

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* 1st as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Arizona Administrative Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

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

PREAMBLE

1. Sections Affected

| | <u>Rulemaking Action</u> |
|------------|--------------------------|
| R9-10-1011 | Repeal |
| R9-10-1012 | Repeal |
| R9-10-1013 | Repeal |
| R9-10-1014 | Repeal |
| R9-10-1015 | Repeal |
| R9-10-1016 | Repeal |
| R9-10-1017 | Repeal |
| R9-10-1018 | Repeal |
| R9-10-1019 | Repeal |
| R9-10-1020 | Repeal |
| R9-10-1021 | Repeal |
| R9-10-1022 | Repeal |
| R9-10-1023 | Repeal |
| R9-10-1024 | Repeal |
| R9-10-1025 | Repeal |
| R9-10-1026 | Repeal |
| R9-10-1027 | Repeal |
| R9-10-1028 | Repeal |
| R9-10-1029 | Repeal |
| R9-10-1030 | Repeal |

2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statute: A.R.S. § 36-136(F)

Implementing statute: A.R.S. §§ 36-405, 36-502 and 36-2023

3. The effective date of the rules

April 5, 1999

4. A list of all previous notices appearing in the Register addressing the final rule:

Notice of Rulemaking Docket Opening: 4 A.A.R. 1018, May 1, 1998.

Notice of Proposed Rulemaking: 4 A.A.R. 986, May 1, 1998.

5. The name and address of agency personnel with whom persons may communicate regarding the rule:

Name: Johnie Golden, Program Manager

Address: Arizona Department of Health Services
Assurance and Licensure Services
1647 East Morten, Suite 240
Phoenix, Arizona 85020

Telephone: (602) 674-4300

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Fax: (602) 861-0643
or
Name: Kathleen Phillips, Rules Administrator
Address: Arizona Department of Health Services
1740 West Adams, Suite 410
Phoenix, Arizona 85007
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6. An explanation of the rule, including the agency's reasons for initiating the rule:

These rules had set forth the minimum requirements for the licensure of behavioral health service agencies but are now redundant and obsolete. Pursuant to Laws 1992, Chapter 301, § 61, and under an exemption from the provisions of A.R.S. Title 41, Chapter 6, the Department adopted new rules in Title 9, Chapter 20, Behavioral Health Service Agencies: Licensure, effective September 30, 1993, which govern the licensure of behavioral health service agencies and replace Chapter 10, Article 10, in its entirety. The Department is repealing these rules because they are no longer used.

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

Not applicable.

8. The summary of the economic, small business, and consumer impact:

Repealing the rule will have no economic impact on small businesses or consumers because, as stated in paragraph 6, the rule is no longer used to regulate behavioral health service agencies.

9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

There were no changes.

10. A summary of the principal comments and the agency response to them:

The Department did not receive any comments.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None.

12. Incorporations by reference and their location in the rules:

None.

13. Was this rule previously adopted as an emergency rule?

No.

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

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

ARTICLE 10. BEHAVIORAL HEALTH SERVICE AGENCIES

Section

R9-10-1011. ~~General~~ Repealed
R9-10-1012. ~~Definitions~~ Repealed
R9-10-1013. ~~Applicability and scope of regulations~~ Repealed
R9-10-1014. ~~Licensure process and requirements~~ Repealed
R9-10-1015. ~~General organization and administration~~ Repealed
R9-10-1016. ~~Client records~~ Repealed
R9-10-1017. ~~Confidentiality of client records~~ Repealed
R9-10-1018. ~~Clients rights~~ Repealed
R9-10-1019. ~~Research~~ Repealed

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- R9-10-1020. ~~Medication control~~ Repealed
- R9-10-1021. ~~Environmental and general building requirements~~ Repealed
- R9-10-1022. ~~Food service~~ Repealed
- R9-10-1023. ~~Required elements of agency's program of services~~ Repealed
- R9-10-1024. ~~Behavioral health emergency services~~ Repealed
- R9-10-1025. ~~Mental health screening services~~ Repealed
- R9-10-1026. ~~Mental health evaluation services~~ Repealed
- R9-10-1027. ~~Mental health treatment services~~ Repealed
- R9-10-1028. ~~Partial care services~~ Repealed
- R9-10-1029. ~~Behavioral health residential services~~ Repealed
- R9-10-1030. ~~Detoxification services~~ Repealed

