evidence of positive action to change criminal behavior such as completion of a drug treatment program or counseling,
  - d. References attesting to the individual's rehabilitation;
7. The individual has the burden of providing evidence of mitigating factors listed in subsection (F).

- G. If the reason for denial, suspension, or revocation of a certificate involves a threat to the health, welfare, or safety of clients, the service provider shall not render services to a client.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

Typographical correction made to subsection reference in R6-6-1514(F)(7) (Supp. 96-4).

**R6-6-1515. Corrective Action Plan**

- A. In lieu of revocation or suspension, the Division may require a service provider to implement a corrective action plan to correct HCBS certification deficiencies when:
1. Allowing the service provider to continue services is in the best interest of the clients; and
  2. The client's health, safety, or welfare will not be jeopardized.
- B. The following conditions may result in a request for corrective action:
1. Certificate in CPR or training in First Aid for an individual service provider or direct-care staff is not current;
  2. Written documentation of an orientation to the specific needs of each client is not available;
  3. Required training is not documented or not completed; or
  4. Fire inspection cannot be obtained within the time provided by R6-6-1505(B). The burden is on the service provider to document the inability to obtain a fire inspection.
- C. The Division shall notify the service provider in writing of each deficiency, the corrective action to be taken, and the deadlines for all corrective action.
- D. The service provider shall develop a corrective action plan and submit it to the Division.
- E. If the service provider does not provide the Division with written documentation showing the completion of corrective action by the deadlines in the notice of deficiency, the Division may revoke or suspend the HCBS certificate pursuant to R6-6-1514.
- F. The Division's decision to require a corrective action plan is not subject to administrative review pursuant to R6-6-1516.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1516. Right to Administrative Review**

- A. An applicant or service provider may request an administrative review pursuant to R6-6-1801 et seq. when the Division denies, suspends or revokes an HCBS certificate.
- B. The Division shall provide written notice at the time of the action to the applicant or service provider of the right to an administrative review.
- C. An appeal of any decision rendered in an administrative review shall be conducted in accordance with R6-6-2201 et seq., “Appeals and Hearings.”
- D. An appeal of the decision of a hearing officer is conducted in accordance with A.R.S. § 41-1992.
- E. When a service provider timely appeals the decision to suspend or revoke an HCBS certificate, pursuant to R6-6-2201 et seq., revocation or suspension shall not become effective until the final administrative or judicial decision is rendered, except for suspensions made under A.R.S. § 41-1064(C).

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4). R6-6-1516(C) and (E) references to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-1517. Reporting Obligations of HCBS Service Providers**

- A. If the following types of incidents occur while a client is in the direct care of a service provider, the service provider shall immediately report to the Division:
  - 1. The death of a client;
  - 2. Alleged neglect or abuse of a client;
  - 3. An incident related to a client that involves law enforcement personnel, emergency services, emergency medical care, the media, or emergency medical techniques;
  - 4. Suicide attempts by a client; and
  - 5. Community complaints about a client.
- B. The service provider shall report a missing client to law enforcement officials and the Division as soon as the service provider determines that the client is missing.
- C. The service provider shall cooperate in any investigation by obtaining and providing any available information related to the incident to the Department or a law enforcement agency conducting the investigation.
- D. The report shall include at a minimum:
  - 1. The full name of the client,
  - 2. The name and phone number of the individual making the report, and
  - 3. A summary of the circumstances.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1518. Rights of Clients**

All service providers shall observe the rights of clients listed in A.R.S. § 36-551.01 and A.A.C. R6-6-102.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1519. Records**

- A. Each service provider shall maintain, as required in this Article, the applicable records listed in subsection (B). Each individual service provider shall maintain his or her own records and may do so by making arrangements with the Division to keep current records on file with the Division. Each agency

service provider shall maintain these records for all agency employees as required by this Article.

- B. The records shall include the following items:
  - 1. Verification of fingerprints taken as provided by R6-6-1506, a copy of the clearance letter provided by R6-6-1506(C)(1) and the declaration regarding criminal history provided by R6-6-1504(B)(6);
  - 2. Written documentation of a current certificate for CPR and training in First Aid;
  - 3. Current license and any other certificate required by this Article;
  - 4. Written documentation that any training required in this Article has been completed;
  - 5. Proof that each employee is at least 18 years old;
  - 6. Reference letters for each direct-care staff and supervisor of direct-care staff of an agency;
  - 7. Written documentation that each service provider or direct-care staff has the experience required in this Article; and
  - 8. Copies of all other documents required by this Article.
- C. Each individual making a written entry into personnel or client records shall initial the entry. All entries shall be:
  - 1. Legible,
  - 2. Typed or written in ink,
  - 3. Dated, and
  - 4. Factual and correct.
- D. All training documentation shall be signed and dated by the trainer or individual designated to confirm training documentation.
- E. If required records are kept in more than one location, the service provider shall maintain a list indicating the location of the records.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1520. Basic Qualifications, Training, and Responsibilities**

- A. The following minimum requirements apply to all agency service providers:
  - 1. When a Home and Community-based Service is delivered, a direct-care staff who has completed the following required training and orientation shall be present, except as provided by R6-6-1521:
    - a. Orientation to the specific needs of the client being served;
    - b. CPR to meet the needs of the client and provided by a certified instructor;
    - c. First aid, provided by a certified instructor unless the direct-care staff is a licensed registered nurse (R.N.), LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; and
    - d. Article 9 review.
  - 2. A direct-care staff shall complete the following training before working alone with clients. The training shall occur no later than 90 calendar days from the date of hire with the agency, except as provided by R6-6-1521:
    - a. CPR, provided by a certified instructor to meet the needs of the client served;
    - b. First aid, provided by a certified instructor, unless the direct-care staff is a licensed R.N., LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; and
    - c. Article 9 Review.

- B. All individual service providers providing direct care to clients shall complete the training and orientation listed in R6-6-1520(A)(1) prior to delivering services, except as provided by R6-6-1521:
- C. Each individual service provider and direct care staff of an agency shall complete client intervention techniques training if indicated in the ISPP or requested by the parent or guardian. CIT training shall be provided by a certified instructor.
- D. Each individual service provider and direct-care staff of an agency who transports clients shall maintain a current valid driver's license, valid registration, and current liability insurance coverage as required by A.R.S. Title 28, Chapters 3, 4, and 7.
- E. When providing housekeeping services, an individual or direct-care staff is exempt from the requirements of R6-6-1520.
- F. Each service provider and direct-care staff shall comply with Article 9, except R6-6-902(B) does not apply when services are provided in the client's home.

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1521. Additional Qualifications for Attendant Care Services

- A. An individual who wishes to provide Attendant Care services and is not an immediate relative of the client shall comply with this Article in order to obtain an HCBS certificate.
- B. The Division shall not compensate a spouse to provide Attendant Care services to the other spouse.
- C. Immediate relatives may provide Attendant Care services except as required in subsection (B), and a client's natural, adoptive, or stepparent may only provide Attendant Care services to a client who is 21 years of age or older.
- D. When a client is age 21 years or older and a parent provides Attendant Care services, the parent shall apply for an HCBS certificate and shall have:
  - 1. A current CPR certificate,
  - 2. Current training in First Aid, and
  - 3. Training in such other subjects as indicated in the ISPP.
- E. When a client's immediate relative other than the client's parent, provides the client with Attendant Care services, the immediate relative shall apply for an HCBS certificate and shall have:
  - 1. Current CPR certificate,
  - 2. Current training in First Aid,
  - 3. Written documentation of a health and safety inspection unless the services are provided in the client's home,
  - 4. Written documentation of a fire inspection unless the services are provided in the client's home, and
  - 5. Such other training as indicated in the ISPP.
- F. An immediate relative shall comply with the fingerprinting requirements in R6-6-1506 when:
  - 1. The client is under age 18, and
  - 2. The client is age 18 or older and does not live with the immediate relative providing Attendant Care services.

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1522. Additional Qualifications for Day Treatment and Training Services

- In addition to the general requirements in R6-6-1520, each individual who provides Day Treatment and Training services shall:
- 1. Have at least three months' experience in conducting group or individual activities related to specific develop-

- mental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
- 2. Have completed training, approved by the Division, in early childhood development when working with children who are under age 6.

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1523. Additional Qualifications for Habilitation Services

In addition to the general requirements in R6-6-1520, each direct care staff of an agency and each individual service provider who provides Habilitation services shall:

- 1. Have at least three months' experience implementing and documenting performance in individual programs;
- 2. Have both three months' experience in providing either respite or personal care, and have received training, approved by the Division, in implementing and documenting performance; or
- 3. Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation under subsection (1) or (2).

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1524. Additional Qualifications for Home Health Aide Services

In addition to the general requirements in R6-6-1520, only a Medicare-certified home health agency shall perform Home Health Aide services.

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1525. Additional Qualifications for Home Health Nurse Services

- A. In this Section, "not available" means that the Division has made an effort to procure Home Health Nurse services through a Medicare-certified home health agency but one cannot be contracted with in the geographic location to provide these services.
- B. In addition to the general requirements in R6-6-1520, Home Health Nurse services shall be provided through:
  - 1. A Medicare-certified home health agency; or
  - 2. A home health agency licensed by the state of Arizona which only allows an R.N. to provide nursing service, if a Medicare-certified home health agency is not available; or
  - 3. An independent R.N. currently licensed to practice professional nursing by the Arizona Board of Nursing, if a Medicare-certified home health agency is not available.
- C. An R.N. or an L.P.N. who is supervised by an R.N. shall provide home health nursing. Services may be provided through a Medicare-certified home health agency, a licensed home health agency, or by an independent nurse currently licensed to practice professional nursing by the Arizona Board of Nursing.

#### Historical Note

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

#### R6-6-1526. Additional Qualifications for Hospice Services

In addition to the general requirements in R6-6-1520, services shall be provided by a Hospice:

1. Licensed by the Arizona Department of Health Services, and
2. Certified by Medicare.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1527. Additional Qualifications for Housekeeping Services**

In addition to the general requirements in this Article, each individual who provides housekeeping services shall receive an orientation to the specific housekeeping needs of the client.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1528. Additional Qualification for Occupational Therapy Services**

In addition to the general requirements in R6-6-1520, each individual who provides Occupational Therapy services shall be currently licensed as an Occupational Therapist by the state of Arizona, Board of Occupational Therapy Examiners.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1529. Additional Qualifications for Personal Care Service**

In addition to the general requirements in R6-6-1520, each individual who provides Personal Care services shall:

1. Have at least three months experience in providing assistance to an individual to meet essential personal physical needs, such as showering, bathing, toileting, and eating; and
2. Complete training approved by the Division in home accident prevention.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1530. Additional Qualifications for Physical Therapy Services**

In addition to the general requirements in R6-6-1520, each individual who provides Physical Therapy services shall be currently licensed as a Physical Therapist by the state of Arizona, Board of Physical Therapy Examiners.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1531. Additional Qualifications for Respiratory Therapy Services**

In addition to the general requirements in R6-6-1520, each individual who provides Respiratory Therapy services shall be currently licensed as a Respiratory Therapist by the state of Arizona, Board of Respiratory Care Examiners.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1532. Additional Qualifications for Respite Services**

In addition to the general requirements in R6-6-1520, each individual who provides Respite services shall have at least three months' experience in providing assistance to an individual to meet essential personal physical needs as described in R6-6-1529.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**R6-6-1533. Additional Qualifications for Speech/Hearing Therapy Services**

In addition to the general requirements in R6-6-1520, each individual who provides Speech/Hearing Therapy services shall:

1. Have a Master's degree in speech-language pathology,
2. Have a Certificate of Clinical Competence from the American Speech and Hearing Association, and
3. Have a current membership card from the American Speech-Language Hearing Association.

**Historical Note**

Adopted effective February 1, 1996; filed in the Office of the Secretary of State December 26, 1995 (Supp. 95-4).

**ARTICLE 16. ABUSE AND NEGLECT****R6-6-1601. Reporting Procedures**

- A. Any employee of an agency contracting with the Department to provide services (service provider) who must physically defend self or others against a client's aggressive behavior shall use the minimum amount of force necessary to control the situation and shall immediately report the incident to the employee's supervisor or the District Program Manager and record the incident in the daily log or client record.
- B. Any employee of a service provider who injures a client shall immediately report the incident to the employee's supervisor or the District Program Manager and record the incident in the daily log or client incident record.
- C. Any employee of a service provider who observes abusive treatment or neglect of a client shall intervene on the client's behalf and shall immediately report the incident to the employee's supervisor or the District Program Manager and record the incident in the daily log or client incident record.
- D. All cases of possible abusive treatment or neglect of a client shall be reported immediately by an employee of a service provider to his supervisor or the District Program Manager and the employee shall record the incident in the daily log or client incident record.
- E. An employee of a service provider shall report to the employee's supervisor or the District Program Manager any situation in which another employee intimidates a client, parent, guardian, or fellow employee in connection with or to prevent the reporting of any incident described above.
- F. Whenever an employee of a service provider reports to the employee's supervisor an incident as described above, that supervisor shall report the incident immediately to the District Program Manager.

**Historical Note**

Adopted effective June 23, 1981 (Supp. 81-3). Amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-1602. Investigation**

- A. Upon receipt of an incident report, the District Program Manager shall initiate an investigation of the incident.
- B. The supervisor to whom a case of possible abusive treatment or neglect of a minor client is reported shall refer the matter immediately to Child Protective Services for investigation.

**Historical Note**

Adopted effective June 23, 1981 (Supp. 81-3). Amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-1603. Medical Evaluation**

- A. The employees of a service provider immediately shall refer any client who appears to have been abused, neglected, or injured for medical evaluation by nursing staff. If nursing staff is unavailable, the client shall be referred immediately to a licensed physician.
- B. If the nursing staff, during the course of any medical evaluation, notes any injury to a client which is not clearly due to an accidental cause, it shall arrange for the client to be seen immediately by a licensed physician. The physician shall examine the client for signs of neglect and abusive treatment and send a written report to the District Program Manager within seven days.

**Historical Note**

Adopted effective June 23, 1981 (Supp. 81-3). Amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**ARTICLE 17. EXPIRED****R6-6-1701. Expired****Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-1702. Expired****Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-1703. Expired****Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-1704. Expired****Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-1705. Expired****Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**R6-6-1706. Expired****Historical Note**

Adopted effective April 30, 1981 (Supp. 81-2). Amended effective June 7, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective August 30, 2005 (Supp. 05-4).

**ARTICLE 18. ADMINISTRATIVE REVIEW****R6-6-1801. Right to Review: Notice**

- A. An Administrative Review shall be available to any person aggrieved by a decision of the Department. An Administrative Review is preliminary to those rights set forth in R6-6-2201 et seq.
- B. The Department shall give written notice to persons served directly or indirectly by the Department informing them of the right to an Administrative Review in any decisions by a District Program Manager relating to:
1. Eligibility, admission, placement evaluation, and assignment to services.
  2. Care and treatment, transfer or substantial change in service.
  3. Termination of, or discharge from, a service
  4. Fee for service.
- C. Grievances related to decisions by the program contractor for licenses or involving DD/ALTCS clients and ALTCS service providers are separately addressed in R6-6-1803 and R6-6-1804 respectively.
- D. Written notice shall be in English and, when appropriate and reasonably possible to do so, in the primary language of the grievant. When the primary language is not a written language, such notice shall be provided in the language spoken or mode of communication used by the grievant.

**Historical Note**

Adopted effective March 8, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-1801 repealed, new Section R6-6-1801 renumbered from R6-6-1802 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). R6-6-1801(A) reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-1802. General Procedures**

These procedures are applicable to all grievances except those listed in R6-6-1801(C).

1. A party aggrieved by the decision of a District Program Manager or any member of an Individual Service and Program Plan (ISPP) Team, may, within 35 calendar days of the decision or disagreement, file a written request for an Administrative Review with the Division's Compliance and Review Unit.
2. If a District Program Manager takes no action as to the resolution of a disagreement, the grievant may, within 60 calendar days, forward a written request for an Administrative Review to the Division's Compliance and Review Unit.
3. The Division's Compliance and Review Unit shall review the request for an Administrative Review and render a written decision within 30 calendar days of receipt of the request.
4. While an Administrative Review is pending, there shall be no change in status except in the event of an emergency.

**Historical Note**

Adopted effective March 8, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-1802 renumbered to R6-6-1801, new Section R6-6-1802 renumbered from R6-6-1803 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-1803. Procedures for Grievances Related to Licenses**

The party aggrieved by a decision of the Department relating to a license may directly appeal the decision as prescribed in R6-6-2201 et seq.

**Historical Note**

Adopted effective March 8, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-1803 renumbered to R6-6-1802, new Section R6-6-1803 renumbered from R6-6-1804 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). R6-6-1803 reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-1804. Procedures for Grievances by DD/ALTCS Clients and ALTCS Service Providers**

- A. The DD/ALTCS client or ALTCS service provider desiring an Administrative Review shall first attempt to resolve the complaint through informal communication with the appropriate Health Plan representative or the District Program Manager.
- B. If the client or service provider is dissatisfied with the informal decision of the Health Plan or District Program Manager, a written request for an Administrative Review shall be filed with the Division's Compliance and Review Unit not later than 35 calendar days after the adverse action.
- C. If the Health Plan or District Program Manager takes no action as to the resolution of a disagreement, the grievant may, within 60 calendar days of the adverse action, file a written request for an Administrative Review with the Division's Compliance and Review Unit.
- D. The Division's Compliance and Review Unit shall review the written request and render a written decision within the times prescribed under ALTCS (A.A.C. R9-28-802 or R9-28-804).

**Historical Note**

Adopted effective March 8, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-1804 renumbered to R6-6-1803, new Section R6-6-1804 renumbered from R6-6-1805 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**R6-6-1805. Appeals and Hearings**

An appeal of any Administrative Review decision shall be governed by the procedures set forth in R6-6-2201 et seq.

**Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-1805 renumbered to R6-6-1804, new Section R6-6-1805 renumbered from R6-6-1806 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). R6-6-1805 reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-1806. Renumbered****Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-1806 renumbered to R6-6-1805 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**ARTICLE 19. RECODIFIED****R6-6-1901. Recodified****Historical Note**

Adopted effective October 16, 1981 (Supp. 81-5). Repealed effective August 29, 1991 (Supp. 91-3). Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2001 at A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1902. Recodified****Historical Note**

Adopted effective October 16, 1981 (Supp. 81-5). Repealed effective August 29, 1991 (Supp. 91-3). Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2002 at A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1903. Recodified****Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2003 at A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1904. Recodified****Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2004 at A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1905. Recodified****Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17,

1996 (Supp. 96-2). Section recodified to R6-6-2005 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1906. Recodified**

**Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2006 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1907. Recodified**

**Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2007 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1908. Recodified**

**Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2008 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1909. Recodified**

**Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted with changes effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2009 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1910. Recodified**

**Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted effective April 17, 1996 (Supp. 96-2). Section recodified to R6-6-2010 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1911. Recodified**

**Historical Note**

Adopted by emergency action effective September 13, 1995, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 95-3). Adopted again by emergency action effective March 12, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 96-1). Adopted effective April 17, 1996.

(Supp. 96-2). Section recodified to R6-6-2011 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-1912. Repealed**

**Historical Note**

Adopted effective April 17, 1996; automatically repealed effective May 1, 1996 (Supp. 96-2).

*Editor's Note: The above Section was adopted and automatically repealed during the same calendar quarter. For the text of this Section, refer to 2 A.A.R. 1691, May 10, 1996.*

**ARTICLE 20. CONTRACTS**

*Former Article 20, consisting of Sections R6-6-2001 through R6-6-2016, recodified to Article 22; new Article 20, consisting of Sections R6-6-2001 through R6-6-2011, recodified from Article 19 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).*

**R6-6-2001. Definitions**

The following definitions apply in this Article:

1. "Competitive solicitation" means an invitation from the Division to two or more parties for the submission of proposals for the provision of goods or services.
2. "Contract" means all types of state agreements, regardless of what they may be called, for the procurement of goods or services.
3. "Offeror" means a person who or an entity which submits a proposal to the Division in response to a request for goods or services.
4. "Procurement" means buying, purchasing, renting, or leasing or otherwise acquiring any goods or services. Procurement also includes all functions that pertain to the obtaining of any good or service including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
5. "Proposal" means all documents, whether attached or incorporated by reference, that an offeror submits to the Division to make an offer to provide goods or services.
6. "Qualified offeror" means an offeror who meets the specific requirements set forth in a request for proposals.
7. "Request for proposals" means all documents, whether attached or incorporated by reference, which are used for soliciting proposals for goods or services.

**Historical Note**

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2001 repealed, new Section R6-6-2001 renumbered from R6-6-2002 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2001 recodified to R6-6-2201; new Section R6-6-2001 recodified from R6-6-1901 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2002. Contracting Process**

- A. The Division shall procure goods and services in the manner prescribed in A.R.S. Title 41, Chapter 23 ("The Arizona Procurement Code"), except for goods and services described in Laws 1995, Ch. 84, § 3.
- B. The Division shall procure goods and services described in Laws 1995, Ch. 84, § 3 by following the procedures in this Article when any of the following conditions occur:
  1. The Division has issued a competitive solicitation, pursuant to A.R.S. § 41-2534, and the solicitation has not resulted in the number of offerors needed to meet the service needs of the clients;

2. The Division has identified an immediate or emergency service need and current providers cannot meet the need;
3. The Division solicits proposals for acute care services from health plans, pursuant to R6-6-2005;
4. The Division needs acute care providers for a geographic area in which:
  - a. No health plan has responded to the Division's solicitation of proposals under R6-6-2005;
  - b. The offeror has withdrawn from the solicitation process described in this Article; or
  - c. The offeror cannot reach an agreement with the Division during the solicitation process described in this Article; or
5. A federal or state statute, regulation, rule, or programmatic change requires the Division to make changes in mandated ALTCS services, in ALTCS service delivery, or in the administration of the DD/ALTCS program.

#### Historical Note

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2002 renumbered to R6-6-2001, new Section R6-6-2002 renumbered from R6-6-2003 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2002 recodified to R6-6-2202; new Section R6-6-2002 recodified from R6-6-1902 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2002(B)(3) and (B)(4)(a) references to R6-6-1905 corrected to R6-6-2005 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### R6-6-2003. Solicitation for Offerors

When a competitive solicitation does not result in the number of offerors required to meet the service needs of the clients, the Division shall:

1. Recruit a potential offeror by advertisement or other reasonable means of communicating the service need;
2. Verify that an offeror complies with all applicable Division and AHCCCS qualification, licensing, and certification requirements for the service as described in the original request for proposals;
3. Establish a contract with a qualified offeror;
4. Request that each provider contracting under this rule submit proposals in response to the next competitive solicitation the Division issues under A.R.S. Title 41, Chapter 23 for these services;
5. Advise each provider that failure to respond to the next competitive solicitation will result in expiration of the existing contract; and
6. Send each provider holding a contract under this Section a notice of the next competitive solicitation for the service.