ARTICLE 10. BEHAVIORAL HEALTH SERVICE AGENCIES

R9-10-1011. General Repealed

All behavioral health service agencies are subject to inspection by the Department as provided in A.R.S. §§ 36-406, 36-424, 36-502(A) and 36-2023(A). The agencies shall afford Department personnel and other authorized officials every opportunity to examine records, inspect the entire premises, and obtain all information required in the administration of A.R.S. Title 36, Chapter 4, Articles 1 and 2, Chapter 5 and Chapter 18. Department personnel will maintain verbal and written confidentiality concerning these records, as required by A.R.S. § 36-404.

R9-10-1012. Definitions Repealed

- A. ~~“Behavioral health services” means screening, evaluation, care or treatment services to prevent, reduce, or eliminate substance abuse, disorders related to one or more mental disorders, personality disorders or emotional conditions. Behavioral health services includes the following:~~
1. ~~“Behavioral health emergency services” means intensive, immediate, short term services that inform, evaluate and treat persons in a crisis situation related to mental disorders, personality disorders, emotional conditions or the abuse or misuse of alcohol or other drugs.~~
 2. ~~“Behavioral health residential services” means a non-hospital, live-in program consisting of a therapeutic regimen of screening, evaluation, treatment or rehabilitation provided on a 24-hour basis in a supervised environment to persons suffering from mental disorders, personality disorders, emotional conditions or the effects of substance abuse.~~
 3. ~~“Court-ordered alcoholism treatment services” means involuntary residential services in an alcoholism treatment facility for clients designated as chronic alcoholics pursuant to A.R.S. Title 37, Chapter 18.~~
 4. ~~“Detoxification services” means a treatment program designed to provide for the systematic reduction of physical dependence upon alcohol, drugs or other substances by use of therapeutic procedures, e.g. medication, rest, diet, counseling, or medical supervision.~~
 5. ~~“Mental health evaluation service” means assessment of a person's medical, psychiatric, psychological or social condition provided pursuant to A.R.S. Title 36, Chapter 5.~~
 6. ~~“Mental health screening services” means the preliminary interviewing and assessment of a person to determine if the person has a mental disorder and if the person is a danger to himself or others or is gravely disabled as defined by A.R.S. Title 36, Chapter 5.~~
 7. ~~“Mental health treatment services” means treatment services provided pursuant to A.R.S. Title 36, Chapter 5.~~
 8. ~~“Partial care services” means a planned program consisting of part day, evening, night, or weekend treatment provided through sessions of at least three hours per day for persons with mental disorders, personality disorders, emotional conditions or substance abuse problems who require less than intensive 24-hour services but more than outpatient visits.~~
 9. ~~“Substance abuse treatment services” means screening, evaluation, treatment, or rehabilitation services provided to persons with substance abuse problems.~~
- B. ~~“Behavioral health service agency” as defined in R9-10-113(B)(4) means a class of health care institution other than a hospital which provides screening, evaluation, care or treatment to persons having mental disorders, personality disorders, emotional conditions or substance abuse problems.~~
- C. ~~“Client” means an individual who is receiving services from a behavioral health service agency. Clients may be termed patients, residents or wards.~~
- D. ~~“Intake, screening and referral process” means the preliminary assessment of the needs of prospective clients and the referral of such clients to the appropriate resource for treatment or care.~~
- E. ~~“License” means a certificate issued by the Department to indicate that an agency is authorized by the Department to provide behavioral health services and which has been found to be in compliance with these regulations and laws at the time of issuance thereof.~~
- F. ~~“Medication” means any drug or medicine which may be dispensed or administered by prescription in accordance with state or federal law.~~