#### Historical Note

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2003 renumbered to R6-6-2002, new Section R6-6-2003 renumbered from R6-6-2004 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2003 recodified to R6-6-2203; new Section R6-6-2003 recodified from R6-6-1903 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

#### R6-6-2004. Immediate or Emergency Need for Services

When the Division identifies an immediate or emergency need for service and current providers cannot meet the service need, the Division shall follow the steps listed in R6-6-2003 to procure the service.

#### Historical Note

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2004 renumbered to R6-6-2003, new Section R6-6-2004 renumbered from R6-6-2005 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2004 recodified to R6-6-2204; new Section R6-6-2004 recodified from R6-6-1904 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2004 reference to R6-6-1903 corrected to R6-6-2003 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

#### R6-6-2005. Acute Care - Solicitation of Service from Health Plans

A. The Division shall solicit proposals from providers of acute care services. The Division shall include at least the following information in the request for proposals;

1. The time and date set for the proposal opening;
2. The address of the office at which proposals are to be received;
3. The period during which the offer contained in the proposal will remain open;
4. The service description, covered populations, geographic coverage, specifications, and a delivery or performance schedule;
5. The contract terms and conditions, including bonding or other security requirements, if applicable;
6. A provision for the award of contracts by category of member or service in order to secure the most financially advantageous offers for the state;
7. A provision that each submitted proposal describe each category of member, type of service, and geographic area the offeror will cover in the proposed contract;
8. A provision for a procedure allowing the Division to request voluntary price reduction of offers from only those offerors the Division has tentatively selected for award, before the final award or rejection of proposals;
9. The factors to be used in the evaluation;
10. The location and method for obtaining documents that are incorporated by reference in the Division's request for proposals;
11. The requirement that the offeror acknowledge receipt of all amendments issued by the Division;
12. The type of services required and a description of the work involved;
13. The type of contract to be used and a copy of a proposed contract form or provisions;
14. The estimated length of time during which services will be required;
15. A requirement for cost or pricing data;
16. The minimum information that an offeror shall submit with a proposal; and
17. A provision requiring that an offeror to certify that the submission of the proposal does not involve collusion or other anti-competitive practice.

B. The Division shall conduct discussions with qualified offerors to provide information about, and assure full understanding of, and responsiveness to, the request for proposals.

- C. The Division shall accord offerors fair treatment with respect to any opportunity for discussion and revision of proposals, and may permit such revisions after submissions and before award of the contract for the purpose of obtaining best and final offers.
- D. Prior to the award of the contract, the Division shall not disclose information derived from proposals submitted by competing offerors.
- E. The Division may request voluntary price reduction of offers contained in the submitted proposals before the final award or rejection of proposals.
- F. The Division may issue one or more written requests for a best and final offer to responsive offerors, which shall set forth the date, time, and place for the submission of this offer. If the offeror does not submit a notice of withdrawal or a best and final offer in response to the Division's request, the Division shall use the offeror's most recent offer as the best and final offer.

#### Historical Note

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2005 renumbered to R6-6-2004, new Section R6-6-2005 renumbered from R6-6-2006 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2005 recodified to R6-6-2205; new Section R6-6-2005 recodified from R6-6-1905 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

#### R6-6-2006. Acute Care - Evaluation of Proposals; Cancellation

- A. The Division shall base proposal evaluations on the evaluation factors set forth in the request for proposals.
- B. The Division shall send a written notice of rejection to offerors whose proposals are rejected and maintain a copy of the notice in the procurement file.
- C. The Assistant Director may cancel a request for proposals or may reject any and all proposals in whole or in part if the Assistant Director determines that the cancellation or rejection is in the state's best interest based on the following factors:
  1. The availability of funding,
  2. The inability to come to agreement with offerors,
  3. A change in the need for services,
  4. The potential for loss of federal funds,
  5. A change in federal or state requirements which affect the service specified in the proposal, and
  6. Collusion or anti-competitive practices on the part of an offeror.
- D. The Division shall document the reasons for the cancellation or rejection in the procurement file.

#### Historical Note

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2006 renumbered to R6-6-2005, new Section R6-6-2006 renumbered from R6-6-2007 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2006 recodified to R6-6-2206; new Section R6-6-2006 recodified from R6-6-1906 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

#### R6-6-2007. Acute Care - Award of Contracts

- A. The Division shall award a contract:
  1. To the qualified offeror who submits the most advantageous proposal to the state based on the evaluation factors set forth in the request for proposals; and

2. By the category of member, type of service, and geographic area.
- B. The Division may award contracts to more than one offeror for each geographic area in the state for the purpose of limiting the number of high-risk clients who may be included in each contract.
  - C. The Division shall not award a contract to any offeror who will cause the state to lose any federal monies to which the state is otherwise entitled.
  - D. The Division shall document the reasons for the award in the procurement file.
  - E. The Division shall notify each unsuccessful offeror of the award of the contract.

#### Historical Note

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2007 renumbered to R6-6-2006, new Section R6-6-2007 renumbered from R6-6-2008 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2007 recodified to R6-6-2207; new Section R6-6-2007 recodified from R6-6-1907 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

#### R6-6-2008. Acute Care - Protests

- A. The Assistant Director shall resolve any protest filed concerning a contract proposal or award covered by this Article.
- B. An offeror may protest a contract proposal or award by filing a written protest with the Assistant Director.
- C. A protest shall include the following information:
  1. Name, address, and telephone number of the protester;
  2. Signature of the protester or its representative;
  3. Identification of the request for proposals or contract number;
  4. A statement of the legal and factual grounds of the protest including copies of any relevant documents; and
  5. The relief requested.
- D. The protester shall file the protest within one of the following time-frames:
  1. Prior to the closing date for receipt of initial proposals if the protest relates to a request for proposals; or
  2. Within 14 working days after a contract award has been made public as described in R6-6-2007(E), if the protest relates to the award of a contract.
- E. A protest is deemed filed when the written document is received by the Division.
- F. If a protest is filed before the award of a contract, the Division may award a contract unless the Assistant Director makes a written determination that there is reasonable probability that the protest will be sustained and that the stay of award of the contract is consistent with the best interests of the state.
- G. Within 14 work days of the filing date of a protest, the Assistant Director shall send a written decision to the protester by certified mail, return receipt requested, or by any other method that provides evidence of receipt. The Assistant Director shall explain the reasons for the conclusions reached in the decision.
- H. If the Assistant Director sustains the protest in whole or part, and determines that the request for proposals, proposed contract award, or contract award does not comply with applicable statutes and rules, the Assistant Director shall implement an appropriate remedy as prescribed in subsection (J).
- I. In determining an appropriate remedy, the Assistant Director shall consider the following:
  1. Circumstances surrounding the procurement or proposed procurement,

2. The seriousness of the procurement deficiency,
  3. The degree of prejudice to other interested parties,
  4. The degree of prejudice to the integrity of the procurement system,
  5. The good faith of the parties,
  6. The extent of performance,
  7. The costs to the state,
  8. The urgency of the procurement, and
  9. The impact of the relief on the Department's mission.
- J.** The following actions, alone or in combination, shall serve as an appropriate remedy;
1. Decline to exercise an option to renew under the contract,
  2. Terminate the contract,
  3. Reissue the request for proposals,
  4. Issue a new request for proposals, or
  5. Award a contract as provided in these procurement rules.

**Historical Note**

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2008 renumbered to R6-6-2007, new Section R6-6-2008 renumbered from R6-6-2009 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2008 recodified to R6-6-2208; new Section R6-6-2008 recodified from R6-6-1908 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2008(D)(2) reference to R6-6-1907(E) corrected to R6-6-2007(E) at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-2009. Acute Care Providers in a Geographic Area With No Health Plan**

The Division shall recruit individual providers for acute care services by following R6-6-2003(1), (2), and (3) when:

1. The Division has first tried to obtain offers by issuing a solicitation of service as prescribed in R6-6-2005; and
2. The Division finds;
  - a. A response is not obtained,
  - b. An offeror withdraws from the solicitation process, or
  - c. An agreement does not result between a health plan and the Division.

**Historical Note**

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2009 renumbered to R6-6-2008, new Section R6-6-2009 renumbered from R6-6-2010 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2009 recodified to R6-6-2209; new Section R6-6-2009 recodified from R6-6-1909 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2009 Section heading corrected; reference to R6-6-1903(1), (2), and (3) corrected to R6-6-2003(1), (2), and (3); R6-6-2009(1) reference to R6-6-1905 corrected to R6-6-2005 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-2010. Statute, Regulation, Rule, or Program Change**

When a new federal or state statute, regulation, rule, or programmatic change involving the DD/ALTCS program or administration requires the Division to comply by modifying current programs, the Division shall follow the steps in R6-6-2003(1), (2), and (3).

**Historical Note**

Adopted effective March 7, 1983 (Supp. 83-2). Section repealed, new Section adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2010 renumbered to R6-6-2009, new Section R6-6-2010 renumbered from R6-6-2011 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2010 recodified to R6-6-2210; new Section R6-6-2010 recodified from R6-6-1910 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2010 reference to R6-6-1903(1), (2), and (3) corrected to R6-6-2003(1), (2), and (3) at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-2011. Procurement Records**

The Division shall maintain the following records relating to the procurement of contracts in the procurement file, if applicable:

1. A copy of the request for proposals;
2. The proposals received;
3. The best and final offers;
4. Written correspondence;
5. The basis for award;
6. The documentation required by R6-6-2006(D) and R6-6-2007(D).

**Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2011 renumbered to R6-6-2010, new Section R6-6-2011 renumbered from R6-6-2012 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Former Section R6-6-2011 recodified to R6-6-2211; new Section R6-6-2011 recodified from R6-6-1911 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2011(6) reference to R6-6-1906(D) and R6-6-1907(D) corrected to R6-6-2006(D) and R6-6-2007(D) at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-2012. Recodified****Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2012 renumbered to R6-6-2011, new Section R6-6-2012 renumbered from R6-6-2013 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section R6-6-2012 recodified to R6-6-2212 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2013. Recodified****Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2013 renumbered to R6-6-2012, new Section R6-6-2013 renumbered from R6-6-2014 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section R6-6-2013 recodified to R6-6-2213 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2014. Recodified****Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2014 renumbered to R6-6-2013, new Section R6-6-2014 renumbered from R6-6-2015 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section R6-6-2014

recodified to R6-6-2214 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2015. Recodified**

**Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2015 renumbered to R6-6-2014, new Section R6-6-2015 renumbered from R6-6-2016 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section R6-6-2015 recodified to R6-6-2215 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2016. Recodified**

**Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2016 renumbered to R6-6-2015, new Section R6-6-2016 renumbered from R6-6-2017 and amended effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3). Section R6-6-2016 recodified to R6-6-2216 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2017. Renumbered**

**Historical Note**

Adopted effective August 29, 1991 (Supp. 91-3). Former Section R6-6-2017 renumbered to R6-6-2016 effective September, 30, 1993, under an exemption from A.R.S. Title 41, Chapter 6 (Supp. 93-3).

**ARTICLE 21. DIVISION PROCUREMENT AND RATE SETTING – QUALIFIED VENDORS**

*New Article 21, consisting of Sections R6-6-2101 through R6-6-2115, made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1).*

**R6-6-2101. Definitions**

The following definitions apply to this Article:

1. "Agreement file" means the public, documented record of procurement transactions that is maintained by and available at the Division contracts management office.
2. "AHCCCS" means the Arizona Health Care Cost Containment System as established by A.R.S. § 36-2901 et seq.
3. "Application" means the Qualified Vendor application, including any amendments, supplements, or updates submitted by the applicant.
4. "Assistant Director" means the Assistant Director of the Department of Economic Security, Division of Developmental Disabilities.
5. "Authorization" means the approval by the Division or its designee identifying the type and number of units of service a Qualified Vendor is authorized to provide to a specific consumer.
6. "Community developmental disability services" means any service or support the Division is authorized to purchase under A.R.S. § 36-557 on behalf of individuals with developmental disabilities and their families or guardians.
7. "Conflict of interest" means that a Qualified Vendor applicant, a Qualified Vendor, or an officer or employee of a Qualified Vendor applicant or Qualified Vendor has a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for purchasing, authorizing, monitoring or evaluating community developmental disability services or vendors.
8. "Consumer" means an individual authorized to receive community developmental disability services from the Division.
9. "Consumer and family choice" means the consumer's or consumer's representative's expressed preference to receive services from a specific provider.
10. "Contract list" means a roster of agencies, organizations, and professional independent providers who, on January 1, 2003 have a valid contract or agreement with the Division to provide community developmental disability services.
11. "Day" means calendar day unless otherwise specified.
12. "Department" means the Arizona Department of Economic Security.
13. "Department procurement officer" means the person, or his or her designee, authorized by the Department to make written determinations with respect to purchasing processes or agreements authorized under A.R.S. § 36-557.
14. "Division" means the Division of Developmental Disabilities of the Department of Economic Security.
15. "Division web site" means the Division of Developmental Disabilities internet web site.
16. "Emergency need" means a situation that requires an immediate change in services, in service providers, or in both services and service providers, and is necessary for the health or safety of the consumer.
17. "Independent assessment" means a review by a third party of an authorization decision.
18. "Independent rate model" means a methodology for rate development that includes the definition of the cost components and assumptions used in the development of a reimbursement rate.
19. "Individual Independent Provider" means a person who is qualified to provide service, has a provider identification number and an individual service agreement or a qualified vendor agreement with the Division to provide community developmental disability services.
20. "Individual service agreement" means the legally binding contract between the Division and an individual independent provider to provide community developmental disability services.
21. "Individual support plan" or "ISP" means a written statement of services to be provided to an individual with developmental disabilities including habilitation goals and objectives and a listing of the services, if any, the consumer is authorized to receive. The ISP incorporates and replaces the Individual Program Plan, the placement evaluation, the individualized service program plan and the service program plan used in A.R.S. § 36-557, and for the purposes of these rules incorporates the Individual Family Service Plan (IFSP) as defined in Section 809.1 of the Division of Developmental Disabilities Policy and Procedures Manual.
22. "Individual support plan team" or "ISP Team" means a group of persons including the consumer, the consumer's representative, and other persons selected by the consumer, assembled by the Division and coordinated by the consumer's support coordinator in compliance with A.R.S. §§ 36-551 and 36-560 to develop the consumer's individual support plan.
23. "Itemized service budget" means a description of the cost of services and includes documentation that results in a defined unit rate.

24. “List serv” means an electronic mailing list maintained by the Division for purposes of sending information via electronic mail to a predefined directory of intended recipients.
25. “Negotiated rate” means the amount per unit of service a provider will be paid for services rendered based on successful negotiation of a price with the Division.
26. “Network development plan” means the annual plan developed by the Division that identifies the services and supports anticipated to be needed by consumers throughout the state.
27. “Non-identifying information” means a description that does not provide information that could lead the recipient of the information to recognize a consumer.
28. “Notice of Protest” means a written document signed by the protester and submitted to the Department procurement officer to protest a procurement process or decision under this Article.
29. “Open and continuous process” means that responses to a Request for Qualified Vendor Applications may be submitted by an applicant to the Division at any time during the time period the Request is posted to the Division web site and identified as being open.
30. “Personal financial statement” means documentation of the applicant’s financial status for the past three years as represented by copies of federal income tax statements, an accountant’s statement of assets and liabilities or other similar documentation of financial status.
31. “Professional Independent Provider” means a person who is licensed or certified under Title 32, Arizona Revised Statutes, who provides services for consumers as a Qualified Vendor and is not an employee or subcontractor of a provider agency.
32. “Program plan” means a response to a requirement specified in the Qualified Vendor application that identifies the services to be provided and the service specific methodology to be followed by the applicant.
33. “Provider” means a Qualified Vendor or an Individual Independent Provider.
34. “Provider organization” means a corporation, professional corporation, partnership, limited liability company, or joint venture that is or applies to be a Qualified Vendor.
35. “Published rate” means the payment amount per unit of service established by the Division for the purchase of a community developmental disability service.
36. “Qualified Vendor” means a provider of community developmental disability services that has applied for Qualified Vendor status, meets the criteria for Qualified Vendor status, and has entered into a Qualified Vendor Agreement with the Division.
37. “Qualified Vendor Agreement” means the legal, binding document between the Division and a Qualified Vendor describing the services the Qualified Vendor is qualified to provide and the terms and conditions governing the relationship between the Division and the Qualified Vendor including any amendments, attachments, schedules, or exhibits.
38. “Qualified vendor list” means the roster of vendors who have entered into Qualified Vendor Agreements with the Division.
39. “Quality management plan” means the procedures used to monitor service and system performance and to define and implement actions that will result in service and system improvements.
40. “Request for Problem Solving” means a written document, signed by the protester and submitted to the Division to protest a procurement process or decision under this Article that requests informal problem solving actions be taken by the Division.
41. “Request for Qualified Vendor Applications” means a notice issued by the Division requesting vendors to apply to be Qualified Vendors for the delivery of community developmental disability services.
42. “Vendor Call for Services” means a notice from the Division inviting Qualified Vendors and individual independent providers to submit a response indicating their availability to provide services for a specific consumer or specific group of consumers, based on the requirements defined in the consumer’s ISP.
43. “Vendor Call Response” means a response to a Vendor Call for Services that indicates the provider’s availability to provide the requested service or services and describes how the provider proposes to meet the special accommodations needed for a specific consumer or specific group of consumers, based on the consumer’s ISP.
44. “Title XIX” means that section of the federal Social Security Act that authorizes the provision of Medicaid services including acute care and long-term care services.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

#### R6-6-2102. Applicability

- A.** This Article shall apply to services purchased by the Division under the authority of A.R.S. § 36-557 and to reimbursement rates established by the Division under the authority of A.R.S. § 36-2959. This Article does not apply to services purchased by the Division under the Arizona Procurement Code, A.R.S. Title 41, Chapter 23.
- B.** Under this Article, the Division may:
1. Enter into Qualified Vendor Agreements for the delivery of statewide community developmental disability services;
  2. Amend Qualified Vendor Agreements in accordance with these rules;
  3. Establish, review, and update reimbursement rates for the purchase of services for persons with developmental disabilities in the Arizona long-term care system and the state only program;
  4. Purchase community developmental disability services from provider organizations, Professional Independent Providers and Individual Independent Providers who have submitted a Qualified Vendor application, have become qualified as a vendor and have signed a Qualified Vendor Agreement or an Individual Service Agreement with the Division;
  5. Create a list of Qualified Vendors based on applications received that meet the criteria defined at R6-6-2104;
  6. Reimburse a Qualified Vendor for the provision of community developmental disability services based on published rates or negotiated rates;
    - a. The Division shall determine if the reimbursement methodology will be published rate or negotiated rate for each service purchased.
    - b. The Division shall use only one reimbursement methodology per service.
  7. Issue an authorization to a Qualified Vendor who has been selected to provide the service for a specific consumer;

8. Establish a process for the consumer or the consumer's representative to select a provider from a list of Qualified Vendors or Individual Independent Providers; and
  9. Maintain an open and continuous process of accepting applications to become a Qualified Vendor.
- C. A Professional Independent Provider shall become a Qualified Vendor in order to provide community developmental disability services for the Division.
- D. An Individual Independent Provider may become a Qualified Vendor but is not required to become a Qualified Vendor in order to provide community developmental disability services under an agreement with the Division.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1).

**R6-6-2103. Qualified Vendor Application Process**

- A. The Division shall post the following information on the Division web site:
1. All Requests for Qualified Vendor Applications;
  2. A description of the Division's anticipated service needs;
  3. The Qualified Vendor application form or forms, if any, including a description of the information and documents that must be submitted by an applicant to complete the application, and any assurances, representations or warranties that must be made by an applicant;
  4. Instructions for completing the application as described in subsection (D);
  5. The Qualified Vendor Agreement, including all terms and conditions, amendments, schedules and attachments; and
  6. Any other information reasonably necessary to advise an applicant of application requirements, as deemed necessary by the Division to evaluate the applications.
- B. The Division may send written or electronic notice of the Request for Qualified Vendor Applications to all providers on the Division's contract list, Qualified Vendor List and any party not on the contract list who has notified the Division business office in writing that it wishes to receive notification.
- C. Providers and other interested parties are responsible for making themselves aware of the opportunities posted to the Division web site.
- D. The Division shall include the following instructions and information as part of the Request for Qualified Vendor Applications:
1. The acceptable methods for transmitting the application to the Division, such as e-mail, fax, or mail delivery;
  2. The due date, if any, for applications to be considered by the Division;
  3. The street address, mailing address, e-mail address and facsimile number of the Division office to which applications are to be sent;
  4. The term of the Qualified Vendor Agreement and the renewal options as established by the Division;
  5. A description of the service or services for which Qualified Vendors are requested, including the covered populations, the service need by geographic area, service specifications, a delivery or performance schedule and any other information that the Division finds necessary or appropriate;
  6. Whether the payment for each service will be a negotiated rate or a published rate;
  7. The published rate tables as appropriate to the services requested in the Request for Qualified Vendor Applications;
  8. A description of the factors to be used in the evaluation of the application;
  9. The location and method for obtaining documents that are incorporated by reference in the Request for Qualified Vendor Applications including, as applicable, the Division internet address;
  10. The requirement that the applicant acknowledge receipt of all amendments to the Request for Qualified Vendor Applications issued by the Division; and
  11. A description of the minimum information that an applicant must submit.
- E. The Division shall advise each Qualified Vendor applicant in writing whether the application is complete within 30 days of receipt of the application and shall identify the information or documentation that is missing or incomplete in the application.
1. The Division may conduct discussions with applicants to provide information about the completeness of the application and the information needed to make the application complete.
  2. The Division shall specify the time-frame in which the applicant must provide the missing information.
  3. The Division shall deny the application if the applicant does not provide the additional information within the time-frame defined by the Division.
- F. The Division shall notify a Qualified Vendor applicant in writing whether the applicant has been accepted as a Qualified Vendor within 60 days of receipt of a complete application.
- G. For negotiated rate agreements, the Division may extend the 60 day time-frame defined at R6-6-2103(F).
- H. The Division shall evaluate applications for Qualified Vendor Agreements based upon the criteria defined at R6-6-2104.
- I. The Division shall accord all applicants the same opportunity for discussion of the application completeness and revision to the application information.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**R6-6-2104. Criteria for Qualified Vendor Agreements**