- ~~G. "Referral" means assistance to a person and/or his family to locate and make use of medical, legal, psychological, social, educational, vocational, and other services needed for the reduction or management of mental disorders, personality disorders, emotional conditions or substance abuse problems.~~
- ~~H. "Substance abuse" includes chronic, habitual, or compulsive use of any chemical matter, which, when introduced into the body in any way is capable of causing altered human behavior or altered mental functioning, and which, if used over an extended period of time, may cause psychological or physiological dependence or impaired mental, social, or economic functioning.~~
- ~~I. "Treatment" means the range of care received by a client which is consistent with the agency's program statement, evaluation of the client's medical, psychiatric, psychological or substance abuse problem(s), and determination by the therapist, of the client's treatment needs based on that evaluation.~~

R9-10-1013. Applicability and scope of regulations Repealed

- ~~A. The rules in this Article apply to the licensure of any public or private behavioral health service agency, corporation, or other organization, proprietary or non-proprietary, which provides one or more behavioral health service.~~
- ~~B. Hospitals licensed pursuant to Chapter 10, which provide one or more behavioral health service, are, in addition to other applicable articles of this Chapter, subject to the following regulations: R9-10-1012 through R9-10-1014, R9-10-1016 through R9-10-1018, R9-10-1023 through R9-10-1030. Unless otherwise expressly provided, the requirements of this Article, when applied to a hospital, apply only to the behavioral health services of the hospital.~~
- ~~C. These rules do not apply to:
 - 1. Behavioral health service agencies which provide only administrative services and do not provide direct patient treatment.
 - 2. Educational services or activities offered under the auspices of an educational institution accredited by a nationally recognized organization.
 - 3. Crisis intervention programs which do not provide face to face, on site services.
 - 4. Self help or self growth groups.
 - 5. Private practitioners defined pursuant to A.R.S. § 36-402 and other private practitioners who do not keep clients overnight, are not responsible to a lay board, and who do not employ or contract with others to deliver behavioral health services.
 - 6. Agencies licensed by the Department of Economic Security, pursuant to A.R.S. §§ 8-503 and 36-558.01.~~

R9-10-1014. Licensure process and requirements Repealed

- ~~A. An application for a behavioral health service agency license shall indicate which of the following types of behavioral health services the applicant plans to provide:
 - 1. Behavioral health emergency services.
 - 2. Mental health screening services.
 - 3. Mental health evaluation services.
 - 4. Mental health treatment services.
 - 5. Substance abuse treatment services.
 - 6. Detoxification services.
 - 7. Behavioral health residential services.
 - 8. Partial care services.
 - 9. Court ordered alcoholism treatment services.~~
- ~~B. Upon being satisfied that the agency complies with all appropriate provisions of this Chapter, the Department shall issue to the agency a license to operate as a behavioral health service agency. The license shall specify the services the agency is authorized to provide and the location at which the services are based.~~
- ~~C. A hospital which provides one or more behavioral health services shall, upon application for a license pursuant to Chapter 10, identify those behavioral health services that it provides as set forth in subsection (A) of this rule. The Department shall, as part of its licensure survey pursuant to Chapter 10, determine whether the hospital complies with the applicable provisions of this Chapter. The license issued to the hospital shall specify the behavioral health services the hospital is authorized to provide.~~

R9-10-1015. General organization and administration Repealed

- ~~A. Governing authority
 - 1. The agency shall adopt a written program statement of activities.
 - 2. Each behavioral health agency shall be organized and administered under one authority which may be a proprietorship, partnership, association, corporation or governmental unit.
 - 3. The agency shall appoint a qualified administrator who will be responsible for carrying out the policies determined by the governmental unit or governing board.~~
- ~~B. Administration~~