- A. To obtain a Qualified Vendor Agreement, an applicant shall submit a complete application to the Division that includes:
1. Identification of the services the applicant proposes to provide;
  2. Identification of current and proposed locations at which service, administrative, or monitoring activities are conducted;
  3. A description of staff qualifications if requested by the Division in the Request for Qualified Vendor Applications;
  4. Corporate structure demonstrating ownership and corporate affiliations, if applicable;
  5. A program plan to be included in the Directory of Qualified Vendors in a format prescribed by the Division;
  6. Assurance that the applicant:
    - a. Holds the appropriate current Arizona license or certification to provide developmental disability services, and
    - b. That the license or certification is in good standing with the licensing or certification organization, or
    - c. Will possess the appropriate license or certification by the time of authorization of service;
  7. A description of the applicant's quality management plan;
  8. A declaration of any potential conflict of interest with any Division employee;
  9. Assurances required by the Division as part of the application and documentation to support such assurances, if

specifically requested by the Division in the Request for Qualified Vendor Applications;

10. Certification that the submission of the application does not involve collusion or other anti-competitive practice; and
11. Documentation of financial stability, including:
  - a. For a Qualified Vendor Agreement for services requiring a negotiated rate, the applicant shall submit a program budget and a proposed rate. The program budget information shall include:
    - i. An itemized service budget in a format prescribed by the Division;
    - ii. An income statement or statement of revenue by fund source for the applicant's current fiscal year to date and for each of the previous three fiscal years;
    - iii. A statement of expenditures by fund source for the applicant's current fiscal year to date and for each of the previous three fiscal years; and
    - iv. An audited financial statement or a financial audit for the prior fiscal year, if available.
  - b. For a Qualified Vendor Agreement for services that have a published rate, the applicant shall submit its audited financial statement for the prior year. In the absence of an audited financial statement, the applicant may submit quarterly financial statements for the prior year, including revenues and expenditures.
  - c. Applicants who do not have an audited financial statement or quarterly financial statements shall submit a personal financial statement of the Director or Chief Executive Officer or if a corporation, the corporate business plan.
  - d. A newly formed corporation shall submit the corporate business plan and personal financial statements of the Director or Chief Executive Officer.
  - e. Additional financial information may be required by the Request for Qualified Vendor Applications.

- B. The Division shall consider the following factors in determining if an applicant is a Qualified Vendor and eligible to enter into a Qualified Vendor Agreement:
  1. Ability of the applicant to meet the need for services based on performance, including compliance with licensing and certification requirements; program monitoring, agreement monitoring, or contract monitoring reports; and corporate or individual experience providing community developmental disability services or similar services in Arizona and in other states;
  2. Whether the applicant has met the requirements of the Qualified Vendor application process;
  3. Whether the application is consistent with the Division's network development plan or other documentation of projected service need;
  4. Financial stability of the applicant as demonstrated by the financial information provided in the application;
  5. The rate proposal for a negotiated rate agreement; and
  6. Any other criteria deemed relevant by the Division and included as part of the Request for Qualified Vendor Applications.
- C. The Division shall document the results of its evaluation of the applications in the Division agreement file.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

#### R6-6-2105. Qualified Vendor Agreement

- A. The Division shall enter into Qualified Vendor Agreements with an applicant that:
  1. Meets the requirements defined in R6-6-2104,
  2. Accepts the published rate or agreed upon negotiated rate, and
  3. Accepts the terms and conditions of the Qualified Vendor Agreement as defined by the Division in the Request for Qualified Vendor Applications and any amendments to the Request for Qualified Vendor Applications.
- B. The Division shall enter into only one Qualified Vendor Agreement per applicant, which may be amended as needed.
- C. The Division shall specify in the Qualified Vendor Agreement what information updates to the application will require an agreement amendment.
- D. A Qualified Vendor shall update the assurances, financial information, conflict of interest statement, and other information provided in the application when there is a change or at the request of the Division.
- E. A Qualified Vendor may update the Qualified Vendor's program plan at any time to reflect a change in services, methodology or locations of service delivery, for inclusion in the Qualified Vendor Directory. The Division shall review all changes submitted by the Qualified Vendor for consistency with the Qualified Vendor Agreement.
- F. If the Division finds that information provided in the original application or as an update to the application is materially inaccurate, and the Qualified Vendor fails to correct such information within the time specified in a notice from the Division, such failure may be cause for termination of the Qualified Vendor Agreement in whole or in part. The Division may remove the information from the Qualified Vendor Directory until a correction is provided or the Qualified Vendor Agreement is terminated.
- G. A Qualified Vendor may submit an amended application to request that additional services be added to the Qualified Vendor Agreement at any time a service is posted to the Division web site as an open and continuous Request for Qualified Vendor Applications. The Division shall respond to a request for an amendment to Qualified Vendor Agreements based on the criteria defined at R6-6-2103 and R6-6-2104.
- H. Prior to the effective date of the Qualified Vendor Agreement, the Division shall not disclose any information identified by the applicant as confidential business information or proprietary information without first notifying the applicant in writing and allowing the applicant opportunity to respond or protest the planned disclosure.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

#### R6-6-2106. List Serv

- A. The Division shall maintain a list serv as one means of providing information and notices to providers of service and interested parties.
- B. The Division shall include on the Division list serv the contact information for all Qualified Vendors.
- C. The Division list serve contact information for Qualified Vendors shall include:
  1. Name of the Qualified Vendor,
  2. Name of the contact person for each Qualified Vendor,
  3. Telephone number, and
  4. E-mail address.

- D.** A Qualified Vendor shall be responsible for notifying the Division business office of any change in the contact information.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1).

**R6-6-2107. Selecting a Provider – Individual Consumers**

- A.** A consumer or the consumer's representative shall select providers of service from the Qualified Vendor Directory and Individual Independent Provider list or by requesting that the Division post to its web site a Vendor Call for Services.
- B.** The Department shall provide a consumer or the consumer's representative with an opportunity to select a provider at any time that:
1. A consumer who is new to the service system is seeking a provider,
  2. There is a change in provider requested in the ISP at the time of the annual ISP review,
  3. The consumer's needs change and the current provider or providers are no longer able to meet the consumer's needs,
  4. The consumer or the consumer's representative requests a change pursuant to R6-6-2109(C), or
  5. The current provider is unable or unwilling to continue to meet the needs of the consumer.
- C.** The Division shall confirm that the program plan for the provider selected from the Qualified Vendor Directory or Independent Individual Provider list will meet the needs of the consumer as defined in the consumer's ISP.
- D.** For providers to be selected through the Vendor Call for Services process, the Division shall post a Vendor Call for Services to the Division's web site that includes a list of the service needs of a consumer based on the consumer's ISP, identification of any special accommodations needed by the consumer or specific group of consumers and the consumer's desired time-frame for delivery of the services.
- E.** The Division shall notify Qualified Vendors and Individual Independent Providers via the list serv when the consumer or the consumer's representative have requested that the Vendor Call for Services process be used to identify potential providers and the Vendor Call for Services has been posted to the Division's web site.
- F.** The Division shall include only individual consumer non-identifying information in the Vendor Call for Services.
- G.** A Qualified Vendor shall submit to the Division, within the time-frame indicated in the Vendor Call for Services, a Vendor Call Response indicating the Qualified Vendor's availability to provide the needed service or services, a description of how the Qualified Vendor would meet the special accommodations described in the Vendor Call for Services, and any other information described in the Vendor Call for Services to select a provider of service.
- H.** The Division shall review and evaluate the Vendor Call Responses and identify those responses that meet the needs described in the consumer's ISP.
- I.** The Division shall notify the responding Qualified Vendors within 14 days after the due date for Vendor Call Responses as to whether the response meets the needs of the consumer.
- J.** The Division shall provide the consumer and the consumer's representative with a list of those providers that, based on the Vendor Call Response submitted, can meet the needs of the consumer.
- K.** The consumer or the consumer's representative shall select any Qualified Vendors from the list provided by the Division or may select an Individual Independent Provider.

- L.** If a consumer or the consumer's representative refuses or fails to select a Qualified Vendor from the list, the Division shall make the selection based on a random automatic assignment methodology. The Division shall include the following criteria in the automatic assignment process:
1. Continuity of care,
  2. Least disruption to established daily routines of the consumer, and
  3. Least disruption to the consumer's receipt of other services and supports.
- M.** Before a final selection, the Division may require Qualified Vendors to meet with the consumer or the consumer's representative. The Division shall provide a minimum of 48 hours notice when scheduling the meeting.
- N.** A Qualified Vendor may withdraw its response to a Vendor Call for Services anytime prior to the consumer, the consumer's representative or the Division selecting a Qualified Vendor.
- O.** Once a consumer, the consumer's representative or the Division has selected a Qualified Vendor, the Qualified Vendor may not refuse to provide the authorized services for the consumer based on the difficulty of supports needed by the consumer.
- P.** If the Qualified Vendor determines, subsequent to its selection, that it cannot meet the consumer's needs, the Qualified Vendor may request an informal review by the Division.
1. The party requesting a review shall submit a written request to the Division District Program Manager.
  2. The Division District Program Manager shall review the facts and provide the final decision in writing to the Qualified Vendor within 21 days of the request for a review from the Qualified Vendor.
  3. If the District Program Manager rejects the Vendor's request, the District Program Manager shall provide the Qualified Vendor with the reason for the decision.
  4. A Qualified Vendor who disagrees with the decision of the Division District Program Manager may file a grievance as provided by R6-6-1801 et seq. and R6-6-2201 et seq.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). R6-6-2107(P)(4) reference to R6-6-2001 corrected to R6-6-2201 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-2108. Emergency Procurement**

- A.** The Division may obtain services on an emergency basis when it determines there is an immediate and serious need for services that cannot be met through the procurement process defined in this Article and the procurement is necessary for the preservation or protection of property or the health or safety of any person.
- B.** The Division shall limit an emergency procurement to those services necessary to meet the emergency need.
- C.** When the Division has determined that an emergency need exists, the Division shall:
1. Post to the Division web site an emergency Vendor Call for Services with an abbreviated time-frame for response from Qualified Vendors and send a notice through the list serv to Qualified Vendors;
  2. If the Assistant Director determines that posting an emergency Vendor Call for Services is not in the best interest of the consumer, or that based upon the urgency of the need any competition would be impracticable, contact one or more Qualified Vendors to obtain a Vendor Call

Response in order to identify a provider to meet the emergency need; or

3. If no Qualified Vendor is available, contact providers not on the Qualified Vendor list to request a Vendor Call Response in order to identify a provider to meet the emergency need.
- D.** The consumer, the consumer's representative or the Division shall select a Qualified Vendor based on matching the Vendor Call Response to the needs of the consumer as defined in the ISP.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1).

#### R6-6-2109. Consumer Choice

- A.** In support of a consumer-responsive service delivery system, the Division shall provide a consumer or the consumer's representative the opportunity to express and document their interest in utilizing services from a specific Qualified Vendor or Individual Independent Provider through the ISP process.
- B.** At the annual review of the ISP, the consumer or the consumer's representative may express a preference to utilize a different Qualified Vendor, without explanation. The Division shall accommodate the request to the extent appropriate and practical, as determined solely by the Division.
- C.** If the consumer or the consumer's representative expresses a preference to utilize a different Qualified Vendor between annual reviews of the ISP, the consumer or the consumer's representative must state in writing or must report to the support coordinator, for incorporation into ISP notes, the rationale for changing providers and a description of the opportunities given to the current Qualified Vendor to address the consumer's concerns. The consumer may change Individual Independent Providers at any time.
- D.** The Division shall accommodate the requested change if the consumer and the current Qualified Vendor are unable to resolve the consumer's concerns, the change is reasonable, and another Qualified Vendor or Individual Independent Provider, identified through the Vendor Call for Services process or the consumer's or the consumer's representative's choice, indicates that it is available to provide services for the consumer.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

#### R6-6-2110. Authorization to Provide Services

- A.** The Division shall issue authorizations to the Qualified Vendors selected by the consumer, the consumer's representative or the Division to provide the needed services.
- B.** The Division shall pay a Qualified Vendor based on the rates established in the Qualified Vendor Agreement and the units of service documented on the invoices submitted for valid authorizations issued for individual consumers.
- C.** The Division shall modify authorizations based on changes in the needs of consumers as documented in the ISP by the ISP Team and as applicable, approved by the Division.
- D.** The Division shall not provide reimbursement for services that have not been authorized except in an emergency situation, as determined by the Division.
- E.** A Qualified Vendor may provide short-term emergency services and, if the services are approved by the Division, the Division shall pay for the short-term emergency services.

1. The Qualified Vendor shall notify the Division of the emergency situation within one working day of implementing the emergency services.
2. The Division shall approve payment for emergency services for up to five days. Upon verbal or written request from the Qualified Vendor, the District Program Manager may approve an additional emergency period for up to 15 days. The District Program Manager shall approve any extension of the emergency period in writing.
3. The Division shall review the consumer's needs through the ISP process and document as appropriate the revised authorization level.

- F.** A Qualified Vendors providing service may request an informal review by the Division of the number of units of service or type of services authorized for a specific consumer by submitting a written request for review to the Division District Program Manager.

1. The District Program Manager:
  - a. Shall conduct a review of the authorized units of service and issue a determination within 10 days of receipt of the request for review; or
  - b. May, at the sole discretion of the Division, arrange for an independent assessment of the service authorization by an external party selected from a list of independent assessors approved by the Division. The independent assessor shall review the service authorization and provide a written assessment to the District Program Manager within 30 days of the request for an assessment.
2. The District Program Manager shall issue a decision including the reasons for the decision within 10 days of receiving the independent assessment.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

#### R6-6-2111. Termination of the Qualified Vendor Agreement

The Division shall terminate a Qualified Vendor Agreement and shall remove a provider from the Qualified Vendor List for any of the following reasons:

1. Upon request of the vendor,
2. When the Qualified Vendor Agreement has expired,
3. When a vendor no longer meets the criteria defined in the Request for Qualified Vendor Applications,
4. For non-compliance with the Qualified Vendor Agreement requirements,
5. For failure to maintain a valid license, AHCCCS registration or Division certification, as appropriate,
6. As determined by the Division after the Qualified Vendor has been given notice and opportunity to be heard in accordance with R6-6-2115, or
7. For other reasons, such as lack of available funds.

#### Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

#### R6-6-2112. Cancellation of Requests and Notices

- A.** The Assistant Director may cancel a Request for Qualified Vendor Applications or a Vendor Call for Services in whole or in part if the Assistant Director determines that the cancellation is in the state's best interest based on the following factors:

1. The availability of funding,
  2. The inability to come to agreement with applicants,
  3. A change in the need for services,
  4. The potential for loss of federal funds,
  5. A change in federal or state requirements that affect the service specified in the Request for Qualified Vendor Applications or Qualified Vendor Agreement, or
  6. Collusion or anti-competitive practices on the part of an applicant or Qualified Vendor.
- B.** The Division shall document the reasons for the cancellation or rejection in the Division Agreement file.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1).

**R6-6-2113. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4). Section repealed by final rulemaking at 18 A.A.R. 194, effective January 10, 2012 (Supp. 12-1).

**R6-6-2114. Rate Setting**

- A.** The Division may establish a rate structure for community developmental disability services, including the rate structure for provider organizations, professional independent providers and individual independent providers. Each fiscal year, the Division shall review the reimbursement rates for Arizona long-term care services and state only programs and may update the rate structure.
1. The Division shall contract with an independent consulting firm for an annual review of the adequacy and appropriateness of reimbursement rates to providers of community developmental disability services.
  2. The Division shall complete a study of reimbursement rates for each community developmental disability service contracted for by the Division no less than once every five years.
  3. The Division may require, and Qualified Vendors and Individual Independent Providers shall provide, financial data to the Division in the form and format prescribed by the Division to assist in the annual review. The Division shall seek provider recommendations regarding the form and format.
  4. The Division shall annually establish a schedule that identifies which community developmental disability services will be reviewed for adequacy and appropriateness, and which community developmental disability services will be included in the rate reimbursement study.
  5. The Department shall determine if the independent consulting firm shall perform one or more of the following activities to measure the adequacy and appropriateness of the reimbursement rates:
    - a. Review the Department's current rate structure,
    - b. Conduct a provider cost survey,
    - c. Compare the Department's rates to rates for similar services used by other state agencies, and
    - d. Develop independent rate models for community developmental disabilities services.
  6. The Assistant Director may consider evidence of the adequacy and appropriateness of the Division's reimbursement rates gathered from R6-6-2114(5)(a) through (d), the rate study, or other relevant data sources to determine

whether a new rate needs to be created or an existing rate needs to be revised.

7. After considering the evidence in the adequacy and appropriateness review, the Assistant Director may establish a rate change for each service reviewed, based on the availability of funds.
  8. After considering the evidence in the study of reimbursement rates and independent rate models, the Assistant Director may propose a new rate.
  9. The Division shall provide public notice if rates for a community developmental disability service are to be established or revised. The Division shall include in the notice the proposed rate or rate change, the effective date of the rate change, where those rates shall be available for review and, if a rate for a service is being established for the first time, any phase-in schedule for the rate change.
  10. The Division may provide a public comment period regarding the rate change.
  11. The Assistant Director shall review any public comments received about the proposed rate, rate change or phase-in schedule, existing service history or current purchase of service information about the rates and any other information and may make adjustments to the proposed rate, rate change or phase-in schedule prior to finalizing the rate and the phase-in schedule.
  12. The Division shall provide public notice of the final rates and phase-in schedule.
  13. The Division shall adjust rates in accordance with legislatively mandated and appropriated increases or decreases.
  14. The Division shall maintain rate schedules for providers of community developmental disability services at the central office of the Division for reference use during customary business hours.
- B.** When the rate for a service is established for the first time, the Assistant Director may implement the rate through a phase-in schedule not to exceed three years in duration.
1. When current rates are below the newly established rate, the Division may phase in the implementation of the new rates as follows:
    - a. In the first and second year of the new rate, providers may receive an incremental increase of the difference between their prior rate and the new rate;
    - b. In the third year, the providers shall receive the full rate.
  2. When current rates are above the newly established rate, the Division may phase in the implementation of the new rates as follows:
    - a. In the first and second year of the new rate, providers may receive an incremental rate decrease from their prior rate to the new rate;
    - b. In the third year, the providers shall receive the new rate.
- C.** For a negotiated rate agreement, the Division may:
1. Hold discussions with any or all applicants regarding their offers;
  2. Issue a written request for a final proposal revision to responsive applicants, which shall set forth the date, time, and place for the submission of the final proposal revision. If the applicant does not submit a notice of withdrawal or a final proposal revision in response to the Division's request, the Division shall use the applicant's most recent offer as the final proposal revision; and
  3. Determine that an additional final proposal revision is needed.
- D.** The Division shall include in a negotiated rate agreement the effective date of the negotiated rate.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**R6-6-2115. Legal and Contractual Remedies**

- A.** The remedies in this Section apply to protests of the posting of a Request for Qualified Vendor Applications, the denial of a Qualified Vendor Application in its entirety, or denial of one or more services included in the Qualified Vendor Application. An applicant or Qualified Vendor may protest by filing:
1. A written Request for Problem Solving with the Division Assistant Director, or
  2. A Notice of Protest with the Department procurement officer.
- B.** Request for Problem Solving.
1. The Qualified Vendor or Qualified Vendor Applicant shall include the following information in the Request for Problem Solving:
    - a. Name, address, and telephone number of the protester,
    - b. Signature of the protester or its representative,
    - c. Identification of the adverse action by the Division that is in dispute,
    - d. A statement of the legal and factual grounds of the intended protest, including copies of any relevant documents, and
    - e. The relief requested.
  2. The Qualified Vendor or Qualified Vendor Applicant shall file the Request for Problem Solving with the Division within 21 days of the date the Qualified Vendor or Applicant receives notice of the action.
  3. The Request for Problem Solving is deemed filed when the Division receives the written document.
  4. Within 21 days of the filing the Request for Problem Solving, the Assistant Director shall reach resolution or determine that resolution cannot be reached.
  5. If resolution is reached and documented, the Qualified Vendor or Qualified Vendor Applicant shall not be entitled to pursue further legal remedies with regard to the protested issue.
  6. If resolution cannot be reached, the Assistant Director shall issue written verification to the Qualified Vendor or Qualified Vendor Applicant that the matter was not resolved. To pursue further review, the Qualified Vendor or Applicant shall file a Notice of Protest with the Department procurement officer, within 14 days of the issuance of verification.
- C.** Notice of Protest.
1. The protester shall include the following information in the Notice of Protest:
    - a. Name, address, and telephone number of the protester,
    - b. Signature of the protester or its representative,
    - c. Identification of the action by the Division that is in dispute,
    - d. A statement of the legal and factual grounds of the intended protest including copies of any relevant documents, and
    - e. The relief requested.
  2. The protester shall file the Notice of Protest with the Department procurement officer within 21 days of the date the protester receives notice of the action or within 14 days of issuance of the verification of non-resolution through the Problem Solving process from the Assistant Director.
  3. The Notice of Protest is deemed filed when the Department procurement officer receives the written document.
  4. If a Notice of Protest is filed before the award of Qualified Vendor Agreements, the Division may enter into Qualified Vendor Agreements unless the Department procurement officer makes a written determination that there is reasonable probability that the protest will be sustained and that delay is consistent with the best interests of the state.
  5. If applicable, the protester shall include in the Notice of Protest a copy of the original Request for Problem Solving documentation and of the verification from the Assistant Director.
  6. If the Department procurement officer sustains the protest in whole or part, and determines that the Request for Qualified Vendor Applications, proposed Qualified Vendor Agreement, or Qualified Vendor Agreement denial does not comply with applicable statutes and rules, the Department procurement officer shall implement an appropriate remedy as prescribed in subsection (C)(8).
  7. In determining the appropriate remedy, the Department procurement officer shall consider the following:
    - a. Circumstances surrounding the procurement or proposed procurement,
    - b. The seriousness of the procurement deficiency,
    - c. The degree of prejudice to other interested parties,
    - d. The degree of prejudice to the integrity of the procurement system,
    - e. The good faith of the parties,
    - f. The extent of performance,
    - g. The costs to the state,
    - h. The urgency of the procurement, and
    - i. The impact of the relief on the Department's mission.
  8. The Department procurement officer may consider the following actions, alone or in combination, as an appropriate remedy:
    - a. Decline to exercise an option to renew under the Qualified Vendor Agreement,
    - b. Terminate the Qualified Vendor Agreement,
    - c. Reissue the Request for Qualified Vendor Applications,
    - d. Issue a new Request for Qualified Vendor Applications,
    - e. Include the Qualified Vendor in the list of respondents to a Vendor Call for Services,
    - f. Award a Qualified Vendor Agreement as provided in these procurement rules, or
    - g. Any other remedial action that is reasonable and appropriate under the circumstances.
  9. Within 21 days of receipt of the Notice of Protest, the Department procurement officer shall send a written decision to the protester by certified mail, return receipt requested, or by any other method that provides evidence of receipt and shall send a copy of the decision to the Division. The Department procurement officer shall explain the reasons for the conclusions reached in the decision.
  10. Upon receipt of the decision from the Department procurement officer, the protester may file an appeal with the Department's Office of Appeals as authorized in A.R.S. §§ 41-1991, 41-1992(A) through (C), excluding any references to review by the Appeals Board, and A.R.S. § 41-1993(A).
  11. The protester may proceed to the next level of appeal if the protester does not receive a response within 21 days.