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1. The administrator shall be in charge of the management and business affairs of the institution and shall be fully authorized and empowered to carry out the provisions of this Chapter 10, Article 10 and shall be charged with the responsibility of doing so.
 2. The administrator shall not leave the premises without delegating necessary authority to a competent person who will be on the premises during his absence.
 3. The administrator shall be responsible for the completion, keeping or submission of such reports and records as may be required by the Department.
- C. Clinical or program director
1. There shall be a clinical or program director who must be appropriately qualified for the management of client services of the agency.
 2. The clinical or program director shall be responsible for the overall clinical operation of the agency.
 3. The clinical or program director shall designate in writing a qualified individual to act for him in his absence to provide the agency with clinical direction at all times.
- D. Personnel
1. The agency shall establish written policies describing the duties, responsibilities, and required minimum qualifications of its personnel. Such qualifications shall be consistent with statutory, professional, or occupational licensure, certification or registration requirements.
 2. There shall be a sufficient number of appropriately qualified staff and supporting personnel to provide the quantity and types of services set forth in the agency's written program statement. The agency shall maintain personnel records which include job descriptions and personnel qualifications and shall be available to authorized representatives of the Department.
- E. Client fees and charges
1. The agency shall, at the time of admission, provide each client or his parent or guardian with a schedule of client fees which the applicant may incur during that admission. If the schedule of fees and charges contains a provision for reduced charges based on ability to pay, criteria for determining the applicant's ability to pay must be clearly stated.
 2. If a new schedule of fees or new payment criteria will become effective during the course of a client's treatment, the new fee schedule and related payment criteria shall be made known to the client 30 days before the change becomes effective.

R9-10-1016. Client records Repealed

- A. There shall be written policies and procedures governing the compilation, storage, confidentiality, and dissemination of individual client records and client identifying information.
- B. Individual records for each client shall be maintained. These records shall be kept up to date and complete on each client in the program. After the death or discharge of the client, the record shall be placed in an inactive file and kept in the facility at all times and available to the staff. For licensing purposes, medical records shall be readily retrievable for a period of not less than three years, except that A.R.S. 36-343 requires retention of vital records and statistics for ten years. When services are provided to a family as a group a single record may be maintained for the family, providing that each individual is readily identifiable and all other client record requirements are met.
- C. All client records shall be considered confidential, except that they shall be made available to the authorized Department personnel.
- D. Each client record kept from the time of admission to the time of discharge or death shall include the following information:
 1. Identifying information.
 2. Dates of admission and discharge.
 3. Description of current symptoms.
 4. Records of medical care and medications provided by the agency.
 5. An individualized treatment plan which is updated periodically.
 6. Written progress reports for clients.
 7. Treatment consent forms, if applicable.
 8. Information release forms, if applicable.
 9. Discharge summary.

R9-10-1017. Confidentiality of client records Repealed

All information and records obtained in the course of screening, evaluation, and treatment of mental health clients shall be kept confidential and not as public records, except for disclosures authorized by A.R.S. § 36-509. All client records shall be maintained in a secure and confidential manner, protecting the client against loss, tampering, or unauthorized disclosure of information, consistent with applicable federal and state law. An agency providing substance abuse services shall comply with the alcohol and drug abuse patient record requirements of 42 C.F.R. 2.1 et seq., as amended.

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R9-10-1018. Client rights Repealed

- A. An agency providing services to persons with mental or emotional problems shall comply with the client rights provisions of A.R.S. §§ 36-504(A) and R9-15-101.
- B. An agency providing substance abuse services shall have a written plan or statement that describes the rights of clients and the means by which those rights are protected and exercised. The following rights shall be included:
 - 1. Each client shall have impartial access to treatment, regardless of race, religion, sex, age, or handicap.
 - 2. Each client shall receive individualized treatment, which shall include at least the following:
 - a. The provision of services within the least restrictive environment possible.
 - b. The client shall be made aware of the content of the client's treatment plan. The plan shall be reviewed and updated as often as is clinically indicated.
 - c. The active participation of parents, relatives, or guardians in planning of treatment for unemancipated children, unless such participation is clinically contraindicated.
 - 3. Unless clinically contraindicated, each client who receives 24-hour care:
 - a. May have visitors.
 - b. Shall be allowed to visit in private.
 - c. Shall be allowed to send and receive mail without hindrance.
 - d. Shall be allowed to conduct private telephone conversations. If it is necessary, for clinical reasons, to restrict visits, visitors, telephone calls, mail, or other communications, those restrictions shall be evaluated for therapeutic effectiveness by the clinically responsible staff at least every seven days, be determined with the participation of the patient and the patient's family, unless such participation is clinically contraindicated, and be fully explained to the patient and the patient's family.
 - 4. Each client shall receive a copy of the written statement of client's rights in English or Spanish, as appropriate. A copy of the statement shall also be posted at one or more locations commonly used by clients in the agency. Additionally, these rights shall be explained to the client in a language the client understands.