12. Upon receipt of the decision from the Department's Office of Appeals, the protester may seek relief through the Superior Court as provided in A.R.S. § 12-901 et seq.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 170, effective February 1, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**R6-6-2116. Resolution of Agreement Claims and Controversies**

- A.** Claims under Qualified Vendor Agreements shall be filed with the Department procurement officer within 12 months of the date the Department has denied payment.
- B.** The Department procurement officer shall have the authority to settle and resolve Qualified Vendor Agreement claims subject to subsection (C). Appeals from decisions of the Department procurement officer may be made to the Department Office of Appeals as authorized in A.R.S. §§ 41-1991, 41-1992(A) through (C), excluding any references to review by the Appeals Board, and A.R.S. § 41-1993(A).
- C.** The settlement or resolution of a claim in excess of \$10,000 requires the prior written approval of the Department Director.
- D.** If a claim cannot be resolved by mutual agreement, the Department procurement officer shall, upon a written request by the Qualified Vendor for a final decision, issue a written decision no more than 60 days after the request is filed. Before issuing a final decision, the Department procurement officer shall review the facts pertinent to the claim and secure any necessary assistance from legal, fiscal, and other advisors.
- E.** The Department procurement officer shall furnish a copy of the decision to the Qualified Vendor, by certified mail, return receipt requested, or by any other method that provides evidence of receipt. The decision shall include:
1. A description of the claim;
  2. A reference to the pertinent Qualified Vendor Agreement provision;
  3. A statement of the factual areas of agreement or disagreement;
  4. A statement of the Department procurement officer's decision, with supporting rationale; and
  5. A Statement of the Qualified Vendor's Appeal Rights and required time-frame for appeal.
- F.** The Department's procurement officer may extend the time limit for decisions set forth in R6-6-2116(D) for a reasonable time not to exceed 30 days. The Department procurement officer shall notify the Qualified Vendor in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
- G.** If the Department procurement officer fails to issue a decision within 60 days after the request is filed or within the time prescribed under subsection (F) of this rule, the Qualified Vendor may proceed as if the Department procurement officer had issued an adverse decision.
- H.** Upon receipt of the decision from the Department procurement officer, the protester may file an appeal with the Department's Office of Appeals as authorized in A.R.S. §§ 41-1991, 41-1992(A) through (C), excluding any references to review by the Appeals Board, and A.R.S. § 41-1993(A).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**R6-6-2117. Controversies Involving State Claims Against a Qualified Vendor**

All claims asserted by the state against a Qualified Vendor that are not resolved by mutual agreement shall promptly be referred by the Department procurement officer to the Department's Office of Appeals for a hearing without regard to the procedures set forth in these rules. The Department procurement officer shall provide notice to the Qualified Vendor that the claim has not been resolved by mutual agreement and is being referred to the Department's Office of Appeals.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**R6-6-2118. Hearing**

Hearings on appeals of claims decisions shall be conducted as contested cases pursuant to these rules and the Arizona Administrative Procedure Act (Title 41, Chapter 6, Article 1, Arizona Revised Statutes).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**R6-6-2119. Appeals to Superior Court**

Upon receipt of the decision from the Department's Office of Appeals, the protester may seek relief through the Superior Court as provided in A.R.S. § 12-901 et seq.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4656, effective October 9, 2003 (Supp. 03-4).

**ARTICLE 22. APPEALS AND HEARINGS**

**R6-6-2201. Right to Appeal**

- A.** Any party aggrieved by a decision of the Department rendered in an administrative review in R6-6-1801 et seq. has the right to appeal under these rules.
- B.** A DD/ALTCS member appealing an administrative review decision rendered in R6-6-1805 shall file a request for hearing with the AHCCCS Administration through the Department:
1. The request shall be in writing and shall be filed within 15 days of the personal delivery or postmark date of the final decision.
  2. The Department shall forward the request directly to the AHCCCS Grievance and Appeals Division.
  3. The provisions of R6-6-2203 through R6-6-2216 do not apply to DD/ALTCS clients.

**Historical Note**

Section R6-6-2201 recodified from R6-6-2001 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4). R6-6-2201(B)(3) reference to R6-6-2003 through R6-6-2016 corrected to R6-6-2203 through R6-6-2216 at request of the Department, Office File No. M10-461, filed December 6, 2010 (Supp. 10-1).

**R6-6-2202. Filing an Appeal**

- A.** Any party appealing under these rules shall file a written request for hearing with the Department within 15 days after the mailing date of the Department's decision.
- B.** A document shall be considered received by and filed with the Department:
1. If transmitted via the United States Postal Service, on the date it is mailed. The mailing date shall be:
    - a. As shown by the postmark; or
    - b. As shown by the postage meter mark of the envelope in which it is received if there is no postmark; or

- c. The date entered on the document as the date of its completion, if there is no postmark, or no postage meter mark, or if the mark is illegible.
- 2. On the date it is received by the Department, if transmitted by any means other than the United States Postal Service.
- 3. The submission of any document not within the specified statutory or regulatory period shall be considered timely if it is established to the satisfaction of the Department that the delay in submission was due to Department error or misinformation, or to delay caused by the United States Postal Service.
- C. The Department shall advise the appellant of the right to counsel and, if asked, shall assist in completing the hearing request.

**Historical Note**

Section R6-6-2202 recodified from R6-6-2002 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2203. Service on Parties**

Any document mailed by the Department shall be considered as having been served on the addressee on the date it is mailed to the addressee's last known address. The date mailed shall be presumed to be the date of the document, unless otherwise indicated by the facts.

**Historical Note**

Section R6-6-2203 recodified from R6-6-2003 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2204. Time**

Any reference within this Article to "days" shall mean calendar days unless otherwise specified. In computing any period of time, the date of the act, event or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be counted, unless it is a Saturday, a Sunday, or a legal holiday.

**Historical Note**

Section R6-6-2204 recodified from R6-6-2004 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2205. Representation of Parties**

The appellant may appear for himself, or be represented by an attorney, or be assisted by any other person he designates.

**Historical Note**

Section R6-6-2205 recodified from R6-6-2005 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2206. Continuation of Services**

Benefits may be reduced or terminated prior to a hearing decision only as provided by federal statute, regulation, state statute or rules. Notice of any change shall be given to the appellant as soon as possible, including written notice ten days prior to the change.

**Historical Note**

Section R6-6-2206 recodified from R6-6-2006 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2207. Scheduling and Notice of Hearing**

- A. Hearings shall be held at those regularly established hearing locations most convenient to the parties or, at the discretion of the hearing officer, by telephone. The parties shall be given no less than 20 days notice of hearing, except that the parties may waive the notice period or request a delay.
- B. The notice of hearing shall inform the appellant of the date, time, and place of the hearing, the name of the hearing officer, the issues involved, and the appellant's right to:
  - 1. Present the appellant's case in person or by telephone;
  - 2. Copy any documents in the appellant's case file and all documents and records to be used by the Department at the hearing at a reasonable time before the hearing;
  - 3. Obtain assistance from the Division in preparing the appellant's case;
  - 4. Make inquiry at the Division about availability of free legal resources which could provide representation at the hearing; and
  - 5. Request a change of hearing officer.
- C. If a party contacts the Department promptly after receiving the notice of hearing and requests a postponement for good cause, the hearing officer shall grant a postponement for a reasonable period. Good cause exists when the circumstances causing the request are beyond the reasonable control of the requesting party and failure to grant the postponement would result in undue hardship to the requesting party.
- D. All scheduling is the responsibility of the Appellate Services Administration/Long-term Care for ALTCS service provider appeals and the Office of Appeals for all others.

**Historical Note**

Section R6-6-2207 recodified from R6-6-2007 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2208. Change of Hearing Officer**

Not less than five days before the date set for the hearing, any party may file a written request for change of hearing officer and the matter shall immediately be transferred to another hearing officer. A hearing officer may be challenged for cause at any time before a decision becomes final. Except for good cause, not more than one change of hearing officer shall be granted to any one party.

**Historical Note**

Section R6-6-2208 recodified from R6-6-2008 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2209. Failure of a Party to Appear**

- A. If there is no appearance on behalf of a party at a scheduled hearing, the hearing officer may adjourn the hearing to a later date or may make his decision on the record and on such evidence as may be presented at the scheduled hearing.
- B. If, within 15 days of the scheduled hearing, a party files a written request to reopen the proceedings and establishes good cause for failure to appear at the scheduled hearing, the hearing shall be rescheduled. Notice shall be given of the time, place, and the purpose of any continued, reopened, or rescheduled hearing to all parties. Good cause shall be established upon proof that both the failure to appear and failure to timely notify the hearing officer were beyond reasonable control of the nonappearing party.

**Historical Note**

Section R6-6-2209 recodified from R6-6-2009 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2210. Prehearing Summary**

- A. A prehearing summary of the facts and grounds for the action shall be prepared by the Division and must reach the Department no less than five days before the hearing.
- B. A copy of the summary shall be provided to the appellant at the same time that it is provided to the Department.
- C. The summary shall be typewritten. The summary shall contain:
  - 1. Appellant's name, Social Security number, and case name and number if different;
  - 2. The responsible Division;
  - 3. A brief summary of circumstances supporting the Department's action; and

4. Exact manual references used by the Division in its determination.

**Historical Note**

Section R6-6-2210 recodified from R6-6-2010 at 9  
A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2211. Subpoena of Witnesses and Documents**

The hearing officer may subpoena any witnesses or documents requested by any party, or upon his own motion.

1. The request shall be in writing and shall state the name and address of the witness and the nature of his expected testimony. The nature of the witness' testimony must be relevant to the issues of the hearing; otherwise the hearing officer may deny the request.
2. A request for subpoena of documents shall describe the documents in detail and provide the name and address of the custodian of the documents.
3. The request for the issuance of a subpoena shall be filed a minimum of three working days before the hearing.
4. The Department shall prepare and serve all subpoenas. Service of the subpoena shall be accomplished by certified mail, return receipt requested.