R9-10-1019. Research Repealed

- A. The written informed consent of each client participating in any research project shall be obtained prior to participation.
- B. When an agency engages in research activities or allows its personnel, clients, records or facilities to be used for research purposes, there shall be written policies and procedures for carrying out such research activities, which include, but need not be limited to:
 - 1. Guidelines for ensuring the rights of all human subjects and provisions for protection of client anonymity both during the research and following publication of the results.
 - 2. Specification that where bodily integrity may be violated (for example, use of electroconvulsive therapy, chemotherapy), there be supervision by a physician.

R9-10-1020. Medication control Repealed

- A. Medication administered under the direction of a person authorized to prescribe medications, and whose visits are documented.
- B. The agency shall assist clients to obtain needed pharmaceutical services.
- C. There shall be written policies and procedures to ensure that all medications are dispensed and administered in accordance with applicable federal, state, and local laws and regulations.
- D. Medication orders shall be written only by persons authorized by law to do so. Verbal or telephone orders shall be limited to urgent circumstances and shall be signed by the authorizing person on the next regular working day (not to exceed 72 hours).
- E. Medication shall be administered only by a person authorized by law to do so.
- F. Medication records shall allow for the monitoring of all medications administered and the detection of adverse drug reactions and shall identify at least the name of the medication, dose, route of administration, frequency of administration, and name of the person who prescribed the medication.
- G. There shall be documented inspections of all drug storage areas and medication centers conducted on at least a quarterly basis to assure that these areas are maintained in compliance with federal, state, and local regulations. There shall be verification that a minimum:
 - 1. Drugs requiring special conditions for storage to ensure stability are properly stored.
 - 2. No outdated drugs are stored.
 - 3. All drugs are kept in locked storage.
 - 4. Poisons, external drugs, and internal drugs are stored on separate shelves, or in separate cabinets.
 - 5. Medications that are stored in a refrigerator containing items other than drugs are kept in a separate compartment or container with proper security.
 - 6. Drugs are disposed of in accordance with state and federal requirements.
- H. The administration of all psychotropic medication for clients receiving mental health services pursuant to A.R.S. Title 36, Chapter 5 shall be in accordance with A.R.S. §§ 36-513 and R9-15-101 et seq.

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R9-10-1021. ~~Environmental and general building requirements~~ Repealed