**Historical Note**

Section R6-6-2211 recodified from R6-6-2011 at 9  
A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2212. Conduct of Hearing**

- A. Hearings shall be conducted in an orderly and dignified manner. All hearings shall be open to the public, but the hearing officer conducting a hearing may close the hearing to everyone other than the parties to the extent necessary to protect the interests and rights of the parties.
- B. Hearings shall be opened, conducted and closed by the hearing officer who shall rule on the admissibility of evidence, and shall direct the order of proof. He shall have the power to administer oaths and affirmations, take depositions, certify official acts, and issue subpoenas to compel the attendance of witnesses and the production of any documents he deems necessary as evidence in connection with a hearing.
- C. The hearing is a de novo proceeding. The Department has the initial burden of going forward with presentation of evidence.
- D. Evidence not related to the issue shall not be allowed to become a part of the record.
- E. The hearing officer may, on his own motion, or at the request of a party, exclude witnesses from the hearing room.
- F. The case manager, supervisor, licensing worker, or other appropriate person may be designated Department spokesperson for the hearing. The Department spokesperson may testify and present written evidence on behalf of the Department.
- G. The parties may present evidence, cross-examine witnesses and present arguments.
- H. The parties to an appeal, with the consent of the hearing officer, may stipulate to facts involved in writing or on the record.
- I. At the conclusion of a hearing, the parties shall be granted a reasonable opportunity to present argument on all issues of fact and law to be decided. The hearing officer shall afford the parties an opportunity to present oral argument or to file briefs, or both.
- J. A full and complete record shall be kept of all proceedings in connection with an appeal. The record shall be open for inspection by the appellant or his representative at a place accessible to him. A transcript of the proceedings need not be made unless it is required for further proceedings.

**Historical Note**

Section R6-6-2212 recodified from R6-6-2012 at 9  
A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2213. Hearing Decision**

- A. The hearing decision shall be rendered exclusively on the evidence and testimony produced at the hearing, appropriate state and federal law, and Department rules governing the issue in dispute.
- B. The decision shall set forth the pertinent facts involved, the conclusions drawn from such facts, the sections of applicable law or rule, the decision and the reasons therefore. A copy of the decision, together with an explanation of the appeal rights, shall be delivered or mailed to each party or designated representative not more than 60 days from the date of filing the request for hearing unless the delay was caused by the appellant, in which case the time limit for delivery is extended by the number of days attributable to the appellant.
- C. In those cases where the Division must take additional action as a result of the decision, the action shall be taken immediately.
- D. All decisions in favor of the appellant apply retroactively to the date of the action being appealed or to the date the hearing officer specifically finds appropriate.
- E. The decision of the hearing officer shall become the final decision of the Department 15 days after it is issued unless a written petition for review to the Appeals Board or the AHCCCS Grievance and Appeals Division has been filed or the case has been removed to the Appeals Board for review.

**Historical Note**

Section R6-6-2213 recodified from R6-6-2013 at 9  
A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2214. Termination of Appeal**

An appeal may be terminated as follows:

1. By voluntary withdrawal if the appellant submits a signed letter or on the record at any time before the decision is issued.
2. By default when a party fails to appear at a scheduled hearing and fails to request a rescheduled hearing within 15 days. An appeal will not be considered abandoned if the appellant provides notification up to the time of the hearing that he is unable, due to good cause, to appear and that he still wishes a hearing, or that the matter be considered on the record.

**Historical Note**

Section R6-6-2214 recodified from R6-6-2014 at 9  
A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

**R6-6-2215. Review by the Appeals Board**

- A. An appellant who is a non-DD/ALTCS client or non-ALTCS service provider may request review of an adverse hearing decision within 15 days after the decision is mailed or otherwise delivered to him.
  1. The request for review shall be in writing, signed and dated. It shall set forth the grounds for the request and may be filed personally or by mail through the Division's Office of Compliance and Review or the Office of Appeals to the Appeals Board.
  2. If the request for review is filed in a timely manner, the Division shall make no change in the case action until the Appeals Board decision is issued.
- B. The Department may request review by the Appeals Board before a hearing officer's decision becomes final. The request shall be in writing, signed by an Assistant Attorney General, and shall specifically state the error which forms the basis for the request for review.
- C. The Appeals Board may remove to itself any matter before a hearing officer before the issuance of a decision, or, if a decision has been issued, before the decision has become final.

Upon removal, the Appeals Board shall notify all parties of the removal.

- D. In case of removal or review, the Appeals Board shall notify the Office of Appeals that it has accepted jurisdiction, and the Office of Appeals shall prepare a complete record of the case, including a transcript which shall be provided without cost to all parties upon request.
- E. A copy of the Appeals Board decision, together with a statement specifying the rights for further review, shall be distributed to each party.

#### Historical Note

Section R6-6-2215 recodified from R6-6-2015 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

#### R6-6-2216. Review by AHCCCS of ALTCS-related Matters

- A. A party may request review of an adverse hearing decision within 15 days after the decision is mailed or otherwise delivered.
- B. The request for review shall be in writing, signed, and dated. It should set forth the grounds for the request and may be filed personally or by mail through the Appellate Services Administration/Long-term Care to the AHCCCS Grievance and Appeals Division.
- C. A copy of the AHCCCS decision, together with a statement specifying the rights for further review, shall be distributed to each party.

#### Historical Note

Section R6-6-2216 recodified from R6-6-2016 at 9 A.A.R. 36, effective December 13, 2002 (Supp. 02-4).

### ARTICLE 23. DEEMED STATUS

#### R6-6-2301. Definitions

- A. “Accreditation” means a status conferred on a provider by a nationally recognized agency that indicates the provider meets the professional standards of the reviewing body.
- B. “Applicant” means a provider requesting deemed status from the Department.
- C. “Application” means the letter, documents, and additional information relating to the accreditation that the Department requires an applicant to submit to request deemed status.
- D. “Complete application” means an application that conforms to the requirements of this Article and that provides sufficient information under R6-6-2302(A) for the Department to determine that the standards of the accrediting agency meet Department standards.
- E. “Day” means a calendar day.
- F. “Department” means the Arizona Department of Economic Security.
- G. “Deemed status” means that the Department has determined that a provider has been accredited by a nationally recognized agency whose accreditation standards meet Department standards for the program or service offered by the provider to Department consumers.
- H. “Division” means the Division of Developmental Disabilities within the Arizona Department of Economic Security.
- I. “Department standards” means programmatic and contractual requirements provided in statute, rule, contract, policy, and procedure for the program or service to which the standard applies.
- J. “Documentation” means written information in any medium.
- K. “Nationally recognized agency” or “accrediting agency” means a nationally recognized accrediting body for organizations, programs, and services that correspond to organizations, programs, and services for which a provider seeks deemed status under this Article. A list of nationally recognized agencies

approved by the Department for purposes of deemed status is available on the Division’s web site at: <http://www.azdes.gov/ddd>.

- L. “Provider” means an individual, agency, or other organization that provides or seeks to provide programs and services to Division consumers.

#### Historical Note

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

#### R6-6-2302. Deemed Status: Eligibility, Application, and Limitations

- A. To be eligible for deemed status, the provider shall:
  1. Have a current accreditation from a nationally recognized agency for organizations, programs, and services the provider offers or seeks to offer to Division consumers.
  2. Submit a letter to the Department’s Division of Developmental Disabilities applying for deemed status. The letter shall:
    - a. Name the accrediting agency,
    - b. Specify the applicant’s programs or services that the nationally recognized agency has accredited,
    - c. Include documentation of:
      - i. The current accreditation certificate;
      - ii. Correspondence between the provider and the accrediting agency relating to the accreditation, including attachments, corrective action plans, survey/credentialing reports, notices of deficiency, quality improvement plans, and any similar document, correspondence, or information that pertains to the programs, services, and staff providing the programs and services for which the provider seeks deemed status; and
    - d. State that the provider agrees to adhere to and be accountable for meeting all Department standards.
- B. The Department shall only grant deemed status to providers who apply and satisfy the eligibility criteria in subsection (A).

#### Historical Note

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

#### R6-6-2303. Time-frame for Department Review of Application

- A. Within 30 days of receiving an application for deemed status, the Department shall:
  1. Review the application for completeness, and
  2. Send written notification to the applicant if the application is incomplete. The written notification shall state:
    - a. The reason the Department considers the application to be incomplete,
    - b. The information the Department requires the applicant to submit to complete the application,
    - c. The time-frame for submitting the additional information.
- B. Within 45 days of receipt of a complete application, the Division shall notify the applicant in writing whether the application satisfies Department requirements for deemed status.

#### Historical Note

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

#### R6-6-2304. Responsibilities of a Provider with Deemed Status

- A. A provider with deemed status shall adhere to and be accountable for meeting all Department standards.

- B.** A provider with deemed status shall provide the Department timely and complete copies of any correspondence or documents relating to the accreditation, including attachments, on file with or sent between the provider and the accrediting agency that pertain to the programs, services, and staff providing the programs and services for which the Department has granted deemed status to the provider. Timely and complete documentation means that the provider shall send the Division a complete copy of all correspondence between the provider and the accrediting agency within 10 days of sending or receiving the correspondence.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2305. Expiration and Renewal of Deemed Status**

- A.** Deemed status shall expire on the earlier of the expiration date of the provider's accreditation at the time of application for deemed status, or three years from the date deemed status is granted by the Department.
- B.** The Department shall renew deemed status using the same procedures in this Article for initial application.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2306. Notice of Change in Accreditation**

- A.** The provider with deemed status shall advise the Department of any change in the provider's accreditation within 10 days of the change.
- B.** Failure to provide timely notice of a change in accreditation is grounds for revocation of deemed status.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2307. Non-assignability of Deemed Status**

Deemed status is not assignable or transferable.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2308. Programmatic and Contractual Monitoring of Provider with Deemed Status**

- A.** The Department shall reduce its required monitoring visits for residential care service providers described in A.R.S. § 36-557(G)(2) from two times a year to one time a year for a residential care service provider with deemed status.
- B.** If the Department determines that there is reasonable cause to believe the provider with deemed status is not adhering to Department standards, as required this Article, the Department or its designee may enter the premises at any reasonable time for the purpose of determining the state of the provider's compliance with the programmatic or contractual requirements of the Department.
- C.** A provider's deemed status shall not limit the Department's ability to conduct a full investigation, including site visits, at any time in response to complaints, incidents, or health and

safety concerns, or to require corrective action or impose other sanctions in accordance with contract and law.

- D.** The Department shall report all complaints, findings, and required corrective action to the accrediting agency.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2309. Revocation of Deemed Status**

- A.** The Department shall revoke deemed status:
1. When the accrediting agency finds one or more instances of uncorrected noncompliance with accreditation standards that affect health and safety;
  2. When the accreditation status of the provider, program, or service expires without renewal;
  3. When the accrediting agency withdraws the provider's accreditation or downgrades the provider's accreditation to a level or category that does not meet Department standards;
  4. When the Department finds that the provider is not adhering to Department standards;
  5. When the Department finds that the standards of the accrediting agency no longer meet Department standards;
  6. If the accrediting agency ceases to exist; or
  7. If the Department determines that the provider has not timely reported a change in its accreditation under this Article.
- B.** The Department shall give a provider with deemed status written notice of the Department's decision to revoke deemed status. The written notice shall inform the provider of the right to administrative review if the provider disagrees with the Department's revocation decision.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2310. Administrative Review, Appeal, and Hearing**

- A.** A provider seeking administrative review of the Department's decision to revoke deemed status may, within 35 calendar days of the decision, file a written request with the Division.
- B.** The Division shall review the request for an administrative review and render a written decision within 30 calendar days of receipt of the request.
- C.** The procedures in 6 A.A.C. 6, Article 22 shall govern an appeal of any administrative review decision. These procedures provide for a hearing before the Department's Office of Appeals and further review by the Department's Appeals Board.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).

**R6-6-2311. Judicial Review**

Any person adversely affected by an Appeals Board decision may seek judicial review as prescribed in A.R.S. § 41-1993.

**Historical Note**

New Section made by final rulemaking at 17 A.A.R. 1454, effective July 12, 2011 (Supp. 11-3).