- A.** The physical plant of a behavioral health service agency shall:
1. Be clean, sanitary, and in good repair. Effective insect, vermin and rodent control must be exercised at all times.
 2. Have all equipment and furnishings, clean and in good repair, to adequately provide the services set forth in the agency's program statement.
 3. Be free of undesirable odors.
 4. Be equipped with basic emergency first aid equipment and supplies which may reasonably be expected to be needed to deal with medical emergencies which may arise.
 5. Have a written plan of evacuation, in case of fire or other disaster, which shall be conspicuously posted throughout the facility.
 6. Have adequate lighting and ventilation.
 7. Have heating and cooling which meets state and local building codes. Cooling systems shall be of adequate capacity and in good working condition. The use of unvented or open flame space heaters is prohibited.
 8. Maintain current written inspection records or approvals from all local jurisdictions in readily accessible files for inspection by the Department. Written reports of improvements made as a result of such inspections shall also be maintained in accessible files.
 9. Have space for client interviews, medical examinations (if medical examinations are given), individual counseling, and other therapeutic activities. Such rooms shall be constructed and arranged so as to provide clients auditory and visual privacy.
 10. Have space for use as waiting rooms for clients and their visitors.
 11. Have an adequate number of toilets and lavatories to serve the agency's clients, staff and visitors during peak service hours. All bathrooms shall be of easily cleanable construction and provide privacy unless contraindicated by treatment policies and procedures included in the agency's program statement.
- B.** Each behavioral health services agency providing 24-hour care shall meet these additional requirements:
1. There shall be space for private interviewing, evaluating or examining clients, and for discussion between staff and families of clients or between clients and visitors.
 2. Space shall be available to all residents for relaxation and leisure time activities.
 3. A separate dining area shall be available that shall not be used as a sleeping room by residents or staff.
 4. Sleeping rooms shall be of sufficient size to permit:
 - a. Unimpeded access to exit doors and passageways from all client occupied parts of the room;
 - b. Unobstructed opening of storage drawers, closets and exit doors.
 5. Multibed sleeping rooms shall have a minimum of three feet between beds unless the agency obtains the written permission of either the state or local fire marshal's office to provide less distance between beds.
 6. No sleeping room shall be used as a passageway to another room, bath, or toilet, unless that room, bath or toilet is for the exclusive use of those occupying the sleeping room.
 7. Furnishings in each sleeping room shall include as a minimum:
 - a. A bed equipped with a clean mattress and at least one pillow for each client. Beds acquired after the date of the adoption of these rules shall be at least 32 inches wide. Cribs are acceptable for persons under the age of three.
 - b. Firmly attached side rails on all upper bunk beds. No more than one bed may be located over another in a bunk bed arrangement.
 - c. A supply of clean sheets, blankets and pillow cases sufficient to allow changing of bed linen as often as necessary to keep beds clean, dry and free of odors. At least two clean sheets, one blanket and a pillow case shall be furnished to each client each week. Clean mattress pads or covers will also be provided.
 8. Ample closet and drawer space shall be available for storage of clothing and personal belongings of the client.
 9. Bathroom facilities which shall include at least one tub or shower, one toilet and one lavatory for each ten residents. Hot and cold running water shall be provided for all tubs, showers and lavatories.
 10. Laundry facilities shall be available for the washing, ironing and mending of clients' personal clothing.

R9-10-1022. ~~Food service~~ Repealed

Agencies which provide 24-hour care must provide or enable clients to make a minimum of three meals daily at reasonable times. The agency shall make available to clients who work or who are away from the agency regularly a minimum of 2 meals daily, as individual client needs dictate:

1. Meals shall include the recommended amounts of the basic food groups (grains, protein, fruit, vegetables and dairy products).
2. The facility must be capable of providing and monitoring modified diets to those residents who require them.
3. Food preparation, storage and handling shall be performed in compliance with Chapter 8, Article 1.

R9-10-1023. ~~Required elements of agency's program of services~~ Repealed

Each agency shall include, at a minimum, the following elements in its program of services:

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1. ~~There shall be written admission criteria with sufficient detail to allow prospective clients and referring agencies to understand admission policies:~~
 - a. ~~It shall be the responsibility of the administrator to accept for admission only those applicants whose needs do not exceed the specialty of range of services for which the agency is licensed.~~
 - b. ~~Any unique admission provisions relating to the admission of clients who are involuntarily referred for treatment or evaluation under court order must be stated in detail, accompanied by a description of all special care, treatment, and discharge restrictions which may attend the client's involuntary status.~~
2. ~~There shall be an identifiable and uniform intake, screening and referral process, designed to evaluate client problems and provide the basis for initial treatment plans. This process shall be conducted by qualified behavioral health personnel. Admission evaluations must include, at minimum, the following elements:~~
 - a. ~~An interview of the applicant and a review of available information regarding the applicant to obtain a personal history of the applicant's presenting problems, medical, social, economic, and family background, his education and vocational achievements, history of previous behavioral, mental health, or substance abuse treatment.~~
 - b. ~~All physical and laboratory examinations found to be necessary:~~
 - i. ~~Those found to be necessary shall be recommended to the client and if such examinations are not conducted on-site, the client shall be referred to a specific and appropriate facility for examination.~~
 - ii. ~~Case records shall show that these recommendations or referrals have been made.~~
 - c. ~~In an agency providing 24 hour care, an assessment of each client's medical status and needs conducted within 72 hours of the client's admission.~~
3. ~~There shall be written treatment discharge criteria, with sufficient detail to allow a client reaching the stage of possible discharge to understand expected performance in relation to the individual treatment goals, and to assure clients who are involuntarily terminated that the termination decision was neither arbitrary nor capricious. Discharge criteria shall include provisions that the client be advised of the reason for termination, and the opportunities, if any, available to him to gain readmission, and that no client shall be involuntarily terminated while physically dependent upon any addicting medication prescribed as part of the client's treatment by the agency unless the client is offered an opportunity to detoxify from the substance prior to discharge. This provision does not apply when a client is a danger to program staff or voluntarily leaves a program without giving prior notice.~~
4. ~~There shall be a grievance procedure to provide for review and adjustment of client complaints, refusal of admission, and termination of services against a client's wishes.~~
5. ~~There shall be counseling services that utilize the individual, family, or group counseling techniques which best meet the needs of the client.~~
6. ~~There shall be a system for periodic client record, utilization, and client management review to encourage discharge of clients at the earliest time that is clinically advisable.~~

R9-10-1024. Behavioral health emergency services Repealed

~~A behavioral health service agency which provides emergency behavioral health services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides emergency behavioral health services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of behavioral health emergency services shall:~~

1. ~~Be capable of providing medical first aid and dealing with acute emotional and behavioral distress.~~
2. ~~Make telephone information and referral directly available during all hours of operation.~~
3. ~~Have procedures that assure the prompt evaluation of both the physical and psychological status of individuals so that a rapid determination can be made of the nature and urgency of the problem and of the type of treatment required.~~
4. ~~Keep a record of each person receiving emergency service which identifies the presenting problem, treatment given, and disposition of the case. The emergency record shall be reviewed for accuracy and signed by the staff person in charge.~~
5. ~~Assure that all staff members providing emergency services have had training or demonstrated experience in the basic methods of dealing with the physical and psychological complications of acute emotional, alcohol or other drug abuse conditions.~~

R9-10-1025. Mental health screening services Repealed

~~A behavioral health agency which provides mental health screening services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides mental health screening services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of mental health screening services shall:~~

1. ~~Have written policies and procedures governing the screening of prospective clients to ensure that the screening process is accomplished within two business days of admission, except when the admission occurs immediately prior to a week-end or holiday, in which case it shall be accomplished within two normal business days.~~
2. ~~Provide the necessary forms and technical assistance to assist any responsible person to initiate an application for court-ordered evaluation of a mentally disordered person.~~

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3. Have a medical director who shall be responsible for determining whether an application for court-ordered evaluation is supported by reasonable cause and whether a petition for evaluation should be filed with the court pursuant to A.R.S. Title 36, Chapter 5.
4. Be staffed by qualified personnel who are capable of knowledgeably screening persons who are gravely disabled, or who are alleged to be mentally disordered and a danger to themselves or others.

R9-10-1026. ~~Mental health evaluation services~~ Repealed

~~A behavioral health service agency which provides mental health evaluation services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides mental health screening services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of mental health evaluation services shall:~~

1. ~~Have written policies and procedures governing the conduct of evaluation which are designed to ensure that each client, or prospective client, receives a complete evaluation of his physical, psychological or psychiatric treatment needs.~~
2. ~~Have a medical director who shall be responsible for determining whether there is a need pursuant to A.R.S. Title 36, Chapter 5 for court ordered treatment. The medical director shall be responsible for filing a petition for treatment with the court in the event it is determined that there is a need for treatment.~~
3. ~~Designate an area for the safe treatment of dangerous patients, if it evaluates dangerous patients.~~
4. ~~Provide for the privacy of patients undergoing evaluation procedures and subsequent interviews or consultations as defined in A.R.S. § 36-507.~~
5. ~~Have a record keeping system that will enable the Department to determine whether the agency is complying with the requirements of this Article and that each patient's case is processed in a complete and timely fashion.~~

R9-10-1027. ~~Mental health treatment services~~ Repealed

~~A behavioral health service agency which provides mental health treatment services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides mental health treatment services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of mental health treatment services shall:~~

1. ~~If it provides court ordered treatment pursuant to A.R.S. Title 36, Chapter 5, accepts clients for hospitalization on either a voluntary or involuntary basis, or admits minors under the age of 14 pursuant to A.R.S. § 36-518, have a medical director who shall be responsible for supervising and administering treatment plans.~~
2. ~~Be staffed by a sufficient number of professional and other personnel to carry out their respective functions as prescribed in A.R.S. Title 36, Chapter 5.~~
3. ~~Designate an area for the safe treatment of dangerous patients, if an agency provides treatment for dangerous patients.~~
4. ~~Provide for the privacy of patients undergoing admission procedures and subsequent interviews or consultations as defined in A.R.S. § 36-507.~~
5. ~~Have a record keeping system that will enable the Department to determine whether the agency is complying with the requirements of this Article and that each patient's case is processed in a complete and timely fashion.~~

R9-10-1028. ~~Partial care services~~ Repealed

~~A behavioral health service agency which provides partial care services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides partial care services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of partial care services shall:~~

1. ~~Include a therapeutic regimen of regularly scheduled counseling sessions and other supervised activities such as recreational activities, life skills training, re-socialization and rehabilitation.~~
2. ~~Include drug-free or alcohol-free alternatives to provide the client creative activities in a substance-free setting.~~

R9-10-1029. ~~Behavioral health residential services~~ Repealed

~~A. A behavioral health service agency which provides behavioral health residential services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides behavioral health residential services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of partial care services shall:~~

1. ~~Have a treatment program which includes at a minimum the following on-site services:~~
 - a. ~~Preparation for independent living in the community.~~
 - b. ~~Counseling.~~
 - c. ~~Dietary supervision and consultation.~~
 - d. ~~Improvement and/or maintenance of physical and emotional health and personal and social development.~~
2. ~~Have written procedures for responding to any client medical problems or emergencies.~~
3. ~~Have at least one staff member on-site at all times.~~
4. ~~Have policies and procedures for handling medical emergencies and death.~~

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~~B. A hospital or behavioral health service agency providing court-ordered alcoholism treatment pursuant to A.R.S. § 36-2026.01 shall:~~

- ~~1. Have a method to retain clients in the facility.~~
- ~~2. Have written policies and procedures to handle hostile or violent clients.~~
- ~~3. Have staff members who are skilled in counseling resistive clients and those who have not benefited from prior treatment episodes.~~
- ~~4. Have a program for involuntary committed clients.~~

R9-10-1030. Detoxification services Repealed

~~A behavioral health service agency which provides detoxification services shall comply with this rule in addition to the requirements of R9-10-1012 through R9-10-1023. A hospital licensed pursuant to Chapter 10 which provides detoxification services shall comply with this rule in addition to the requirements of R9-10-1011 through R9-10-1014, R9-10-1016 through R9-10-1018, and R9-10-1023. A provider of detoxification services shall:~~

- ~~1. Be capable of effectively managing the physiological manifestations and distress associated with withdrawal. Where a program is limited in the types of withdrawal it is able to facilitate, the agency shall make known in its publicity which types of withdrawal are available through the program.~~
- ~~2. Have written policies and procedures governing detoxification, withdrawal and overdose management which shall be in accordance with the applicable provisions of A.R.S. Title 36, Chapter 18, Article 1.~~
- ~~3. Be staffed with sufficient numbers of behavioral health personnel to provide close observation of all clients with regular monitoring of vital signs. All staff members providing detoxification services shall have had training or demonstrated experience in the basic methods of dealing with the physical and psychological complications of acute emotional, alcohol or other drug abuse states, as appropriate. A physician shall be available on site or on call at all times, and the availability of the physician shall be documented. Current toxicology references and antidotal information shall be readily available, along with the telephone numbers of ambulance services and other resources to provide transportation and emergency treatment, assistance, and advice.~~
- ~~4. Not begin medical detoxification without a written order from a physician defining the medical regimen to be followed.~~
- ~~5. Have written policies and procedures for handling medical emergencies and death.~~
- ~~6. Assess each client's medical status and needs upon the client's admission.~~